



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**INDIVIDUAL INCOME TAX  
REFUND TRACER**

Before you complete this form, check your refund status at [dor.sc.gov/refund](http://dor.sc.gov/refund) or call **803-898-5300** (toll free **1-844-898-8542**). Allow 30 days from the mailing date of your refund before you submit this form. For faster results, report a missing refund on our free tax portal at [MyDORWAY.dor.sc.gov](http://MyDORWAY.dor.sc.gov). Sign in to your existing account or create an account to get started.

**Full Name and Address:**

|                                       |
|---------------------------------------|
| Your SSN                              |
| Daytime Phone Number                  |
| Tax Year                              |
| Date return was filed                 |
| Amount of refund from return          |
| Spouse's Full Name, if filing jointly |
| Spouse's SSN if filing jointly        |

- I did not receive a tax refund.
- I received a tax refund, but it was  Lost  Stolen  Destroyed.

- If you requested a paper check, and the check is outstanding, we will request a stop payment on the original check. A replacement refund will be issued.
- If the check has been cashed you will receive notification on how to proceed.
- If you requested a direct deposit, check with your bank to ensure the direct deposit has not been received before submitting this form.
- Allow six weeks for the processing of this form and the issuance of a replacement refund, if applicable.

**REFUND OPTIONS** (subject to program limitations)

If you qualify for a replacement refund, what is your preferred refund method? **Mark your selection below:**

- Direct Deposit (US Accounts Only)
- Checking  Savings
- Routing Number (RTN)  Must be 9 digits
- Bank Account Number (BAN)  1-17 digits
- Paper Check

Sign below, as shown on your Income Tax Return. If this refund was from a joint return, the signatures of both taxpayers are necessary before a trace can begin.

|                    |      |
|--------------------|------|
| Your Signature     | Date |
| Spouse's Signature | Date |

**If the original refund is received during the time this form is being processed, call 1-844-898-8542.**

**Mail the completed form to: SC Department of Revenue, Income Tax Support, PO Box 125, Columbia, SC 29214-0811**

**Social Security Privacy Act**

It is mandatory that you provide your Social Security Number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.