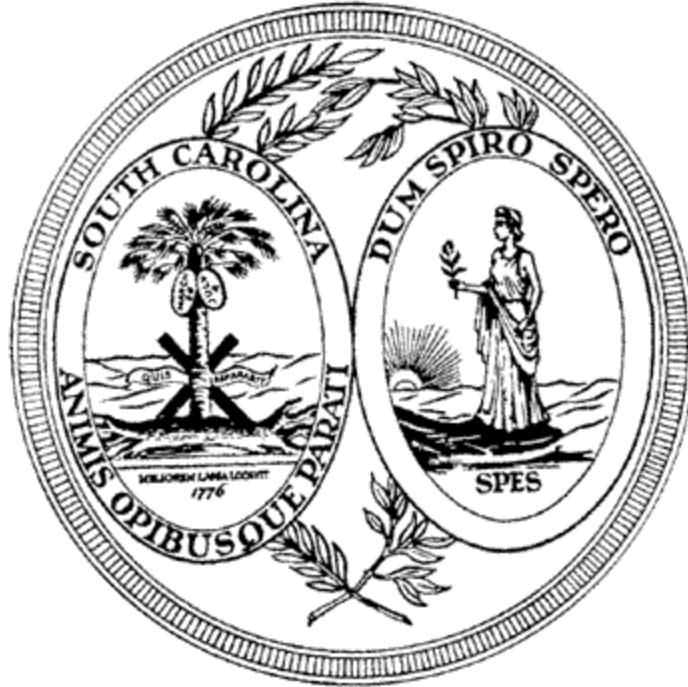



# South Carolina Department of Insurance



Company Online Tax Filing  
Instructions and Demonstration

# SCDOI Home Page

Click "SCDOI Online Services" Link



SC.GOV

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Department of Insurance

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Welcome

Welcome to the South Carolina Department of Insurance website. Our agency assists individuals and businesses through [our various divisions](#) and as the Director of Insurance, it is my first priority to protect the interests of South Carolina's insurance consumers by making sure our [mission](#) is carried out successfully.

South Carolina Department of Insurance

# SC DOI Online Services

SCDOI Online Services

[SCDOI Connect Login](#)

## General Public

- Search SCDOI Database
- Apply for License(s)
- Apply for Non-Resident License
- Generate Certificate of Authority / Letter of Clearance for Individuals
- CE Sponsor Application
- Print Licenses
- Renew/Reinstate Individual License(s) - excludes Bondsmen Licenses
- Producer License Renewal Requirements

## Registered Individual Users

- Update Individual Demographics
- Apply for License(s)
- Apply for Non-Resident License
- Change Password
- Update Secret Questions
- \*\*Generate Certificate of Authority
- \*\*Print License
- Renew Bondsmen License
- Renew Individual License(s) - excludes Bondsmen Licenses

## Registered Company Users

- Update Company Demographics
- Update Supplementary Address
- \*\*\*Apply for Producer Licenses
- \*\*\*Pay for Producer Licenses
- \*\*\*2010 Appointment Renewals
- \*\*\*Company User Account Maintenance
- Change Password
- Appoint Surety Bondsman
- Update Secret Questions
- Renew Company License
- File Annual Tax Return

Click File Annual Tax Return

# SCDOI Connect Login Page

IRMmail@doi.sc.gov'."/>

**Login** [SCDOI Connect Login](#)

Account Type:

\*UserId:  ?

\*Password:  ?

\* Required Fields

[Change Password](#) [Forgot Password?](#)

If you need additional assistance, please contact [IRMmail@doi.sc.gov](mailto:IRMmail@doi.sc.gov)

Click "Company" from the drop box.

After entering your user id and password, click Login.

# SCDOI Connect Welcome

## Login Successful

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Welcome User FARME07540

You have successfully logged into the South Carolina Department of Insurance web application! Menu items available only to registered users are now accessible in your menu bar.

**Please remember that your password is CONFIDENTIAL and should not be shared with anyone to prevent misuse. The Department holds all registered users responsible for their own user accounts and any data modifications made via those accounts.**

What would you like to do now?

- Update Company Demographics
- Update Supplementary Addresses
- User Account Maintenance
- Change Password
- Update Secret Questions
- Apply for Producer Licenses
- Pay for Producer Licenses
- Appoint Surety Bondsman
- File Annual Tax Return

Click File Annual Tax Return

# Terms of Use

## Company Tax - Terms of Use for Online Tax Filing Application

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[Terms of Use](#) [Agreement](#)

### **Welcome to the South Carolina Department of Insurance Online Tax Filing Application!**

This is an online tax filing application designed to accelerate the tax filing process. This application is for filing insurer fee and premium taxes. Please read carefully the terms of use and instructions given below. You must agree that you have read, understood, and agreed to all terms, conditions, and fees before continuing with the tax filing process.

THIS IS A LEGAL AGREEMENT BETWEEN YOU ("USER") AND THE STATE OF SOUTH CAROLINA DEPARTMENT OF INSURANCE (referred to as "SCDOI" herein). BY CLICKING ON THE AGREE BUTTON OR USING THE SERVICES PROVIDED HEREIN, USER IS CONSENTING TO BE BOUND BY AND IS BECOMING A PARTY TO ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT. PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY BEFORE ACCEPTING ITS TERMS.

## Terms of Use

### **A. Legal Information**

1. User shall be the person whose name appears on the tax return or an officer, director, principal, partner, or authorized representative of the business entity on whose behalf the tax return is filed.
2. User shall use "SCDOI Connect" for personal and non-commercial use only. Except as otherwise specified herein, USER shall not modify, copy, transmit, display, reproduce, publish, license, create derivative works from, transfer, sell or otherwise distribute any information, software, products, or services obtained from SCDOI CONNECT. USER shall not decompile, disassemble, reverse engineer or otherwise attempt to derive the source code of any information or products obtained from "SCDOI CONNECT." USER may copy, distribute, and transmit the tax return filed with SCDOI to its officers, directors, principals, partners, agents, consultants, contractors, employees, majority-owned subsidiaries and affiliates for internal use only. USER may copy, distribute and transmit the tax return filed with SCDOI to federal and state government officials for purposes of compliance with federal and state laws.

# Terms of Use Continue

3. If using an outside vendor to file its tax return, USER agrees to assign a new user id and password, other than the previously issued user id and password from the Department, to an outside vendor. However, this assignment of the new user id and password is for the sole, exclusive purpose of filing tax returns and related information with the Department. Any misuse of the new user id or password is an issue to be resolved between the vendor and the company. The user agrees not to hold the Department liable for any damages caused by the outside vendor's use of the user id or password.

## Agreement

**I acknowledge that I have read all terms and instructions outlined above and that I agree to all conditions stated therein.**

I Agree

Click I Agree.

# Tax Document Checklist

## Step 1 - Tax Return Documents

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In order to complete the Online Tax filing process the following documents are required:

- Property and Casualty Insurers - must upload copy of Schedulet T and SC Business Page 24 from Annual Statement.
- Title Insurers - must upload copy of Schedulet T.
- Reciprocal Insurers - must upload copy of Schedulet T and SC Business Page 19 from Annual Statement.
- Foreign Insurers - must upload a separate worksheet showing rates, premium figures and calculations if retaliatory taxes and obligations are reported on Schedule 02.
- A copy of the Assessment Certificate is required for Second Injury Fund.
- ALL companies must upload documentation for all allowable credits reported on Schedule 06.
- Insurers who report South Carolina Life & Health Guaranty Association Tax Credit must upload a copy of each Assessment Certificate to receive credit.
- Insurers who report South Carolina Health Insurance Pool Tax Credit must upload a copy of each Assessment Certificate to receive credit.

### Order of Schedule Display

Schedules will be displayed as Tabs in the following order:

- Schedule 04
- Schedule 04A (**Only if Written Non-Taxable Inland Marine Premium**)
- Schedule 05
- Schedule 06
- Schedule 07
- Schedule 08
- Schedule 03 (**Odd Years Only**)
- Schedule 02 (**Foreign Insurers Only**)
- Schedule 01

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# Tax Return Schedule 04

## Step 2 - Property and Casualty Tax Return Schedules

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**Company Code:** 100037

**Company Name:** VANLINER INSURANCE COMPANY

**NAIC Code:** 21172

**Lines of Authority:** 22-Property; 23-Casualty; 24-Surety; 25-Marine;

Schedule 4

Schedule 5

Schedule 6

Schedule 7

Schedule 8

Schedule 2

Schedule 1

## Schedule 04 - Exhibit of Premiums and Dividends

- Round premiums to the nearest dollar.
- Column C and Line 99.99 will be calculated as you enter Column A and Column B

LINE NO.	LINES OF BUSINESS	DIRECT PREMIUMS WRITTEN (A)	DIVIDENDS PAID (B)	NET PREMIUMS Col A-B=C (C)
01.00	Fire	0	0	0
02.10	Allied Lines	0	0	0
02.20	Multiple Peril Crop	0	0	0
02.30	Federal Flood	0	0	0
03.00	Farmowners Multiple Peril	0	0	0
04.00	Homeowners Multiple Peril	0	0	0
05.10	Commercial Multiple Peril (Non-Liability)	0	0	0
05.20	Commercial Multiple Peril (Liability)	0	0	0
06.00	Mortgage Guaranty	0	0	0
08.00	Ocean Marine	0	0	0
09.00	Inland Marine	0	0	0
10.00	Financial Guaranty	0	0	0

Inland Marine premium writings must be entered on Schedule 04 in order to access Schedule 04A.

If the lines are greyed out, this company is not authorized to write these lines of business.

As applicable, complete lines 01.00-98.00 in columns A & B. Round premiums to the nearest dollar.

# Tax Return Schedule 04 Continue

11.00	Medical Professional Liability	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
12.00	Earthquake	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
13.00	Accident & Health - (Except Ln 15.70)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
15.60	Medicare Title XVIII exempt from state taxes or fees	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
15.70	Federal Employees Health Benefits Program	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
16.00	Workers Compensation	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
17.10	Other Liability---occurrence	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
17.20	Other Liability ---claims-made	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
17.30	Excess workers' compensation	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
18.00	Products Liability	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19.10	PP Auto Liability No-Fault PIP	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19.20	Other PP Auto Liability	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19.30	Comm Auto Liability No-Fault PIP	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19.40	Other Comm Auto Liability	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
21.10	PP Auto Physical Damage	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
21.20	Comm Auto Physical Damage	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
22.00	Aircraft (All Perils)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
23.00	Fidelity	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
24.00	Surety	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
26.00	Burglary and Theft	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
27.00	Boiler and Machinery	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
28.00	Credit (Non-Consumer)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
30.00	Warranty	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
96.00	Title	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
98.00	All Other Lines	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
99.99	TOTAL SOUTH CAROLINA BUSINESS	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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# Tax Return Schedule 04A

## Step 2 - Property and Casualty Tax Return Schedules

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**Company Code:** 100037

**Company Name:** VANLINER INSURANCE COMPANY

**NAIC Code:** 21172

**Lines of Authority:** 22-Property; 23-Casualty; 24-Surety; 25-Marine;

Schedule 4

**Schedule 4A**

Schedule 5

Schedule 6

Schedule 7

Schedule 8

Schedule 2

Schedule 1

## Schedule 04A - Non Taxable Inland Marine Perils

NOTE: Only enter for Inland Marine Perils that are not subject to Fire Tax.

LINE NO.	LINE DESCRIPTION	DIRECT PREMIUMS WRITTEN (A)	DIVIDENDS PAID (B)	NET PREMIUMS Col A-B=C (C)
0911	Difference in Condition	0	0	0
0912	Event Cancellation	0	0	0
0913	Travel Coverage	0	0	0
0914	Non-File	0	0	0
0915	Animal Livestock Mortality	0	0	0
0999	Less Premiums (Inland Marine) Not Subject to Fire Tax		0	0

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# Tax Return Schedule 05

## Step 2 - Property and Casualty Tax Return Schedules

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**Company Code:** 100037

**Company Name:** VANLINER INSURANCE COMPANY

**NAIC Code:** 21172

**Lines of Authority:** 22-Property; 23-Casualty; 24-Surety; 25-Marine;

Schedule 4

**Schedule 5**

Schedule 6

Schedule 7

Schedule 8

Schedule 2

Schedule 1

## Schedule 05 - Insurance Premium Taxes

LINE NO.	DESCRIPTION OF NET PREMIUMS WRITTEN IN SOUTH CAROLINA	DIRECT PREMIUMS WRITTEN (A)	TAX RATE (B)	PREMIUM TAXES DUE Col A*B=C (C)
0502	Property & Casualty (Schedule 04, all Col. C except Lns 02.20, 13.00, 15.60, 15.70, & 16.00)	0	0.0125	0
0503	Accident & Health (Schedule 04, Line 13.00, Col. C)	0	0.0125	0
0504	Workers Compensation (Schedule 04, Ln 16.00, Col. C)	0	0.0250	0
0599	Total			0

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The system will calculate Schedule 5.

Click Next Schedule

# Tax Return Schedule 06

## Step 2 - Property and Casualty Tax Return Schedules

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Company Code: 100037

Company Name: VANLINER INSURANCE COMPANY

NAIC Code: 21172

Lines of Authority: 22-Property; 23-Casualty; 24-Surety; 25-Marine;

Schedule 4

Schedule 4A

Schedule 5

Schedule 6

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Schedule 8

Schedule 2

Schedule 1

## Schedule 06 - Insurance Premium Tax Credits Allowable

LINE NO.	DESCRIPTION OF PREMIUN TAX CREDITS ALLOWABLE IN SOUTH CAROLINA	TOTAL ASSESSMENT AMOUNT	TAX CREDIT APPLIED
0601	S.C. Life & Health Guaranty Association Tax Credit	0	0
0602	S.C. Life & Health Guaranty Association Tax Credit	0	0
0603	S.C. Life & Health Guaranty Association Tax Credit	0	0
0604	S.C. Life & Health Guaranty Association Tax Credit	0	0
0605	S.C. Life & Health Guaranty Association Tax Credit	0	0
0611	S.C. Health Insurance Pool Tax Credit	0	0
0612	S.C. Health Insurance Pool Tax Credit	0	0
0613	S.C. Health Insurance Pool Tax Credit	0	0
0621	S.C. Jobs Tax Credit (Credit not to exceed 50% of Schedule 05, Ln 0599)		0
0651	Historic Structures and Textiles Rehabilitation Credit		0
0652	Textiles Rehabilitation Credit		0
0653	Research & Development Credit		0
0654	Venture Capital Authority Credit		0
0655	Coastal Premium Tax Credit		0
0656	Moratorium Tax Credit		0
0698	All Other S.C. Tax Credits		0
0699	Total of all Allowable Tax Credits for Year-ending December 31. Schedule 01, Ln 0150)		0

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Click Next Schedule

As applicable, complete lines 0601-0613 for both columns. Complete lines 0621-0698 for the Tax Credit Applied Column as applicable. The system will calculate line 0699 for the Tax Credit Applied.

If the Moratorium Tax Credit is greyed out, then you cannot take the credit.

# Tax Return Schedule 07

## Step 2 - Property and Casualty Tax Return Schedules

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Company Code: 100037

Company Name: VANLINER INSURANCE COMPANY

NAIC Code: 21172

Lines of Authority: 22-Property; 23-Casualty; 24-Surety; 25-Marine;

Schedule 4

Schedule 5

Schedule 6

Schedule 7

Schedule 8

Schedule 2

Schedule 1

## Schedule 07 - Fire Inspection, Fire Department and Fire Maintenance Tax

LINE NO.	DESCRIPTION OF FIRE COVERAGE WRITTEN IN SOUTH CAROLINA	DIRECT NET PREMIUMS WRITTEN (A)	% TAXABLE (B)	TAXABLE PREMIUMS Col A*B=C (C)
0701	Fire (Schedule 04, Ln 01.00, Col. C)	0	100	0
0702	Homeowner / Farmowner (Schedule 04, Ln 03.00 & 04.00, Col. C)	0	50	0
0703	Commercial Multiple Peril Non-Liability (Schedule 04, Ln 05.10 Col. C)	0	41	0
0705	Inland Marine (Schedule 04, Ln 09.00, Col C)	0	20	0
0706	PP/Comm Auto Phy Damage (Schedule 04, Ln 21.10 & 21.20, Col. C)	0	15	0
0798	Total Net Fire Premiums Taxable (To Nearest Dollar) Multiply by Fire Inspection/Department/Maintenance Tax Rate			0
				0.0235
0799	Total Fire Inspection/Fire Department/Fire Maintenance Tax (To Nearest Dollar)			0

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The system will populate Schedule 7.

Click Next Schedule

# Tax Return Schedule 08

## Step 2 - Property and Casualty Tax Return Schedules

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Company Code: 100037

Company Name: VANLINER INSURANCE COMPANY

NAIC Code: 21172

Lines of Authority: 22-Property; 23-Casualty; 24-Surety; 25-Marine;

Schedule 4

Schedule 4A

Schedule 5

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Schedule 7

Schedule 8

Schedule 2

Schedule 1

## Schedule 08 - Distribution of Net Fire Premiums

LINE NO.	COUNTY	TAXABLE PREMIUMS
0801	Abbeville	0
0802	Aiken	0
0803	Allendale	0
0804	Anderson	0
0805	Bamberg	0
0806	Barnwell	0
0807	Beaufort	0
0808	Berkeley	0
0809	Calhoun	0
0810	Charleston	0
0811	Cherokee	0
0812	Chester	0
0813	Chesterfield	0
0814	Clarendon	0
0815	Colleton	0
0816	Darlington	0
0817	Dillon	0
0818	Dorchester	0
0819	Edgefield	0
0820	Fairfield	0

Complete distribution by counties of the net fire premiums taxable. The system will calculate the total in line 0899. The total of all county premiums, Line 0899, must be the same as the Total Net Fire Premiums Taxable in Schedule 07, Line 0798.

# Tax Return Schedule 08 Continue

0821	Florence	0
0822	Georgetown	0
0823	Greenville	0
0824	Greenwood	0
0825	Hampton	0
0826	Horry	0
0827	Jasper	0
0828	Kershaw	0
0829	Lancaster	0
0830	Laurens	0
0831	Lee	0
0832	Lexington	0
0833	McCormick	0
0834	Marion	0
0835	Marlboro	0
0836	Newberry	0
0837	Oconee	0
0838	Orangeburg	0
0839	Pickens	0
0840	Richland	0
0841	Saluda	0
0842	Spartanburg	0
0843	Sumter	0
0844	Union	0
0845	Williamsburg	0
0846	York	0
0899	TOTAL**	0

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If line 0899 does not equal line 0798, the system will generate a hard error and you will not be able to proceed until the error is corrected.

# Tax Return Schedule 02

## Step 2 - Property and Casualty Tax Return Schedules

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**Company Code:** 100037

**Company Name:** VANLINER INSURANCE COMPANY

**NAIC Code:** 21172

**Lines of Authority:** 22-Property; 23-Casualty; 24-Surety; 25-Marine;

Schedule 4

Schedule 4A

Schedule 5

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**Schedule 2**

Schedule 1

## Schedule 02 - Computation of Retaliatory Taxes

LINE NO.	DESCRIPTION OF TAXES AND OBLIGATIONS	TAXES DUE IN SOUTH CAROLINA (A)	TAXES DUE IN STATE OF DOMICILE (B)	RETALIATORY TAXES DUE (C)
0201	Biennial License Fee	0	0	
0202	Biennial Fixed License Fee	0	0	
0204	Insurance Premium Tax - P & C	12	0	
0205	Insurance Premium Tax - A & H	0	0	
0206	Worker's Compensation Premium Tax	0	0	
0207	Fire Insp. / Dept. / Maintenance Tax	5	0	
0209	Municipal Taxes	0	0	
0210	Second Injury Fund Assessment	0	0	
0211	Producer Appointment Fees	0	0	
0212	Fraud Fee	0	0	
0213	Maintenance Fees	0	0	
0214	Financial Regulation Fee	0	0	
0215	Internal Audit Fee	0	0	
0216	MTA Surcharge	0	0	

# Tax Return Schedule 02 Continue

0217	Certificate of Compliance/Deposit	<input type="text" value="0"/>	<input type="text" value="0"/>	
0218	Publication Fee	<input type="text" value="0"/>	<input type="text" value="0"/>	
0219	Other Fees	<input type="text" value="0"/>	<input type="text" value="0"/>	
0220	Operations Assessment	<input type="text" value="0"/>	<input type="text" value="0"/>	
0221	Motor Vehicle Assessment	<input type="text" value="0"/>	<input type="text" value="0"/>	
0222	Franchise Tax	<input type="text" value="0"/>	<input type="text" value="0"/>	
0223	Insurance Regulatory Charge Fund	<input type="text" value="0"/>	<input type="text" value="0"/>	
0224	Workers Comp Administration	<input type="text" value="0"/>	<input type="text" value="0"/>	
0225	Privilege Tax	<input type="text" value="0"/>	<input type="text" value="0"/>	
0226	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
0227	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
0228	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
0229	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
0230	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
0298	Total Fees/Taxes/Obligations	<input type="text" value="0"/>	<input type="text" value="0"/>	
02981	Total Fees/Taxes/Obligations for State of Domicile (Schedule 02, Ln 0298, Col. B)			0
02982	Less Total Fees/Taxes/Obligations Due South Carolina (Schedule 02, Ln 0298, Col. A)			0
0299	Total Retaliatory Taxes Due South Carolina (If remainder is positive, the amount will be placed on Schedule 01, Line 0108, if negative the amount will be zero.)			0

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Click Next Schedule

# Tax Return Schedule 01

## Step 2 - Property and Casualty Tax Return Schedules

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**Company Code:** 100037

**Company Name:** VANLINER INSURANCE COMPANY

**NAIC Code:** 21172

**Lines of Authority:** 22-Property; 23-Casualty; 24-Surety; 25-Marine;

Schedule 4

Schedule 4A

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**Schedule 1**

## Schedule 01 - South Carolina Fees and Taxes

LINE NO.	DESCRIPTION OF TAXES AND OBLIGATIONS	TAXES AND FEES DUE IN SOUTH CAROLINA
0101	Biennial License Fee	0
0102	Biennial Fixed License Fee (Schedule 03)	0
0104	Insurance Premium Tax - P & C (Schedule 05, Ln 0502)	12
0105	Insurance Premium Tax - A & H (Schedule 05, Ln 0503)	0
0106	Workers Compensation Premium Tax (Schedule 05, Ln 0504)	0
0107	Fire Insp. / Dept. / Maintenance Tax (Schedule 07, Ln 0799)	5
0108	Retaliatory Tax (Foreign Insurers only) (Schedule 02, Ln 0299)	0
0150	Enter Total allowable Tax Credits (Schedule 06, Ln 0699)	0
0160	Less Amount of Taxes Paid Quarterly	7,811
0199	TOTAL AMOUNT OF TAXES DUE WITH THIS RETURN	-7,794

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Click Next

Lines 0101-0199 will be calculated by the system.

# Tax Return Document Upload

## Step 3 - Tax Return Document Upload

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Based on the information that you entered and your company type, the following is a list of documents that you must upload with your tax filing process.

- **Schedule T**
- **Miscellaneous Upload 1**
- **SC Business Page 19**

### File Uploading Instructions

1. Click "Browse" to select your file to upload and from the dropdown, select the document that you are uploading
2. Click "Add File" to add another document to upload, then repeat 1.
3. Click "Upload Now" to upload all added documents
4. Once finished uploading required documents, click the "Next" button to continue Tax filing process.

Add file

Upload Now

SELECT FILE

Browse...

DOCUMENT TO UPLOAD

Schedule T

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Next »

Click Next

# Tax Return Document Upload Continue

## Step 3 - Tax Return Document Upload

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Based on the information that you entered and your company type, the following is a list of documents that you must upload with your tax filing process.

- **Schedule T**
- **Miscellaneous Upload 1**
- **SC Business Page 19**

### File Uploading Instructions

1. Click "Browse" to select your file to upload and from the dropdown, select the document that you are uploading
2. Click "Add File" to add another document to upload, then repeat 1.
3. Click "Upload Now" to upload all added documents
4. Once finished uploading required documents, click the "Next" button to continue Tax filing process.

**Add file**      **Upload Now**

<u>SELECT FILE</u>		<u>DOCUMENT TO UPLOAD</u>
<input type="text"/>	<input type="button" value="Browse..."/>	Schedule T
<input type="text"/>	<input type="button" value="Browse..."/>	Miscellaneous Upload 1 <b>X</b>

**<< Previous**      **Next >>**

Click Next

This page provides a way for you to upload electronic copies of supporting documents for your tax filing. If you only have hard copies (paper) of supporting documents, you may scan these documents into a PDF file to be uploaded. It is advisable that the name of the file contain your SC Company Code and the type of document (Schedule T, Financial Page, etc.) You can usually have your documents scanned in office supply stores such as Kinkos.

# Tax Return Attestation

## Step 4 - Tax Return Attestation

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We, the undersigned officer of the insurer and person preparing this form for the above named company, being severally sworn each for himself deposes and says that this return, including any accompanying schedules and statements has been examined by him, and is to the best of his knowledge, information and belief, a true and correct return, made in good faith and complete in all applicable parts, for the taxable year stated, pursuant to the laws of the State of South Carolina.

\*Officer of the Insurer:

\*Officer Title:

\*Officer Email Address:

\*Officer Phone Number:  (### ### ####)

\*Preparer Name:

\*Preparer Email Address:

\*Preparer Phone Number:  (### ### ####)

All fields marked by an asterisk are required.

Click I Agree

# Tax Return Invoice

## Tax Return Invoice

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This page is the invoice associated with your online tax filing with the South Carolina Department of Insurance. You should print two copies of this page via the Printer Friendly option and retain a copy for your records. Please remit the other copy with your check made payable to the South Carolina Department of Insurance at the following address:

**South Carolina Department of Insurance**  
**1201 Main Street, Suite 1000**  
**Columbia, SC 29201**

Only one check should be submitted per company. **The Department must receive your check by March 1st, 2011.**

<b>Company Name:</b>	FARMERS MUTUAL FIRE INS ASSN OF FAIRFIELD COUNTY
<b>SC Company Code:</b>	101265
<b>State of Domicile:</b>	SC
<b>Tax Preparer:</b>	Jane Doe
<b>Tax Preparer Email:</b>	jd@mail.com
<b>Amount Due:</b>	4,391
<b>Invoice Date:</b>	02/07/2011

If you are paying by check, remit the check with a copy of this invoice. If you are paying by credit card, click Proceed to Payment.

If your tax liability is \$100,000 or greater, you **cannot** pay by credit card.

Previous

Proceed To Payment

# Select Payment Method

## Select Payment Method

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Total Amount Due


Paying by Credit Card: **\$91,993.74 (\$1,537.74 processing fee + \$1.00 portal fee)**

Please select your Payment Method.

Please note, when paying with credit card there will be a 1.70% processing fee added to your total amount plus \$1portal fee.

# Credit Card Payment Method

Please enter your Credit Card information in the fields provided below. When finished, click the Submit button ONCE to submit your payment.



FOR CUSTOMER SERVICE CALL TOLL-FREE 1-800-990-0010  
0000 0000 0000 0000 000  
Cardholder Name  
AUTHORIZED SIGNATURE NOT VALID UNLESS SIGNED  
MasterCard VISA DISCOVER NOVUS

3-digit security code

Transaction Amount: \$407.80

\*Card Type:

\*Name on Credit Card:

\*Credit Card Number:  (No Spaces)

\*Expiration Date:  /

\*Card Security ID:

All fields marked by an asterisk are required.

Enter your credit card information in the fields below.

# Credit Card Payment Method (continue)

**Credit Card Billing Address**

\*Address:

\*City:

\*State:

\*Zip Codes:

**Credit Card Contact**

\*Contact Name:

\*Daytime Phone:  (### ### ####)

Email Address:

\*Required Fields

Enter the Credit Card Billing and contact information in the fields provided, then click "submit".

# Credit Card Payment Method (continue)

After clicking the "Authorize" button, do not close your browser until you receive confirmation that your payment has been processed. In the rare event that you do not receive confirmation, please contact the Department of Insurance at 803-737-6095.

Amount: \$407.80  
Name on Credit Card: Jane Doe  
Credit Card Type: Visa  
Credit Card Number: 4111111111111111  
Security Number: 541  
Expiration Date: 09/10  
Daytime Phone: 854-965-4485  
  
Address: 123 Jane Doe  
  
City: adfadf  
State: SC  
Zip Code: 15263  
Daytime Phone: 854-965-4485

By clicking "Authorize", I authorize the South Carolina Department of Insurance to debit the Transaction Amount shown above from the credit card identified.

Authorize

After clicking "Authorize" Do **NOT** close your browser until you receive confirmation that your payment was processed.




# Credit Card Payment Method (continue)

**Please wait while we process your payment...**

Payment procesing may take upto 5 minutes and 30 seconds. We request you to be patient.

Please do not use your browser's "Stop" or "Back" buttons while the payment is being processed.

 5:29

Payment may take up to five minutes to process. Please wait while payment process!

# Tax Return Confirmation

## Confirmation

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This page is your receipt for your online tax filing with the South Carolina Department of Insurance. When paying by credit card, your credit card statement will reflect a charge in this amount from SC.GOV. You should print this page via the Printer Friendly option and retain for your records.

<b>Company Name:</b>	FARMERS MUTUAL FIRE INS ASSN OF FAIRFIELD COUNTY
<b>SC Company Code:</b>	101265
<b>State of Domicile:</b>	SC
<b>Tax Preparer:</b>	Jane Doe
<b>Tax Preparer Email:</b>	jd@gmail.com
<b>Refund Amount Due Insurer:</b>	(\$1,081.00)
<b>SCDOI Receipt Number:</b>	N/A
<b>Payment Reference Number:</b>	N/A
<b>Amount Paid to SCDOI:</b>	N/A
<b>Miscellaneous Charges:</b>	N/A
<b>Payment Method:</b>	N/A
<b>Date Received:</b>	N/A
<b>Document List:</b>	