



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

SC 3911
(Rev. 4/16/13)
3101

Before completing this form, you can check your current year refund status on our website www.sctax.org under **Quick Links** or call our refund hotline **(803) 898-5300**. Please allow 30 days from the mailing date of your refund before submitting this form. Complete this form providing all information. If your return has been filed and you have failed to receive your refund within six (6) weeks from the filing date, a record search will be made. If your check has been cashed you will receive notification from the State Treasurer's office on how to proceed. If the check is outstanding we will request a stop payment on the original and a replacement check will be mailed to you. If you have received correspondence from the Department asking for additional information about your return and have responded, please allow six (6) weeks from the date you responded before filing this form.

Type or print	YOUR FIRST NAME AND INITIAL	LAST NAME	YOUR SOCIAL SECURITY NUMBER	
	SPOUSE'S FIRST NAME AND INITIAL, IF FILING JOINTLY	SPOUSE'S LAST NAME, IF DIFFERENT	SPOUSE'S SOCIAL SECURITY	
	CURRENT MAILING ADDRESS (NUMBER AND STREET, OR P. O. BOX)			APT. NO.
	CITY, STATE AND ZIP CODE			

WAS THIS AN AMENDED RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT OF REFUND SHOWN ON RETURN: \$ _____ DATE RETURN WAS FILED: _____	DAYTIME TELEPHONE () - TAX YEAR
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- I DID NOT RECEIVE A TAX REFUND CHECK.
 I RECEIVED A TAX REFUND CHECK, BUT IT WAS LOST STOLEN DESTROYED.

If the check cannot be located, payment will be stopped and a new check issued.

IF THE ORIGINAL CHECK IS RECEIVED DURING PROCESSING OF THIS FORM PLEASE CALL (803) 898-5709.

PLEASE SIGN BELOW, **EXACTLY** AS YOU SIGNED THE RETURN. IF THIS REFUND WAS FROM A JOINT RETURN, THE SIGNATURES OF BOTH HUSBAND AND WIFE ARE NECESSARY BEFORE A TRACE CAN BEGIN.

YOUR SIGNATURE	DATE
SPOUSE'S SIGNATURE	DATE

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.

Mail the completed form to: SC DEPARTMENT OF REVENUE, CONTACT CENTER, COLUMBIA SC 29214-0161

DESCRIPTION OF CHECK (FOR OFFICE USE ONLY)

DLN	REFUND CHECK NUMBER
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