



# Notice of Overpayment Applied to Debt

For Office Use Only

Date 01-26-15

M IIII IIT NOA  
JOE A DEBTOR  
MARY DEBTOR  
ABCD STREET  
ANYTOWN SC 12345-1111

Tax Year: 2014  
File Number: 00000000-0  
Taxpayer's SSN/FEIN: XXX-XX-0000  
Spouse's SSN/FEIN: XXX-XX-1111

Verify last four of SSN(s)

Dear Taxpayer(s):

Your 2014 individual income tax return has been processed. All or part of your refund has been applied to outstanding debt with the agency(s) listed below. Your refund has been reduced by a \$25 administrative fee. If you have any questions or wish to appeal, you must write or call the appropriate agency(s) listed below.

Under the provisions of Code Section 12-56-10 through 12-56-110 of the SC Code of Laws, the South Carolina Department of Revenue must apply your refund to outstanding debt.

**Total Amount Applied to Outstanding Debt:** 710.00 ← Amount includes \$25 SCDOR administrative fee  
Remaining Amount to be Refunded to You: .00 (\$685 + \$25)

AGENCY/INSTITUTION NAME TELEPHONE NUMBER	SSN OF DEBTOR	AMOUNT TRANSFERRED TO AGENCY/INSTITUTION
JASPER COUNTY EMS PO BOX 1509 RIDGELAND SC 29936 (843) 726-7816 SC ASSOC OF COUNTIES	XXX-XX-0000	179.43
JASPER COUNTY EMS PO BOX 1509 RIDGELAND SC 29936 (843) 726-7816 SC ASSOC OF COUNTIES	XXX-XX-1111	100.00
BEAUFORT MEMORIAL HOSPITAL POST OFFICE BOX 1085 BEAUFORT SC 29901 (843) 522-5150	XXX-XX-0000	405.57

Debt amount per agency.  
Total amount of listed debts  
above equal \$685.00

Claimant agency  
contact information