



Hampton County Fire Department
803-914-2155
tcorbin@hamptoncountysc.org
803-914-2154 (fax)



Varnville Fire Department
803-903-1071
varnvillefiredept@yahoo.com

HAMPTON COUNTY FIRE/RESCUE
703 2nd St. West
Hampton, South Carolina 29924
803-914-2155

VOLUNTEER PACKET

Please complete the entire packet, along with any documents needed.

HAMPTON COUNTY



Hampton County Fire/Rescue
703 2nd Street West
Hampton, South Carolina 29924
803-914-2155
FDID# 25311

South Carolina Firefighter Registration Act Request for Criminal Background Check

NAME : _____ (FULL NAME)

ADDRESS: _____
City State

SOCIAL SECURITY # _____ DATE OF BIRTH _____

E-MAIL ADDRESS (Please Print) _____

DRIVER'S LICENSE# _____ STATE _____ EXPIRATION _____ CLASS D/L _____

RACE: WHITE _____ AFRICAN AMERICAN _____ HISPANIC _____ OTHER _____

SEX: MALE _____ FEMALE _____

.....
I, _____ do hereby grant approval for the Hampton County Fire
Department to inquire and receive any and all criminal information pertaining to me.

Applicant Signature

Dan Cook

Authorized Signature

Date

Date



Hampton County Fire/Rescue Operating Policies and Procedures

Policy #

7.1.01

Date Created:

Unknown

Effective Date:

Unknown

Date Revised:

04/28/2008

Subject:

Emergency Vehicle & Personally Owned Vehicle Response

Page 1 of 4

Purpose:

Responding to any emergency call, Hampton County Fire/Rescue has placed a great deal of responsibility on the driver of our emergency vehicles. Not only must emergency vehicle drivers provide prompt conveyance of the apparatus equipment, and personnel to provide service to those in need, but as importantly must accomplish this task in the safest and most prudent manner possible. Emergency vehicle drivers have in their care, custody and control most of the major assets possessed by this organization (the vehicle, portable equipment, personnel). Emergency vehicle drivers also have a higher standard of care to provide to the general motoring public and must make every attempt possible to provide **DUE REGARD** for the safety of others. Drivers must constantly monitor and reduce the amount of risk and exposure to potential losses during each and every response. **SAFE ARRIVAL AT THE EMERGENCY SCENE SHALL BE, AND MUST ALWAYS REMAIN, THE FIRST PRIORITY OF ALL EMERGENCY VEHICLE DRIVERS.** In order to accomplish this enormous task all emergency vehicle drivers shall become familiar and constantly abide by the following policies and procedures.

Procedures:

1. Circle of Safety

Prior to entering the cab and starting the vehicle, the emergency vehicle driver shall make a circle of safety around the vehicle to see that all equipment is secured, that all compartment doors are securely closed and any physical obstructions moved out of the way. During the circle of safety the emergency vehicle driver shall encircle the vehicle and visually, inspect all four (4) sides and the top of the vehicle before entering the cab. He/she should also verify right side and rear clearance with the person riding in the officer position. This shall be conducted prior to moving the vehicle regardless of whether or not the vehicle is about to leave on an emergency or a non-emergency.

2. Warning Devices and True Emergencies

When responding to a true emergency * all audible and visual warning devices will be operated at all times regardless of times of day and/or traffic conditions. All emergency vehicle drivers must understand that warning devices are not always effective in making other vehicles operators aware of your presence. **WARNING DEVICES ONLY REQUEST THE RIGHT-OF-WAY, THEY DO NOT INSURE THE RIGHT-OF-WAY.**

- *The definition of a true emergency is a situation in which there is a high probability of death or serious injury to an individual or significant property loss, and actions by an emergency vehicle driver may reduce the seriousness of the situation.*

Vehicle Control and Right-of-Way

All drivers shall attempt to maintain control of the vehicle that they are operating in such a manner as to provide the maximum level of safety for both their passengers and the public. Emergency vehicle drivers should be aware that the civilian vehicle operators may not react in the manner in which is

expected or felt to be appropriate. An attempt should be made to have options available when passing or overtaking vehicles. If another vehicle operator fails to yield the right-of-way, nor can you assume the right-of-way, therefore you do not have the right-of-way until the other vehicle yields to you.

The emergency vehicle driver shall be aware of his/her rate of closure on other vehicle and pedestrians at all times to make sure that safe following distance is established and maintained. All drivers shall follow the rule for safe following distance and allow one (1) second of following distance for every ten (10) feet of vehicle length for speeds under 40 mph and add one (1) additional second for speeds over 40 mph.

Response Speeds

When responding to a true emergency only, drivers shall operate the vehicle they are driving at as close to the posted speed limit as possible, but not to exceed ten (10) miles per hour over the posted speed limit, conditions permitting. Examples of conditions requiring slower response speeds include but are not limited to;

- Slippery road conditions
- Inclement weather
- Poor visibility
- Heavy or congested traffic conditions
- Sharp curves

Intersection Practices

Extreme care should be taken when approaching any intersection as intersections are the locations responsible for a large percentage of major accidents involving emergency vehicles. Drivers are required to practice the organizations intersection operating guidelines during all emergency responses.

Uncontrolled Intersections

Any intersection that does not offer a control device (stop sign, yield, or traffic signal) in the direction of travel of the emergency vehicle or where a traffic control signal is green upon the approach of the emergency vehicle, all emergency vehicle drivers should do the following:

- Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast, etc.)
- Observe traffic on all four (4) directions (left, right, front, rear)
- Slow down if any potential hazards are detected and cover the brake pedal with driver's foot.
- Change the siren cadence not less than 200' from the intersection
- Avoid using the opposing lane of traffic if at all possible

Emergency vehicle drivers should always be prepared to stop. If another vehicle operator fails to yield the right-of-way to an emergency vehicle, the emergency vehicle driver cannot force the right-of-way, nor can you assume the right-of-way, and therefore you do not have the right-of-way until the other vehicle yield to you.

Controlled Intersections

Any intersection controlled by a stop sign, yield sign, yellow traffic light, or red light requires a complete stop by emergency vehicle driver. In addition to bringing the vehicle to a completed stop these additional steps must be followed as well:

- Do not rely on warning devices to clear traffic
- Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles

traveling fast, etc.) as well as driver operations

- Begin to slow down well before reaching the intersection and cover the brake pedal with the driver's foot, continue to scan in four (4) directions (left, right, front, and rear)
- Change the siren cadence not less than 200' from intersection
- Scan the intersection for possible passing options (pass on right; left, wait, etc.) avoid using the opposite lane of traffic if at all possible
- Come to a complete stop
- Establish eye contact with other vehicle drivers; have partner communicate all is clear; reconfirm all other vehicles are stopped
- Proceed one lane of traffic at a time treating each lane of traffic as a separate intersection

Railroad Intersections

At any time an emergency vehicle driver approaches an unguarded railroad crossing he/she shall bring the apparatus or vehicle being operated to a complete stop before entering the grade crossing. In addition, the emergency vehicle driver shall perform the following prior to proceeding:

- Turn off all siren and air horns
- Operate the motor at idle speed
- Turn off any other sound producing equipment or accessories
- Open the windows and listen for train's horn

Non-Emergency Response

When responding to a call in non-emergency response mode or normal flow of traffic (non-code 3 or when not responding to a true emergency) the vehicle will be operated without any audible or visual warning devices and in compliance with all state motor vehicle laws that apply to civilian traffic. At no time should any emergency vehicle be operated during response with only visual warning devices.

Ordinary Travel Procedures

All drivers shall obey all traffic laws and traffic control devices when driving any fire department vehicle under ordinary travel conditions. **ANY DRIVER OBSERVED IN BREAKING ANY TRAFFIC LAWS OR DRIVING ANY VEHICLE IN AN AGGRESSIVE MANNER WILL BE SUBJECT TO DISCIPLINARY ACTION INCLUDING SUSPENSION OF DRIVING PRIVILEGES.**

Riding Policy

The department requires all persons riding on fire apparatus to be seated in approved riding positions and be secured to the vehicle by seat belts whenever the vehicle is in motion. The emergency vehicle driver and/or the person riding in the officer position shall verify that all personnel are properly seated and in seat belts before the vehicle is in motion. Standard communication signals should be formulated and utilized by all personnel.

Backing

The department recognizes that backing emergency vehicles is made hazardous by the fact that the driver cannot see much of where he/she intends to go. The department recommends that whenever possible drivers should avoid backing as the safest way to back up a vehicle is not to back it up at all. When it is necessary to back-up any departmental vehicle, all drivers shall follow one of the two following

procedures:

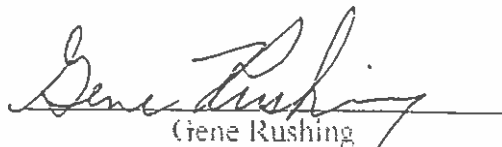
- The department's first choice of backing procedures is that before any vehicle is put into reverse and backed that a spotter be put in place near the rear of the vehicle. The spotter should be safely positioned so that the emergency vehicle driver never loses sight of the spotter, he/she shall stop immediately until the stopper makes themselves visible again.
- If conditions exist that make use of spotters impossible, all drivers, before attempting to back up any fire department vehicle, shall /will make a circle of safety to see that:
 - No person or persons are directly behind the vehicle or in its intended path of travel,
 - All equipment is secured,
 - All compartment doors are securely closed,
 - And, any physical obstructions are moved out of the way. The emergency vehicle driver should also note potential obstructions on the intended path of travel.

Response in private owned vehicles

When any member responds to the station or to the scene of an emergency in his private vehicle, each member must strictly adhere to all applicable motor vehicle laws. Privately owned vehicles are not provided with the same exemptions that are provided to emergency vehicles. No member of the organization will be permitted to violate any vehicle laws, including but not limited to:

- Speed limits
- Passing through traffic control devices
- Passing in an unsafe manner

While it is recognized that timeliness response to an emergency is important, it is imperative that all drivers understand that their PRIVATE VEHICLES ARE NOT EMERGENCY VEHICLES AND THEREFORE ARE NOT AFFORDED ANY EXEMPTIONS OR SPECIAL PRIVILEGES UNDER STATE LAW. Any driver observed in breaking any traffic laws or operating any vehicle in an aggressive or unsafe manner will be subject to disciplinary action including; suspension, loss of driving privileges and withdrawal of courtesy light permit.


Gene Rushing
Hampton County Fire Chief

* The acknowledgment form follows this page.



Hampton County Fire/Rescue Department Emergency Vehicle Guidelines

Acknowledgement

I, _____ acknowledge that I have received a copy of the Hampton County Fire-Rescue Emergency Vehicle Response. I acknowledge that I have been trained and understand the items and instructions contained in the policy. I also understand the importance of safe operations of The Hampton County Fire Department Vehicles, and will abide by all of the tactical and administrative operating guidelines contained in this document.

Signed _____ Dated _____

SOUTH CAROLINA FIREFIGHTER MOBILIZATION PLAN PERSONNEL REGISTRATION

Individual must be registered as a firefighter with the State Fire Marshal's Office per state law to participate in the mobilization plan and must be at least 18 years of age.

Date: _____ Status (Circle One): Paid / Volunteer Affiliated (Circle One): Fire / EMS

Name: _____ Birth Date: _____
 First MI Last (Must be 18 years of age)

SSN: _____ Rank: _____ Paramedic / EMT Cert.# _____

Fire Department Name: Hampton County Fire/Rescue FDID# 25311

Home Address: _____ City: _____

County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact Name: _____ Emergency #: (____) _____
 First MI Last

Circle the blocks for the areas this person is qualified to perform. See section 7.2 for the required training for the following.

Medically (Physically) qualified	Yes	No	Technical Rescue Technician	Yes	No
Firefighter I	Yes	No	US&R Technician	Yes	No
Firefighter II	Yes	No	Water Rescue Technician	Yes	No
Pump Operator	Yes	No	Company Officer	Yes	No
Wildland Firefighter	Yes	No	Command Officer	Yes	No
Haz-Mat Operations	Yes	No	Aerial Operator/Driver	Yes	No
Haz-Mat Technician	Yes	No	Heavy Rescue Technician	Yes	No
Haz-Mat Tech. Specialist	Yes	No	Swift Water Rescue	Yes	No
Incident Safety Officer	Yes	No	Certified Fire Marshal	Yes	No
EMT	Yes	No	Paramedic	Yes	No

Registrant's Signature: _____

Fire Chief Print Name: Greg Cook

Fire Chief Signature: Greg Cook

Date: _____

My signature certifies that this individual is medically qualified and qualified by training or equivalency for positions indicated above in accordance with the minimum recommended requirements listed in section 7.2 of this plan.

HAMPTON COUNTY NEW ID CREDENTIALING SYSTEM
ID'S WILL NOT BE MADE UNTIL NIMS COURSES ARE COMPLETE

New ID's will be made on Wednesdays from 9am until 12 noon and from 2pm until 4pm. Please complete the following information sheet. You are asked to e-mail the form back to speeples@hamptoncountysc.org or fax to 803-914-2154 so that we can input your information.

Law Enforcement, Fire and EMS personnel will have different forms to fill out. Forms will be e-mailed. All information must be completely filled out before application can be accepted.

NAME FIRST, M, LAST	<div style="float: right;">Date of Birth:</div>
ADDRESS (Mailing)	
ADDRESS (Physical)	
DATE OF HIRE	
PERSONNEL ID#	
	Example: Name of Department and last 4 of Social. Auditor5926
MISC.	<div style="display: flex; justify-content: space-between;"><div>Hair Color:</div><div>Eye Color:</div><div>Blood Type:</div><div>Organ Donor:</div></div>
CONTACT #	<div style="display: flex; justify-content: space-between;"><div>Home:</div><div>Cell:</div></div>
DEPARTMENT AND JOB POSITION	<div style="display: flex; justify-content: space-between;"><div>Dept.</div><div>Job Position</div></div>
Emergency Contact	<div style="float: right;">Phone:</div>
Driver's License #	<div style="float: right;">Expiration:</div>
Medications	
Allergies	
Medical History (Diabetes, Heart)	
PHYSICIAN	<div style="float: right;">Phone:</div>
E-Mail address	

I understand that I give this information freely and of my own will, with the understanding that the medical information will be provided to EMS or a Doctor to treat me, if I am rendered unresponsive and unable to provide information on my own. I further understand that information can be seen by the Emergency Management Director, Project Director or Incident Commander at a scene. This information will only be used if I am hurt and the information needed to provide good medical care for me.

Signature	Date:
-----------	-------

APPROVED BY DEPARTMENT HEAD: _____ **Date:** _____



Beneficiary Designation for Accident & Sickness Policy

Complete this section each time this form is used—Please Print

Name of Organization Hampton County Fire/Rescue State SC

Member's/Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this section if you wish to name or change your beneficiary

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please see below for examples)

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.



New Personnel Checklist

- ___ Volunteer Packet
- ___ Explorer Form(If under 18)
- ___ Copy of Drivers License/ Social Security Card
- ___ Background Check(Not Explorers till 18)
- ___ FEMA Number
- ___ NIMS(100, 200, 700, 800) Training.fema.gov
- ___ Beneficiary Forms(SCSFA and VFIS)
- ___ ID Badge Form

Name: _____

Official: _____

Date: _____

HAMPTON COUNTY PERSONNEL ACTION FORM

SECTION I

NAME: _____
EXEMPT: _____ NON-EXEMPT: _____ SALARIED: _____ HOURLY: _____
ADDRESS: _____ CITY/ST/ZIP: _____
PHONE NO.: _____ SOCIAL SECURITY NUMBER: _____
DEPARTMENT NAME: _____ ACCOUNT NUMBER: _____
POSITION: _____ GRADE: _____

SECTION II

NEW HIRE DATE: ____/____/____ REVIEW DATE: ____/____/____ COMPLETED PROBATION: _____
FULL TIME ____ PT ____ TEMP ____ TRANSFER DATE: ____/____/____
PROMOTION DATE: ____/____/____ EFFECTIVE DATE: ____/____/____
EXIT EMPLOYMENT ____ LEAVE WITHOUT PAY ____ WORKERS' COMP ____ DATE: ____/____/____

SECTION III

HOURLY: _____ BI-WEEKLY GROSS: _____ ANNUAL GROSS: _____
SCHEDULED HOURS: _____ % INCREASE: _____

SECTION IV

EXPLANATION: _____

DEPARTMENT HEAD: _____ DATE: ____/____/____
PERSONNEL DIRECTOR: _____ DATE: ____/____/____
ADMINISTRATOR: _____ DATE: ____/____/____


THESE MATTERS YOU NEED TO CLEARLY UNDERSTAND:

Full time salaried employees are paid an annual salary and hourly employees are paid an hourly rate.

The work year is divided into 26 work periods. You will receive 26 bi-weekly paychecks.

Some positions are paid an overtime premium, others are not. This will be explained to you by the Personnel Department.

OVERTIME WAS EXPLAINED TO ME: _____ DATE: ____/____/____
EMPLOYEE SIGNATURE

	Hampton County Fire/Rescue Standard Operating Guidelines				Policy #
					7.3.02
Date Created:	10/25/08	Effective Date:	10/12/2020	Date Revised:	07/14/2020
Subject:	Policy: Fire Personnel Rank and Training Requirements				<i>Page 1 of 3</i>

Purpose:

To establish a policy for the standardization of Fire/Rescue Department Rankings and Training Requirements for the Fire Personnel of the Hampton County Fire/Rescue Department.

Scope:

Fire Personnel of the Fire/Rescue Department.

General:

The Hampton County Fire/Rescue Department has established a standard for the fire personnel of the department. Although, most of these standards are not required the department highly recommends for all personnel to meet and/or even exceed these requirements. The ranking structure that follows will serve as only a basis's and is not met to be a stopping point for any member who wishes to further his/her training. The rank structure also will reflect the reimbursement amount allotted for each member for his/her responses.

All members will be required upon completion of all training courses to provide a copy of the "certificate of completion" to the department. This will insure the member gets credit for the training he/she has taken. Any member wishing to take any courses whether included within these ranks or not may register at the Hampton County Fire/Rescue Headquarters at 703 Second Street West Hampton, SC 29924.

BASIC FIREFIGHTER (mandatory for all firefighters)

- 1152 BASIC OSHA FIREFIGHTER
- 3330 BASIC AUTO EXTRICATION
- 1410 EMERGECENY VEHICLE RESPONSE AWARENESS
- NIMS IS-700
- NIMS IS-800
- First Aid/CPR Certification

FIREFIGHTER I

- 1427 HAZARDOUS MATERIALS AWARENESS
- 2728 HAZARDOUS MATERIALS OPERATION
- 1153 NFPA FIREFIGHTER I
- 2146 INCIDENT COMMAND SYSTEM AND RESOURCE MANAGEMENT
- MUST HAVE ALL REQUIRMENTS FOR BASIC FIREFIGHTER

SPECIAL OPERATIONS RESPONSE TEAM (SORT)

- 2144 IC FOR HIGH RISE
- 2145 IC FOR STRUCTURAL COLLAPSE
- 3309 INTRODUCTION TO TECHNICAL RESCUE
- 3310 TECHNICAL RESCUER
- 2728 HAZARDOUS MATERIALS OPERATIONS
- 2723 OSHA HAZ-MAT TECHNICIAN
- 3390 CONFINED SPACE OPERATIONS
- 3392 CONFINED SPACE I

Greg Cook

Greg Cook
Hampton County Fire Chief

Designation of Beneficiaries Form
for U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program

WHO RECEIVES PSOB BENEFITS IF A CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

1. If there is a spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. If no spouse or children, then to the individual(s) designated by the officer in the most recently executed designation of (PSOB) beneficiary on file with the officer's agency at the time of the officer's death. If no PSOB designation, then to the individual(s) designated by the officer on the most recently executed life insurance policy on file with the officer's agency at the time of death.
5. If no spouse, children, PSOB designation, or life insurance beneficiary, then to the officer's surviving parents in equal shares.
6. If none of the above, then to the officer's children who would receive the benefit but for age (i.e., adult children.)

***"Child" is defined as any natural, illegitimate, adopted or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

PURPOSE
OF THIS
FORM



This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefit identified in Step 4 above and would not apply if there is an eligible surviving spouse and/or children. Should you wish to complete this form, it must be retained with official department records.

I, _____ (print full name), as a member of _____
 (print agency name), hereby designate the following beneficiary(s) for an PSOB benefits that may be paid in the event of my death:

Name	Percent (must total 100)	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Public Safety Officer signature: _____

Date: ____/____/____

Witness signature: _____

Date: ____/____/____



Beneficiary Designation Form

Instructions: Please Complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Completed beneficiary forms should be kept on file with the department.**

Section 1: Policy holder Information					
Organization Name				Phone	
Organization Address	City	County	State	Zip	
Section 2: Member Information					
Name (Last Name, Suffix, First Name, MI)			Date of Birth	Social Security #	
Address	City	State	Zip	Phone #	
Section 3: Primary Beneficiary (ies)					
I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining beneficiary(ies).					
Name and Address	Relationship	Social Security	Birth date	Phone #	Percentage
Section 4: Contingent Beneficiary (ies) = 100%					
If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my Contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.					
Name and Address	Relationship	Social Security	Birth date	Phone #	Percentage
Section 5: Signature = 100%					

X _____
Member signature

Date

*****Option for Primary or Contingent Beneficiary: SC State Firefighters Foundation- EIN: 56-2254232**
If this option is chosen, Member Must name SC State Firefighters Foundation in Section 3 or 4 with the given EIN number.



**Beneficiary Designation Form for
Group Insurance Products Underwritten by:
AXIS Insurance Company**



Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Completed beneficiary designation forms must be kept on file with your organization.**

Section 1: Policyholder Information

Organization Name South Carolina Dept. of Labor, Licensing and Regulation			Phone (803) 896-4300	
Organization Address 110 Centerview Drive	City Columbia	County Lexington	State SC	Zip 29210

Section 2: Member Information

Name (Last Name, Suffix, First Name, MI)	Date of Birth	Social Security #
--	---------------	-------------------

The coverage to which this beneficiary designation form applies: ☒ Cancer

Section 3: Primary Beneficiary(ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

Section 4: Contingent Beneficiary(ies)

**Total Must
Equal 100%**

If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

Section 5: Signature

**Total Must
Equal 100%**

X		
Member Signature		Date



**Beneficiary Designation Form for
Group Insurance Products Underwritten by:
AXIS Insurance Company**



Instructions: If you are eligible for benefits under group insurance policies provided through Provident Claims Services, Inc., you have the right to name a beneficiary. If you choose **not** to name a beneficiary, or if all named beneficiaries die with or before you, the death benefits may be payable to in the order listed below:

- a. spouse;
- b. child or children, equally, if living, otherwise to their descendants per stirpes;
- c. parents, equally or to the survivor;
- d. sisters or brothers, equally or to the survivor or survivors;
- e. your estate.

If you would like to name a specific beneficiary(ies), then you need to complete this form. Completed beneficiary designation forms must be filed with your organization.

Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits. Please specify the percentage of the benefit you want to be paid to each primary beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want to be paid to each contingent beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** - When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** - You may designate a valid trust as a beneficiary.

Type of Coverage Information

- **Cancer:** Firefighter Cancer Health Care Benefit Plan

General Information

- **Updates to Your Beneficiary Designation** - You can change your beneficiary designation at any time. You should review your designation periodically.
- **Consult an Attorney** - This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code		
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number			
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):							
		<input type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)							
		If you check Item Number 4., enter one of these:							
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)				

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-top: 10px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>
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Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here 3 \$ _____	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____	
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____	

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

1350



dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**SOUTH CAROLINA EMPLOYEE'S
WITHHOLDING ALLOWANCE CERTIFICATE**

SC W-4
(Rev. 11/21/24)
3527
2025

Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.

Part I: Employee Information

1 First name and middle initial		Last name		2 Social Security Number	
Address				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate*	
				*Check if married but filing separately.	
City		State		ZIP	
				4 Check if your last name is different on your Social Security card. <input type="checkbox"/>	
				For a replacement card, contact the Social Security Admin at 1-800-772-1213.	
5 Total number of allowances (from the applicable worksheet on page 3)					5
6 Additional amount, if any, to withhold from each paycheck					6 \$
7 I claim exemption from withholding for 2025. Check the box for the exemption reason and write Exempt on line 7.					7
<input type="checkbox"/> For tax year 2024, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2025 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability.					
<input type="checkbox"/> For tax year 2025, I am a military servicemember or the spouse of a military servicemember and elect to use another state as my state of domicile. See instructions. State of domicile: _____					

Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.

Employee's signature (required) _____ Date _____

Part II: Employer Information

Complete box 8 and box 10 if sending to the SCDOR. Complete box 8, box 9, and box 10 if sending to the State Directory of New Hires.

8 Employer's name and address	9 First date of employment	10 FEIN

INSTRUCTIONS**Employee instructions**

Complete the SC W-4 so your employer can withhold the correct South Carolina Income Tax from your pay. If you have too much tax withheld, you will receive a refund when you file your South Carolina Individual Income Tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Determine the number of withholding allowances you should claim for withholding for 2025 and any additional amount of tax to be withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Consider completing a new SC W-4 each year and when your personal or financial situation changes. This keeps your withholding accurate and helps you avoid surprises when you file your South Carolina Individual Income Tax return.

For the latest information about South Carolina Withholding Tax and the SC W-4, visit dor.sc.gov/withholding.

Exemptions: You may claim exemption from South Carolina withholding for 2025 for one of the following reasons:

- For tax year 2024, you had a right to a refund of all South Carolina Income Tax withheld because you had no tax liability, and for tax year 2025 you expect a refund of all South Carolina Income Tax withheld because you expect to have no tax liability.
- Under the provisions of the Veterans Auto and Education Improvement Act, you are a military servicemember or a military servicemember's spouse who is electing for tax purposes to use the domicile state of the servicemember, the domicile state of the spouse, or the permanent duty station of the servicemember as your state of domicile. Enter the name of the state on the line provided. Refer to SC Revenue Ruling #24-5, available at dor.sc.gov/policy, for more information.

If you are exempt, complete **only** line 1 through line 4 and line 7. Check the box for the reason you are claiming an exemption and write **Exempt** on line 7. Your exemption from withholding expires on December 31, 2025, unless a new SC W-4 is submitted to the employer.

If the state of domicile changes during the year, the servicemember and/or spouse should provide the employer with an updated SC W-4 to ensure the employer withholds the correct amount of Income Taxes for the remainder of the tax year.

Filers with multiple jobs or working spouses: You will need to file an SC W-4 for each employer. If you have more than one job, or if you are married filing jointly and your spouse is also working, you may want to consider only claiming allowances on the SC W-4 for the highest earning job and/or adding additional withholding on line 6 to ensure you are having enough withheld.

Non-wage income: If you have a large amount of non-wage income not subject to withholding, such as interest or dividends, consider making Estimated Tax payments or adding additional withholding from this job's wages on line 6. Otherwise, you may owe additional tax. The fastest, easiest way to make Estimated Tax payments is using our free online tax portal, **MyDORWAY**, at dor.sc.gov/pay. Select **Individual Income Tax Payment** to get started. If you are unable to make an Estimated Tax Payment on MyDORWAY, use the SC1040ES, available at dor.sc.gov/forms. Do not mail a paper copy of the SC1040ES if you pay online.

Employer instructions

Complete box 8 through box 10, as necessary. Employees do **not** complete this section.

- **New hire reporting:** You must report newly-hired employees within 20 days after the employee's first day of work. For more information, see SC Code Section 43-5-598 and 42 USC Section 653a or visit newhire.sc.gov.
- **Box 8:** Enter your name and address. If you are sending a copy of this form to the State Directory of New Hires, enter the address where child support agencies should send income withholding orders.
- **Box 9:** If you are sending a copy of this form to the State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If you rehired the employee after they had been separated from your service for at least 60 days, enter the rehire date.
- **Box 10:** Enter your Federal Employer Identification Number (FEIN).

All employers reporting South Carolina wages or withholdings must submit W-2 forms directly to the SCDOR. Submitting W-2 forms to the Social Security Administration does not meet this requirement. The fastest, easiest way to submit W-2 forms is using our free online tax portal, MyDORWAY, at MyDORWAY.dor.sc.gov. Log in to your existing account or create an account to get started. Once you've logged in, select the **More** tab, then click **Upload W-2s**, listed under the **Other** section. Employers can also submit W-2c, W-2G, 1099-R, 1099-NEC, and 1099-MISC forms on MyDORWAY. Follow the previous steps. Under the **Other** section, select the form type you wish to upload.

Withholding Tax Tables and the Withholding Tax Formula are available at dor.sc.gov/withholding.

Worksheet instructions

Personal Allowances Worksheet: Complete the worksheet on page 3 to determine the number of withholding allowances to claim.

- **Line C: Head of household** - Generally, you may claim the head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. For more information on filing status, refer to IRS Pub. 501, available at irs.gov.
- **Line E: Dependents** - The total number of dependents claimed on your South Carolina return must equal the number of dependents claimed on your federal return. This includes qualifying children and qualifying relatives. Enter the total number of eligible dependents.
- **Line F: Dependents under the age of 6** - Enter the number of dependents from line E who have **not** reached the age of six by December 31, 2025.

Enter the total from line G of this worksheet on line 5 of the SC W-4.

Deductions, Adjustments, and Additional Income Worksheet: Complete this **optional** worksheet if you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of non-wage income not subject to withholding and want to increase your withholding.

- **Reduce withholding:** Complete this worksheet to determine if you are able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you reduce your withholding, your refund at the end of the year will be smaller, but your paycheck will be larger.
- **Increase withholding:** You can also use this worksheet to determine how much to increase the tax withheld from your paycheck if you have a large amount of non-wage income not subject to withholding, such as interest or dividends.

Enter the total from line 10 of this worksheet on line 5 of the SC W-4.