ADP Tax Services, Inc., a wholly-owned subsidiary of ADP, LLC
Attn: Exception Dept.
400 Covina Boulevard
San Dimas, CA 91773

SOUTH CAROLINA ENTERPRISE ZONE ACT CREDIT

_____

Company Name _____

S. Carolina Withholding Number _____

Quarter Credit Applied   1   2   3   4   Year _____
                    (Please circle one)

ADP:

As an authorized representative of this company, I hereby request ADP to apply an Enterprise Zone Act Credit to the South Carolina Employer Identification Number listed above. My company has an authorized Enterprise Zone Act agreement with South Carolina Department of Commerce. Please apply the following credit(s):

   2. a) Maximum EZA/RDA Credit $_____   (100%)

       b) Allowable EZA/RDA Credit $_____   (percentage)

       c) State Rural Infrastructure $_____   (percentage)

       d) Allowable Retraining Credit $ _____(if applicable)

I understand and assume responsibility for any resulting penalties, interest and/or adverse effect to my South Carolina Enterprise Zone Act agreement. I also agree to respond to any agency correspondence regarding all credits applied.

Sincerely,

_____
Signature   Date

_____
Type & Print Name and Title

_____
Branch/Company Code