



THE HONORABLE CURTIS M. LOFTIS, JR.
State Treasurer

Municipal Name: _____ Municipal Code: _____ Date Submitted: _____
Collection Period Beginning (Month/Year): _____ Collection Period Ending (Month/Year): _____

SOUTH CAROLINA STATE TREASURER'S REVENUE REMITTANCE FORM

Table with 6 columns: LINE, FINES, FEES AND FILING FEE/ASSESSMENT, %, CODE, AMOUNT DUE, LINE. Rows include various fees like Public Defender Application Fee, Marriage License Fee, and DUI/DUS/BUI assessments.

PLEASE FILL IN THE AMOUNTS RETAINED BY YOUR OFFICE IN THE TABLE BELOW. THIS SECTION IS FOR REPORTING PURPOSES ONLY. DO NOT REMIT THESE AMOUNTS TO THE STATE TREASURER.

Table with 6 columns: LINE, RETAINED BY MUNICIPAL FOR VICTIM SERVICES, %, CODE, AMOUNT RETAINED, LINE. Rows include Assessments-Municipal, Surcharges-Municipal, and Other Assessments-Municipal.

Comments: _____

Contact Person _____ Telephone: _____

Contact Person Email: _____

I, Municipal Treasurer, certify that the foregoing information is true and accurate.

Municipal Treasurer Signature: _____

Municipal Treasurer Email: _____

*Note: This report is required by law to be filed monthly, on or before the 15th, by the Municipal Treasurer, even if there are no Collections. Form can be emailed to court.fines@sto.sc.gov. If form is filed by fax, please confirm with Marty Woods (Phone: 803.734.2657) PRIOR to transmission.