

## SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

**Reemployment Assistance Division**

PO Box 4730, Aberdeen, SD 57402-4730

Tel: 605.626.2312 Fax: 605.626.3347 dlr.sd.gov

**PAYMENT AGREEMENT**

Employer Name: \_\_\_\_\_ Employer Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Whereas the employer is indebted to the Reemployment Assistance Division of the South Dakota Department of Labor and Regulation as follows:**

Qtr/Year	Contributions Due	Interest Due*	Penalty Due*	Negative Interest	Total

\*Interest will be assessed at the rate of 1.5% on the first day of each month on the unpaid contributions. Additional penalty charges may also be assessed to unpaid contributions at the rate of \$25 per month.

The Department of Labor and Regulation may file a lien for the total amount due. Liens will only be released once contributions, interest, penalty, and negative interest are paid in full. Failure to follow the payment agreement will void this agreement and may result in the issuance of a distress warrant and/or a judgment filed in Small Claims Court.

**You must acknowledge the statements below by placing your initials next to each statement.**

I agree to make full payment for the amount due, including interest and penalty that will accrue, within six months, not to exceed 24 months from the date of this agreement.

I agree to stay current in any future obligations with the Department of Labor and Regulation. This payment agreement pertains only to the outstanding debt contained in this agreement. Failure to follow the payment agreement will void this agreement and may result in the issuance of a distress warrant and/or judgment filed in Small Claims Court.

I, \_\_\_\_\_, agree and promise to pay the total listed above, including interest and penalty that will accrue, with the first payment of \$ \_\_\_\_\_ on \_\_\_\_\_ and continue to submit monthly payments in the amount of \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month until the entire amount has been paid in full.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_