

Short-Term Tax Payment Plan Request

Use this template to request a short-term payment agreement (up to 120/180 days) for outstanding tax liabilities. Please fill out the fields below and print the completed document for submission.

1. Taxpayer Information

Full Name / Business Name:	<input type="text"/>
Taxpayer Identification Number (SSN / FEIN):	<input type="text"/>
Mailing Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

2. Tax Liability Details

Tax Year(s) / Period(s) Owed:	<input type="text"/>
Type of Tax (e.g., Income, Sales, Property):	<input type="text"/>
Total Tax Amount Currently Owed (\$):	<input type="text"/>

3. Proposed Short-Term Payment Plan

Please specify how you propose to pay the balance within the short-term extension period.

Proposed Monthly Payment Amount (\$):	<input type="text"/>
Preferred Payment Due Date (e.g., 1st, 15th):	<input type="text"/>
Proposed Start Date (MM/DD/YYYY):	<input type="text"/>
Proposed Full Resolution Date (MM/DD/YYYY):	<input type="text"/>

4. Reason for Request

Briefly explain why you are requesting a short-term payment plan instead of paying in full immediately:

<input type="text"/>
<input type="text"/>

5. Acknowledgment and Signature

By signing below, I request a short-term payment plan and acknowledge that interest and penalties may continue to accrue on any unpaid balance until paid in full.

Taxpayer Signature: [Sign Here After Printing] Date (MM/DD/YYYY):