

Amended Tax Payment Plan Request

Instructions: Use this template to request an amendment to your current tax installment agreement. Please fill out all fields clearly. Once completed, print this document, sign, and mail it to the appropriate tax authority.

1. Taxpayer Information

Primary Taxpayer Name:

Joint Taxpayer Name (if applicable):

Social Security Number (SSN) / ITIN:

Mailing Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Existing Agreement Details

Tax Year(s) Covered:

Current Monthly Payment Amount:

Current Payment Due Date (Day of the month):

3. Proposed Amended Terms

Proposed New Monthly Payment Amount:

Proposed New Monthly Due Date:

Requested Effective Date of Amendment:

4. Reason for Amendment Request

Please state the reason for requesting this change (e.g., change in financial situation, job loss, medical expenses):

5. Preferred Payment Method

Specify how you will make these payments (e.g., Direct Debit, Check, Money Order):

Payment Method:

Routing Number (if Direct Debit):

Account Number (if Direct Debit):

6. Signatures and Authorization

By signing below, I request that the tax authority amend my payment plan as proposed above. I declare that the information provided is true, correct, and complete to the best of my knowledge.

Primary Taxpayer Signature: _____ Date:

Joint Taxpayer Signature: _____ Date: