

State Department of Revenue

State Income Tax Payment Plan Request Form

Instructions: Complete this form to request a monthly installment payment plan for unpaid state income taxes. Print the completed form, sign, and mail to the State Department of Revenue.

Section 1: Taxpayer Information

Primary Taxpayer Full Name:	<input type="text"/>
Social Security Number or ITIN:	<input type="text"/>
Spouse Full Name (if filing jointly):	<input type="text"/>
Spouse Social Security Number or ITIN:	<input type="text"/>
Mailing Address:	<input type="text"/>
City, State, and Zip Code:	<input type="text"/>
Contact Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

Section 2: Tax Liability and Proposed Payment Plan

Tax Year(s) Owed:	<input type="text"/>
Total Amount of State Tax Owed (\$):	<input type="text"/>
Proposed Monthly Payment Amount (\$):	<input type="text"/>
Preferred Due Date of Each Month (1st through 28th):	<input type="text"/>

Section 3: Financial Information and Hardship Details

Please provide a brief reason why you cannot pay your tax balance in full at this time:

Reason for Request:

Current Employer Name:	<input type="text"/>
Total Monthly Household Income (\$):	<input type="text"/>

Section 4: Agreement and Signatures

By signing below, I request a payment plan to resolve my outstanding state income tax liability. I understand that interest and penalties will continue to accrue on the unpaid balance until paid in full.

Primary Taxpayer Signature (sign on printed form):	<input type="text"/>	Date:	<input type="text"/>
Spouse Signature (if joint filing):	<input type="text"/>	Date:	<input type="text"/>