
THESE FORMS CAN ONLY BE SUBMITTED IF YOU HAVE A FINAL ASSESSMENT IN THE COLLECTION SERVICES DIVISION

FORMAL INSTALLMENT PAYMENT REQUEST FOR FINAL ASSESSMENTS

Code Section, §40-2A-4(b)(6), Code of Alabama 1975, authorizes the Department of Revenue to enter into a written payment agreement when it will facilitate collection of the tax liability. The agreement may be limited to a period not to exceed twelve months. Basically, this means the Department may extend an installment payment plan to you if it is in the best interest of the Department to do so. **You should be aware that completion of the collection information statement and enclosing a payment does not automatically guarantee an installment payment agreement will be extended.**

Enclosed is a Collection Information Statement that must be completed. The requested proof of information and the first proposed payment must be attached to your Collection Information Statement and returned to this office. ***Failure to include the first payment may result in the Department taking collection action. If you fail to comply with all of the listed requirements, your proposal will be considered incomplete and will not be processed.*** Collection action as authorized under §40-2-11(16), Code of Alabama 1975, may include seizing wages, bank accounts, real and/or personal property or rights to property belonging to you in the amount necessary to satisfy your tax liability.

You will be notified in writing whether your completed proposal has been approved, denied or adjusted. ***PLEASE NOTE: Incomplete forms will not be processed and immediate collection action will proceed without written notice.*** Even if your plan is approved, liens may be filed as provided by §40-1-2, Code of Alabama 1975, on behalf of the State that may affect your credit history.

If you have any questions concerning this letter and/or the following form, please call our office at (334) 353-8096 or use facsimile number (334) 242-8342.

Alabama Department of Revenue
Collection Services Division
P. O. Box 327820
Montgomery, AL 36132-7820



ALABAMA DEPARTMENT OF REVENUE
COLLECTION SERVICES DIVISION

OFFICE USE ONLY	
Case No. _____	
	GR:
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Affidavit

Under penalties of perjury, I declare that I have examined the information given in this financial statement and, to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement. I agree to give written notice to the Alabama Department of Revenue of material changes in this information as it occurs.

INITIAL

I understand that my failure to maintain current tax liabilities will void any payment agreement.

INITIAL

I also understand I must include proof of all income, expenses, etc. (see page 4 for examples) for this collection information statement to be considered as complete. Failure to do so will result in this application not being processed.

INITIAL

I also understand that my failure to list all assets and document expenditures will void any payment agreement.

INITIAL

I am proposing to send \$ _____ per month, since I do not have available at this time financial sources to pay this liability in full.

INITIAL

★ ★ ★ FIRST PAYMENT MUST BE RETURNED WITH THIS FORM ★ ★ ★

I understand that an installment payment agreement, if approved, may be considered as a balloon note with the balance payable in full at the end of the agreement period.

INITIAL

**★ ★ ★ INCOMPLETE / INACCURATE FORMS WILL NOT BE PROCESSED
AND THE DEPARTMENT WILL PROCEED WITH COLLECTION ACTION. ★ ★ ★**

TAXPAYER'S SIGNATURE

SPOUSE'S SIGNATURE

DATE

DATE

All forms must be signed and include all proofs/documents required.

Return the collection information packet to:

Alabama Department of Revenue
Collection Services Division
P.O. Box 327820
Montgomery, AL 36132-7820

Telephone: (334) 353-8096
Fax: (334) 242-8342

BANK ACCOUNTS — Three Most Recent Months Statements Must Be Provided (Including Savings & Loans, Credit Unions, Certificates of Deposit, Individual Retirement Accounts)

NAME OF INSTITUTION	ADDRESS	TYPE OF ACCOUNT <i>(Checking / Savings, CD / IRA)</i>	ACCOUNT NO.	BALANCE

CREDIT CARDS, CHECKING OVERDRAFT PROTECTION, LINE OF CREDIT

NAME OF CREDIT CARD, BANK, ETC.	MINIMUM MONTHLY PAYMENT	CREDIT LIMIT	BALANCE OWED

LIFE INSURANCE

NAME OF COMPANY	POLICY NUMBER	AMOUNT YOU CAN BORROW ON THE POLICY

REAL PROPERTY (Attach Copy Of All Deeds And Mortgages)

PRIMARY RESIDENCE ADDRESS	COUNTY AND STATE	DATE PURCHASED	PURCHASE PRICE	PAID TO (Name Of Person Or Bank)	BALANCE OWED

REAL PROPERTY — OTHER THAN PRIMARY RESIDENCE (Attach Copy Of All Deeds And Mortgages)

ADDRESS	COUNTY AND STATE	DATE PURCHASED	PURCHASE PRICE	PAID TO (Name Of Person Or Bank)	BALANCE OWED

MOTOR VEHICLES (Leased And Owned)

YEAR, MAKE, MODEL, AND TAG NUMBER	MONTHLY PAYMENT	PURCHASE PRICE	DATE LOAN WILL BE PAID OFF	BALANCE OWED
	<input type="checkbox"/> LEASE <input type="checkbox"/> OWN			
	<input type="checkbox"/> LEASE <input type="checkbox"/> OWN			
	<input type="checkbox"/> LEASE <input type="checkbox"/> OWN			
	<input type="checkbox"/> LEASE <input type="checkbox"/> OWN			

PERSONAL PROPERTY (Boats, Recreational Vehicles, Computer, Jewelry, TV, Furniture, Etc.)

	PURCHASE PRICE	BALANCE OWED
<input type="checkbox"/> LEASE <input type="checkbox"/> OWN		
<input type="checkbox"/> LEASE <input type="checkbox"/> OWN		
<input type="checkbox"/> LEASE <input type="checkbox"/> OWN		

PERSONAL LOANS / ACCOUNTS RECEIVABLE — (If you have loaned money to individuals or businesses, please specify.)

NAME OF PERSON/BUSINESS	ADDRESS, CITY, STATE, ZIP	AMOUNT LOANED	BALANCE OWED	MONTHLY PAYMENT

