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***THESE FORMS CAN ONLY BE SUBMITTED IF YOU HAVE A FINAL ASSESSMENT  
IN THE COLLECTION SERVICES DIVISION AND ARE NOT CURRENTLY UNDER  
COLLECTION ACTION***

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***INSTALLMENT PAYMENT REQUEST***

§40-2A-4(b) (6), Code of Alabama 1975 authorizes the Department of Revenue to enter into a payment agreement when it will facilitate collection of a tax liability.

For an installment payment agreement to be considered, the Collection Information Statement form must be completed. The requested proof of information and the first proposed payment must be attached to your completed form and returned to the address listed below. However, completion of the Collection Information Statement and enclosing a payment does not automatically guarantee an installment payment agreement will be extended.

**Important:**

- Failure to include the first payment may result in the Department taking immediate collection action.
- Incomplete forms or insufficient supporting documentation will not be processed, and immediate collection action may proceed without further written notice.
- Approval of a payment plan does not prohibit liens from being filed as provided by §40-29-20 Code of Alabama 1975.

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.

If you have any questions concerning the Collection Information Statement form, please call our office at (334) 353-8096 or use facsimile (334) 242-8342 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

**Alabama Department of Revenue  
Collection Services Division  
PO 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

OTHER INVESTMENTS (Stocks, Bonds, Etc.)

Table with 3 columns: DESCRIPTION, CURRENT VALUE, BALANCE OWED

GENERAL INFORMATION

Are you a partner, stockholder, or officer in any other business venture? YES NO If Yes, list company:

Do you have a will? YES NO Name of Executor:

MONTHLY INCOME

Table for listing various monthly income sources such as gross pay, rental, pensions, etc.

MONTHLY EXPENSES

(EXPENSES MUST BE REASONABLE FOR THE SIZE OF YOUR FAMILY, LOCATION, AND UNIQUE CIRCUMSTANCES)

Table for listing various monthly expenses such as rent, mortgage, groceries, utilities, etc.

In order to substantiate your income and expenses, you must include proof of the following:

- Employment (two most recent pay stubs)
Unemployment Compensation
ADC / General Assistance
State / Federal Assistance
Medical Costs Documentation
Utility Costs Documentation (include copy of most recent power bill)
Bank Accounts (3 most recent statements)
Child Support Payments (court order)
Alimony (court order)
Garnishment
Disability (SSI, military, etc.)
Rental Income (renter's name and address)
Credit Card Billing Copies
Installment Payment Copies