### 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), <u>Code of Alabama 1975</u> 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 <u>must</u> 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), <u>Code of Alabama 1975</u>, 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

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|------------------------|--|--|--|--|--|
| OFFICE USE ONLY        |  |  |  |  |  |
| Case No                |  |  |  |  |  |
| GR:                    |  |  |  |  |  |
| Yes No                 |  |  |  |  |  |

## Affidavit

| INITIAL | 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.  ★ ★ FIRST PAYMENT MUST BE RETURNED WITH THIS FORM ★ ★   |  |  |  |  |  |  |  |
| INITIAL | 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.   |  |  |  |  |  |  |  |
|         | INCOMPLETE / INACCURATE FORMS WILL NOT BE PROCESSED AND THE DEPARTMENT WILL PROCEED WITH COLLECTION ACTION.   |  |  |  |  |  |  |  |
| DATE    | All forms must be signed and include all proofs/documents required.   |  |  |  |  |  |  |  |

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



# ALABAMA DEPARTMENT OF REVENUE COLLECTION SERVICES DIVISION

## Collection Information Statement

#### PLEASE TYPE OR PRINT — COMPLETE ALL INFORMATION

| TAXPAYER'S FULL NAME                     |                       |               | DATE OF BIRTH     |                                | HOME AREA CC                         | DUE AND TELEPHONE NO.   |  |
|--|-----------------------|---------------|-------------------|--------------------------------|--------------------------------------|---|--|
| HOME ADDRESS                             |                       |               | SOCIAL SECURITY I | NUMBER                         | TAXPAYER'S DE                        | RIVERS LICENSE NO.  |  |
| CITY                                     | STATE                 | ZIP CODE      | FAX NUMBER (INCL  | UDE AREA CODE)                 | E-MAIL ADDRES                        | SS  |  |
| TAXPAYER'S OCCUPATION                    |                       | HOW LONG?     | POSITION OR JOB T | TITLE                          | I                                    |   |  |
| BUSINESS NAME AND ADDRESS (IF YOU OPERAT | TE A BUSINESS)        |               |                   |                                | BUSINESS ARE                         | A CODE AND TELEPHONE NO.  |  |
| EMPLOYER'S NAME AND ADDRESS              |                       |               | EMPLOYER'S AREA   | CODE & TELEPHONE NO.           | l M T                                | e Day And Frequency)  W TH F S S  KLY / MNTHLY / SEMI MNTHLY            |  |
|  |                       |               |                   |                                | WKLI / DIWI                          | KET / WHATTIET / SEWITWHATTIET  |  |
| SPOUSE'S FULL NAME                       |                       |               | SPOUSE'S DATE OF  | BIRTH                          | SPOUSE'S HOM                         | E AREA CODE & PHONE NO.   |  |
| SPOUSE'S HOME ADDRESS                    |                       |               | SPOUSE'S SOCIAL   | SECURITY NUMBER                | SPOUSE'S DRIV                        | ERS LICENSE NO.   |  |
| CITY                                     | STATE                 | ZIP CODE      | FAX NUMBER (INCL  | FAX NUMBER (INCLUDE AREA CODE) |                                      | E-MAIL ADDRESS  |  |
| SPOUSE'S OCCUPATION                      |                       | HOW LONG?     | SPOUSE'S POSITIO  | N OR JOB TITLE                 |                                      |   |  |
| BUSINESS NAME AND ADDRESS (IF YOU OPERAT | TE A BUSINESS)        |               |                   |                                | BUSINESS ARE                         | A CODE AND TELEPHONE NO.  |  |
| SPOUSE'S EMPLOYER NAME AND ADDRESS       |                       |               | EMPLOYER'S AREA   | CODE & TELEPHONE NO.           | SPOUSE'S PAYI<br>M T<br>WKLY / BI WK | DAYS (Circle Day And Frequency)  W TH F S S  KLY / MNTHLY / SEMI MNTHLY |  |
| NAMES OF REPENDENT OUR DREN OF RELATIVE  |                       | DATE OF BIRTH | DEL ATIONOUID     | 000141 05011017                | (AUIMED                              | ODOGO MONITHI VINCOME   |  |
| NAMES OF DEPENDENT CHILDREN OR RELATIVE  | S LIVING IN HOUSEHOLD | DATE OF BIRTH | RELATIONSHIP      | SOCIAL SECURITY                | NUMBER                               | GROSS MONTHLY INCOME  |  |
|  |                       |               |                   |                                |                                      |   |  |
|  |                       |               |                   |                                |                                      |   |  |
|  |                       |               |                   |                                |                                      |   |  |
|  |                       |               |                   |                                |                                      |   |  |
|  |                       |               |                   |                                |                                      |   |  |
|  |                       |               |                   |                                |                                      |   |  |
|  |                       |               |                   |                                |                                      |   |  |
|  |                       |               |                   |                                |                                      |   |  |
|  |                       |               |                   |                                |                                      |   |  |
|  |                       |               |                   |                                |                                      |   |  |

| BANK ACCOUNTS — Three Most Recer   | nt Months State     | ments Must Be          | Provided (Including                            | g Savings & Loa         |                  |                  | Certificates    | of Deposit, In | dividual Re  | etirement Accounts)                    |    |
|--|---------------------|------------------------|--|-------------------------|------------------|------------------|-----------------|----------------|--------------|--|----|
| NAME OF INSTITUTION  |                     |                        | TYPE OF ACCOUNT (Checking / Savings, CD / IRA) |                         | ACCOUNT NO.      |                  |                 | BALANCE        |              |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
| CREDIT CARDS, CHECKING OVERDRA   | FT PROTECTIO        | N, LINE OF CRE         | EDIT   |                         |                  |                  |                 |                |              |  |    |
| NAME OF  | F CREDIT CARD, BAN  | NK, ETC.               |  | MINIMUM MONTHLY PAYMENT |                  | CREDIT LIMIT     |                 |                | BALANCE OWED |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
| LIFE INSURANCE   |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
| ,  | NAME OF COMPANY     |                        |  |                         |                  |                  | POLICY NUMBER   |                | 3            | AMOUNT YOU CAN BORROW<br>ON THE POLICY |    |
| <u> </u>   | TO THE OF COMM 7441 |                        |  |                         |                  |                  |                 | OLIOT NOMBLI   |              | ON THE FOLIOT                          |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
| REAL PROPERTY (Attach Copy Of All L  | Deeds And Mort      | gages)                 |  |                         |                  |                  |                 |                |              |  |    |
| PRIMARY RESIDENCE ADDRESS  |                     | COUNTY DATE            |  | DUDOLIAGE DDIOE         |                  | PAID TO (Name Of |                 | Of             | BALANCE OWED |  |    |
| PHIMARY RESIDENCE ADDRESS  |                     | AND STATE              | PURCHASED                                      | PURCHASE PRICE          |                  | =                | Person Ör Bank) |                |              | BALAINGE OWED                          |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
| DEAL DRODERTY OTHER THAN DRI   | MADV DECIDEN        | ICE /Attach Cor        | ay Of All Doods Ar                             | d Mortgogoo             |                  |                  |                 |                |              |  |    |
| REAL PROPERTY — OTHER THAN PRIMARY RESIDENCE (Attach Copy Of All Deeds And COUNTY DATE |                     |                        |  |                         | PAID TO (Name Of |                  | Of              |                |              |  |    |
| ADDRESS  |                     | AND STATE              | PURCHASED                                      | PURCHASE PRICE          |                  | Person Ör Bank)  |                 |                | BALANCE OWED |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
| MOTOR VEHICLES (I  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
| MOTOR VEHICLES (Leased And Owned   | d)                  |                        |  | MONTHLY                 |                  |                  |                 | DATELO         | AN WILL BE   |  |    |
| YEAR, MAKE, MODEL, AND TAG NUMBER  |                     |                        |  | PAYMENT                 | PURCHASE PRICE   |                  | PAID OFF        |                | BALANCE OWED |  |    |
|  |                     | l                      | LEASE OWN                                      |                         |                  |                  |                 |                |              |  |    |
| LEASE OWN  |                     |                        | EASE OWN                                       |                         |                  |                  |                 |                |              |  |    |
| LEASE OWN  |                     |                        | EASE OWN                                       |                         |                  |                  |                 |                |              |  |    |
|  |                     |                        | LEASE OWN                                      |                         |                  |                  |                 |                |              |  |    |
| PERSONAL PROPERTY (Boats, Recrea   | tional Vehicles,    | Computer, Jew          | elry, TV, Furniture                            | e, Etc.)                |                  |                  | D               | URCHASE PRIC   | F            | BALANCE OWED                           |    |
|  |                     |                        |  |                         | LEASE [          | OWN              |                 |                | _            | DIE HOL ONED                           |    |
|  |                     |                        |  |                         | LEASE [          | OWN              |                 |                |              |  |    |
|  |                     |                        |  |                         | LEASE [          |                  |                 |                |              |  |    |
| PERSONAL LOANS / ACCOUNTS RECE   | EIVABLE — (If_y     | ou have loane <u>d</u> | money to i <u>ndivid</u>                       |                         |                  |                  |                 |                |              |  |    |
| NAME OF PERSON/BUSINESS  |                     | ADDRESS, CITY, S       |  | AMOUNT LOANE            |                  |                  |                 |                | OWED         | MONTHLY PAYME                          | NT |
|  |                     |                        |  |                         |                  |                  |                 |                | $\perp$      |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |
|  |                     |                        |  |                         |                  |                  |                 |                |              |  |    |

| OTHER INVESTMENTS (Stocks, Bonds, Etc.)                                   |                                |                                    | 0, 1, <u>2</u> |   |
|---|--------------------------------|------------------------------------|----------------|---|
| DESCRIPTION   |                                | CURRENT VALUE                      | BALANCE OWED   |   |
|   |                                |                                    |                |   |
|   |                                |                                    |                | _ |
| CENERAL INFORMATION   |                                |                                    |                |   |
| GENERAL INFORMATION   | (EQ. [] NO. (K)                |                                    |                |   |
| Are you a partner, stockholder, or officer in any other business venture? | 'ES  NO If Yes, list company:  |                                    |                | _ |
| Do you have a will? YES NO Name of Executor:                              |                                |                                    |                |   |
| MONTHLY INCOME  | MONTHLY EXPENS                 | SES (EXPENSES MUST BE REASONABLE I | FOR THE SIZE   |   |
| Your gross pay (attach two recent pay stubs)                              |                                | OF FOOR FAMILET, LOCATION, AND O   | \$             | _ |
| Spouse's gross pay (attach two recent pay stubs)                          |                                |                                    |                |   |
| Rental income   |                                |                                    |                |   |
| Pensions.   | Utilities                      |                                    |                |   |
| Social Security   | Electricity                    |                                    |                |   |
| Disability  |                                | gas                                |                |   |
| SSI   |                                |                                    |                |   |
| Military  | Telephone                      |                                    |                |   |
| Other   | Base                           |                                    |                |   |
| Profit from business (attach statement)                                   | Long distance                  |                                    |                |   |
| Commissions   | Cellular phone / bee           | eper                               |                |   |
| National Guard / Military Reserve pay                                     | Cable / Satellite              |                                    |                |   |
| ADC / General Assistance  | Internet service               |                                    |                |   |
| State / Federal Assistance  | Security system mo             | onitoring                          |                |   |
| Food Stamps   | Lawn care                      |                                    |                |   |
| Child Support payments  | Transportation (gas, b         | ous fares)                         |                |   |
| Alimony   | Medical Expenses               |                                    |                |   |
| Unemployment Compensation   |                                |                                    |                | _ |
| Royalties   |                                | by insurance)                      |                | _ |
| Interest income.  |                                | etc. (not covered by insurance)    |                | _ |
| Retirement income   | Insurance                      |                                    |                |   |
| IRA's.  |                                |                                    |                | _ |
| Federal Income Tax refund   |                                |                                    |                | _ |
| College Student Loan/Financial Aid  |                                | ers                                |                | _ |
| Personal Loans/Accounts Receivable  | Auto Loans — name o            | of financing company, bank, etc.   |                |   |
| Other income — Provide Documentation (List source:)                       |                                |                                    |                | _ |
| TOTAL INCOME  |                                |                                    |                | _ |
| TOTAL INCOME  |                                |                                    |                | _ |
|   | Installment Payments           | — name of store, bank, credit card |                |   |
| In order to substantiate your income and expe                             | enses,                         | name of store, barn, oreal cara    |                |   |
| you must include proof of the following                                   | :                              |                                    |                |   |
| ■ Employment (two most recent pay stubs)                                  |                                |                                    |                |   |
| ■ Unemployment Compensation   |                                |                                    |                |   |
| ■ ADC / General Assistance  |                                |                                    |                |   |
| ■ State / Federal Assistance  | Alimony (expiration da         | ate:)                              |                | _ |
| ■ Medical Costs Documentation   | Child Support (expirati        | ion date:)                         |                | _ |
| ■ Utility Costs Documentation (include copy of most                       | t recent Garnishments (expirat | tion date:)                        |                |   |
| power bill)   | Miscellaneous                  |                                    |                |   |
| ■ Bank Accounts (3 most recent statements)                                | Union dues                     |                                    |                | _ |
| ■ Child Support Payments (court order)                                    |                                |                                    |                | _ |
| ■ Alimony (court order)   |                                | church)                            |                | _ |
| ■ Garnishment   |                                | (e.g., hunting, country, fitness)  |                | _ |
| ■ Disability (SSI, military, etc.)  |                                | n / expenses                       |                | _ |
| <ul><li>Rental Income (renter's name and address)</li></ul>               |                                | penses                             |                | _ |
| ■ Credit Card Billing Copies  | Other (explain)                |                                    |                | _ |
| ■ Installment Payment Copies  | TOTAL Monthly Eve              |                                    |                | _ |