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

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
Affidavit

OFFICE USE ONLY
Case No. _____

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 make a down payment of \$_____, along with monthly/weekly payments of \$_____.

INITIAL



A DOWN PAYMENT MUST BE RETURNED WITH THIS FORM



I understand that an installment payment agreement, if approved, may require full payment of the remaining balance at the end of the payment agreement.

INITIAL



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



OFFICER SIGNATURE

OFFICER TITLE

PRINT OFFICER NAME

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

Business Collection Information Statement

PLEASE TYPE OR PRINT – COMPLETE ALL INFORMATION

Partnership Limited Liability Company (LLC) Corporation Other _____
Is the business currently operating? YES NO

Note: Complete all entry spaces with the current data available or "N/A" (not applicable). Failure to complete all entry spaces may result in rejection of your request or significant delay in account resolution. Include attachments if additional space is needed to respond completely to any question.

Business Name:	Employer Identification No. (EIN):
Business Street Address:	Date Incorporated/Established:
City: State: ZIP:	Date Business Closed:
Business Telephone No:	Number of Employees:
Business Website (web address):	Monthly Gross Payroll:

PARTNERS, OFFICERS, LLC MEMBERS, MAJOR SHAREHOLDERS, ETC.	
Full Name:	Social Security No.
Title:	Date of ownership:
Home Address:	Work/Cell No:
City: State: ZIP:	Ownership Percentage and # of Shares/Interest:
Responsible for Filing/Paying Payroll Taxes: <input type="checkbox"/> YES <input type="checkbox"/> NO	Responsible for Filing and/or Paying Applicable Taxes: <input type="checkbox"/> YES <input type="checkbox"/> NO

PARTNERS, OFFICERS, LLC MEMBERS, MAJOR SHAREHOLDERS, ETC.	
Full Name:	Social Security No:
Title:	Date of ownership:
Home Address:	Work/Cell No:
City: State: ZIP:	Ownership Percentage and # of Shares/Interest:
Responsible for Filing/Paying Payroll Taxes: <input type="checkbox"/> YES <input type="checkbox"/> NO	Responsible for Filing and/or Paying Applicable Taxes: <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE ATTACH ADDITIONAL OFFICERS OR MEMBERS INFORMATION ON SEPARATE SHEETS AND INCLUDE WITH THIS FORM.

Power of Attorney Form 2848A located on the Alabama Department of Revenue website at: www.revenue.alabama.gov

Business Financial Information

Does the business use a Payroll Service Provider or Reporting Agent? (If yes, answer the following): NO YES

Name and Address (Street, City, State, ZIP Code):

Has the business ever filed bankruptcy? (If yes, answer the following): NO YES Date Filed: _____ Date Dismissed: _____

Does the business have other business affiliations? (e.g., subsidiary or parent companies): NO YES, please list below

Is the business a State/Federal Government Contractor? (Include Government contracts in Accounts/Notes Receivable): NO YES

Business Bank Accounts:

TOTAL CASH ON HAND (Includes petty cash that is not in the bank): \$ _____

Is there a safe on the business premises? YES NO

BUSINESS BANK ACCOUNTS – Include online and mobile accounts (e.g., PayPal), money market accounts, savings accounts, checking accounts and value cards (e.g., payroll cards, government benefit cards, etc.). List safe deposit boxes including location, box number, and value of contents. Attach list of contents.

Type of Account	Full Name and Address (Street, City, State, ZIP code) of Bank Savings & Loan, Credit Union, or Financial Institution	Account Number	Account Balance as of _____ MM/DD/YYYY

Credit Cards:

Full Name and Address (Street, City, State, ZIP code)	Minimum Monthly Payment	Credit Limit	Balance Owed

Payment Processors:

Full Name and Address (Street, City, State, ZIP code)	Minimum Monthly Payment	Credit Limit	Balance Owed

Investment/Real Property:

Full Name and Address (Street, City, State, ZIP code)	County and State	Date Purchased	Purchase Price	Paid To: Name of Person or Bank	Balance Owed

Business Property (Boats, Motor vehicles, Recreational Vehicles, Utility Trailers, etc.):

Description (Year, Make, Model, and Tag Number)	Purchase Price	Balance Owed
_____ Lease _____ Own		
_____ Lease _____ Own		
_____ Lease _____ Own		

Accounts Receivable:

Name of Person/Business	Full Name/Address (Street, City, State, ZIP code)	Amount Loaned	Balance Owed	Monthly Payment

Business Income/Expenses

To determine your typical business income and expenses use the prior 3-to-6-month periods:

Income and Expenses during the period (MM/DD/YYYY) _____ to (MM/DD/YYYY) _____

Provide a breakdown below of your average monthly income and expenses based on the periods used above:

Monthly Income:		
Gross Receipts from Sales/Services		
Gross Rental Income		
Interest Income		
Cash Receipts (not included in Lines 1-4)		
Other income (Specify below)		
TOTAL INCOME		

Monthly Business Expenses:		
Materials Purchased ¹		
Inventory Purchased ²		
Gross Wages & Salaries		
Rent		
Supplies ³		
Utilities/Telephone ⁴		
Vehicle Gasoline/Oil		
Repairs & Maintenance		
Insurance		
Current Taxes ⁵		
Accounting Fees		
Advertising		
Interest Expense		
Bank Service Fees		
Bank & Credit Card Fees		
Other Expenses		
IRS Use Only-Allowable Installment Payments		
TOTAL EXPENSES		

In order to substantiate business income and expenses, the following documentation must be included:

- A current profit and loss statement
- Copies of the most recent three (3) months of bank statements
- Copies of the most recent outstanding accounts receivable
- Copies of the most recent statements from lenders on loans, mortgages, etc.
- Copies of accountant's depreciation schedules
- Copies of statements from the payment processors and credit card vendors
- Attach Form 2848A, Power of Attorney, if you would like your attorney, CPA, or other party to represent you. Form 2848A can be found on the ALABAMA DEPARTMENT OF REVENUE website: www.revenue.alabama.gov

¹**Materials Purchased:** Materials are items related to the production of product or service.

²**Inventory Purchased:** Goods bought for resale.

³**Supplies:** Supplies are used to conduct business and are consumed or used up within 1 year. This could be the costs of books, office supplies, professional equipment, etc.

⁴**Utilities/Telephone:** Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business internet.

⁵**Current Taxes:** Real Estate, state and local income tax, excise, franchise, occupational, personal property, sales, and the employer's portion of employment taxes.

Certification: *Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.*

Print Name of Office, Partner or LLC Member

Signature

Title

Date

After we review the completed Collection Information Statement, you may be asked to provide verification for the assets, encumbrances, income, and expenses reported. Documentation may include previously filed income tax returns, profit and loss statements, bank and investment statements, loan statements, financing statements, bills, or statements for recurring expenses, etc.