

**Form RI-9465**

Installment Agreement Request



14104499990101

Name		Social security/federal identification number	
Address		For the tax period(s)	
Address 2	Email Address	Phone Number	
City, town or post office		State	ZIP code

**GENERAL INFORMATION**

The Rhode Island Division of Taxation may afford you the opportunity to enter into an installment agreement should you be able to present facts that you are unable to pay the balance you owe in full at this time. Down payment of half of the balance owed will be required unless you demonstrate an inability to pay half the balance owed.

Approval for such an agreement will be based upon the information that is outlined below and shall be submitted to this office. All requests for an agreement along with any payments shall be forwarded to:

RHODE ISLAND DIVISION OF TAXATION, COMPLIANCE AND COLLECTIONS SECTION  
ONE CAPITOL HILL, PROVIDENCE, RI 02908-5812

The information will be reviewed by the Compliance and Collections Section for final approval. Within thirty days of receipt of your proposed agreement, including all required information, you will be notified in writing of the approval or denial.

The agreement will be revoked for failure to meet the agreed upon monthly payment and/or failure to file and pay all future tax returns on a timely basis.

The law authorizes the filing of State Tax Liens while on an approved payment plan agreement.

In the absence of an approved agreement or default of such agreement, collection procedures will resume which may result in levy of assets and wages or other appropriate legal action.

Balance owed as of today. (Interest and penalties will continue to accrue until balance is paid in full.)

Proposed Down Payment

**NOTE: DOWN PAYMENT MUST ACCOMPANY THIS FORM**

Proposed Monthly Payment

Please circle the date you choose to make your payment each month:    15th Day    30th Day

Taxpayers under an active installment agreement may still receive license block notices. If you are current with the agreement, please contact the Compliance and Collections Section for review and release of the block.

Monthly Installment Agreement coupons will be mailed to the address on file with the Division of Taxation.

Payments can also be made using the Division of Taxation's same day services via the make a payment link at [www.taxportal.ri.gov](http://www.taxportal.ri.gov). Please note, the type of payment to select when using this service is Bill Payment. The invoice number from the monthly installment agreement coupon will be required for this option.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of taxpayer	Print name	Date	Telephone number
Signature of spouse (if applicable)	Print name	Date	Telephone number



**INCOME/EXPENSE STATEMENT**

Column A

Column B

MONTHLY NET INCOME	Amount		MONTHLY EXPENSES	Amount
Wages/salaries		1	Rent	
Wages/salaries (spouse)		2	Utilities	
Other income (list sources):		3	Food	
		4	Medical	
		5	Insurance	
		6	Clothing	
		7		
		8	Other (list types):	
		9		
		10		
		11		
		12	Enter line 34: Total monthly installment payment	
		13		
		14		
<b>TOTAL MONTHLY INCOME</b>		15	<b>TOTAL MONTHLY EXPENSES</b>	
Column A Total Monthly Income Less Column B Total Monthly Expenses				

**BALANCE SHEET**

Column A

Column B

Column C

ASSETS	Amount		LIABILITIES	Amount	Monthly Payment
Cash		18	Mortgage		
Checking		19	Auto loans		
Savings		20	Personal loans		
Retirement accounts		21	Federal taxes due		
Investments (Stocks, bonds)		22	State taxes due		
		23	Credit card(s)		
<b>TOTAL CURRENT ASSETS</b>		24			
		25			
Vehicle (Make, Year)		26			
		27			
		28	Other (list):		
		29			
Real estate (address)		30			
		31			
		32			
		33			
<b>TOTAL ASSETS</b>		34	<b>TOTAL LIABILITIES</b>		

Bank Name: \_\_\_\_\_ Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

**NOTE: At this time, the Division does not allow automatic withdrawal from bank accounts.**

Name and address of employer(s): \_\_\_\_\_  
 \_\_\_\_\_