



# RHODE ISLAND DIVISION OF TAXATION INSTALLMENT AGREEMENT

## GENERAL INFORMATION

The R. I. 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 in full at this time.

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

**RHODE ISLAND DIVISION OF TAXATION  
COLLECTION SECTION  
ONE CAPITOL HILL - SUITE 10  
PROVIDENCE, RI 02908-5812**

The information will be reviewed by the Compliance and Collection 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 income tax returns on a timely basis.

In the absence of an approved agreement or default of such agreement, collection procedures will be reinstated which may result in levy of assets, wages, reblock license/registration or other appropriate legal action.

Taxpayer Name(s) as shown on tax return(s)	Social Security Number(s)
Street Address	Home Telephone Number
City, State, Zip Code	Business Telephone Number

Balance Owed plus  
any accrued interest  
and penalties

\$

Proposed Monthly  
Payment

\$

### NOTE: 1ST PAYMENT MUST ACCOMPANY THIS FORM

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

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

Bank Account #: \_\_\_\_\_ Checking \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_

Signature of Spouse \_\_\_\_\_

OFFICE USE ONLY			
FILINGS	Y	N	AGI
2011			
2010			
2009			
2008			
2007			

**The law authorizes the filing of State Tax Liens.  
Failure to pay the amount indicated in full will result in  
the filing of a Tax Lien.**

**SEE OTHER SIDE**

**INCOME/EXPENSE STATEMENT**

MONTHLY NET INCOME	Column A Amount	MONTHLY EXPENSES	Column B 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 type):	
		9	
		10	
		11	
		12	
		13	
		14 Enter Line 34: Total monthly	
		15 Installment payments	
		16	
<b>TOTAL MONTHLY INCOME</b>		17 <b>TOTAL MONTHLY EXPENSE</b>	

Line 17: Column A Total Monthly Income Less Column B Total Monthly

Expenditures =

**BALANCE SHEET**

ASSETS	Column A Amount	LIABILITIES	Column B Amount	Column C Monthly Pmt
Cash		18 Mortgage		
Checking		19 Auto Loans		
Savings		20 Personal Loans		
Retirement Accounts		21 Fed. Taxes Due		
Investment (Stock, 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>		

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

Signature

Date