



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. Down payment of half of the balance owed will be required.

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 and wages or other appropriate legal action.

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

**Balance Owed as of today
(interest and penalties will
continue to accrue until
balance is paid in full)**

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

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

SEE OTHER SIDE

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 type):		
		9			
		10			
		11			
		12			
		13			
		14	Enter Line 34: Total monthly		
		15	installment payments		
		16			
TOTAL MONTHLY INCOME		17	TOTAL MONTHLY EXPENSE		
Column A Total Monthly Income Less Column B Total Monthly					

BALANCE SHEET

	Column A			Column B	Column C
ASSETS	Amount		LIABILITIES	Amount	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)		
TOTAL CURRENT ASSETS		24			
		25			
Vehicle (Make, Year)		26			
		27			
		28	Other (List):		
		29			
Real Estate (Address)		30			
		31			
		32			
		33			
TOTAL ASSETS		34	TOTAL LIABILITIES		

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