

**Form RI-9465**

Installment Agreement Request

Your name	Social security/federal identification number	
Address	For the tax year	
Address 2		
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 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 shall be submitted to this office. All requests for an agreement along with any payments shall be forwarded to:

RHODE ISLAND DIVISION OF TAXATION, COLLECTIONS SECTION  
ONE CAPITOL HILL, STE 10, 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.

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 Monthly Payment

**NOTE: DOWN 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(s): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Checking - Account number: \_\_\_\_\_

Savings - Account number: \_\_\_\_\_

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

**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.**

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**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		
		13		
		14	Enter line 34: Total monthly installment payment	
		15		
		16		
<b>TOTAL MONTHLY INCOME</b>		17	<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>		