



Installment Agreement Request – Processing Fee Required

The department will inform you if your installment request is approved or if additional information is needed. If approved as proposed, an installment agreement will be forwarded to you. If it is determined that larger payments are necessary or additional information is required, someone from the department will contact you. Be sure to complete both sides of this form.

YOUR INFORMATION

Name
Social Security Number
Date of Birth
Address
City, State, Zip
Phone
Name(s) and ages of dependent(s)

Place of Employment

Company
Address
City, State, Zip
Phone
Job Title/Position
Gross Income
Net Income Weekly Bi-weekly Monthly

Other Income

General Assistance
AFDC
Social Security/SSI
Other (specify)

SPOUSE INFORMATION

Name
Social Security Number
Date of Birth
Address
City, State, Zip
Phone
Name(s) and ages of dependent(s)

Place of Employment

Company
Address
City, State, Zip
Phone
Job Title/Position
Gross Income
Net Income Weekly Bi-weekly Monthly

Other Income

General Assistance
AFDC
Social Security/SSI
Other (specify)

PROPOSED INSTALLMENT AGREEMENT

\$ Monthly Semi-monthly Bi-weekly Weekly
OR
Monthly Automatic Withdrawal (check withdrawal date) 5th 15th 25th
First Payment / Withdrawal Date

INSTALLMENT AGREEMENT TERMS:

- 1. A \$20.00 fee will be added to your balance when an installment agreement is accepted by the department.
2. The Department of Revenue may file delinquent tax warrants. These warrants are liens against your property and, as public records, may affect your credit rating.
3. Your Wisconsin and Federal tax refunds will be used to reduce the unpaid tax liability and will not be considered installment payments on your agreement.
4. All returns and taxes must be filed and paid as they become due.
5. The Wisconsin Department of Revenue reserves the right to void any agreement if it is determined that it was made based on false or inaccurate information or if there is a material change in your financial condition.

I/We have read and understand the terms listed above and wish to enter into an installment agreement with the Wisconsin Department of Revenue. I/We also attest that the information furnished on this form is true and correct to the best of my/our knowledge.

Your Signature Date Spouse Signature Date

**Please indicate both separate and combined assets and expenses.**

**Financial Institutions**

	Balance	Name and address of institution
Checking Account	\$ _____	_____
Savings Account	\$ _____	_____
Other (IRA, CD, Money Market, etc.)	\$ _____	_____

**Life Insurance Policies**

Company	Beneficiary	Amount	Cash Value	Balance Due on Loan
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Yes     No    Have premiums been paid to date?

**Motor Vehicles**

Make _____	Model _____	Year _____	Fair Market Value \$ _____	Balance Due \$ _____
License Plate # _____	Lien Holder _____	Address _____		
Make _____	Model _____	Year _____	Fair Market Value \$ _____	Balance Due \$ _____
License Plate # _____	Lien Holder _____	Address _____		

Other personal property (boat, motorcycle, snowmobile, etc.):

**Real Estate** (If you rent, list name and address of landlord)

Location _____	Fair Market Value \$ _____	Balance Due \$ _____
Mortgage Holder _____	Address _____	

**Expenses**

	Monthly Payment	Balance Due	Please note any payments you are behind in and by how much
Mortgage or Rent	\$ _____	\$ _____	_____
Property tax escrow	\$ _____	\$ _____	_____
Auto payments	\$ _____	\$ _____	_____
Gasoline/oil	\$ _____	\$ _____	_____
Utilities: Home Heating	\$ _____	\$ _____	_____
Electrical	\$ _____	\$ _____	_____
Telephone	\$ _____	\$ _____	_____
Water	\$ _____	\$ _____	_____
Cable / internet access	\$ _____	\$ _____	_____
Loans ( <i>list</i> ) 1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
Credit Cards . . . . . Is card still in use?			
<input type="checkbox"/> VISA . . . . . <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____	_____
<input type="checkbox"/> MasterCard . . . . . <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____	_____
<input type="checkbox"/> Discover . . . . . <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____	_____
<input type="checkbox"/> Other: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____	_____
Food	\$ _____	\$ _____	_____
Entertainment	\$ _____	\$ _____	_____
Insurance (all)	\$ _____	\$ _____	_____
IRS – Delinquent Payment	\$ _____	\$ _____	_____
Other ( <i>list</i> ) _____	\$ _____	\$ _____	_____
Total Monthly Expenses . . . . .	\$ _____		
Total Net Monthly Income . . . . .	\$ _____		
Net Difference . . . . .	\$ _____		