



Request a Business Payment Plan

Wisconsin Department of Revenue
 PO Box 8901
 Madison WI 53708-8901
 Phone: (608) 266-7879
 Fax: (608) 224-5790
 DORCompliance@wisconsin.gov

Important Information about Payment Plans

- A \$20 fee will be added to your balance when a payment plan is accepted by the department
- A payment plan will not prevent the filing of a delinquent tax warrant. A warrant is a lien against your property and, as a public record, may affect your credit rating. The filing of a tax warrant will add a fee to your balance.
- Your Wisconsin, federal and other states' tax refunds, vendor payments, unclaimed property and lottery winnings will be used to pay the amount due and will not be considered installment payments on your plan
- All returns and taxes must be filed and paid as they become due
- DOR reserves the right to end any plan if we determine it was made based on false or incorrect information, there is a significant change in your financial condition, or if you default the terms of the plan.
- If you fail to make payments as agreed or your plan is ended, DOR will take collection actions allowed by law without further notice.
- We will charge you a collection fee on DOR tax debt equal to 6.5% of your amount due, with a minimum charge of \$35. The collection fee for state debt referred by another agency is 15% of the amount due, with a minimum charge of \$35.

Part A: Proposed Payment Plan

Payment Amount \$	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	First Payment Date (mm/dd/yyyy) <i>(must be 1-28 of the month)</i>
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Part B: Business Information

Legal Name		FEIN
Trade Name or D/B/A	Entity Type (Corporation, LLC, etc.)	WI Tax Number (WTN)
Mailing Address		Phone () -
City	State	Zip

Part C: All Partners, Members or Officers (list all – attach separately if necessary)

1	Name	Social Security Number
	Address	Title
2	Name	Social Security Number
	Address	Title
3	Name	Social Security Number
	Address	Title

Part D: Income

Average Monthly Gross Income (based on last 12 months) \$ _____

Part E: Assets (Complete each line. Indicate N/A if it does not apply.)

Banks and Other Financial Institutions (list all – attach separately if necessary)

Name	Type (checking, savings, line of credit, etc.)	Balance

Real Estate (list all – attach separately if necessary)

Location	Fair Market Value
Mortgage Holder	Balance Due

Taxpayer Name: _____ **WTN:** _____

Motor Vehicles, Boats, Motorcycles, Snowmobiles, ATV's, etc. (list all – attach separately if necessary)

Vehicle 1	Year	Make	Model
	Fair Market Value	Balance Owed	Lien Holder
Vehicle 2	Year	Make	Model
	Fair Market Value	Balance Owed	Lien Holder

Other Assets (list all – attach separately if necessary)

Furniture, Equipment and Fixtures	Mortgage Holder	Balance Due	Fair Market Value
Inventory	Lien Holder	Balance Due	Fair Market Value
Accounts Receivable	Pledged to:	Balance Due	

Part F: Expenses (Complete schedule below or attach your own balance sheet)

Expense		Monthly Payment	Balance Owed	If behind on payments, enter amount past due
Cost of Goods Sold		\$	\$	
Mortgage or Rent (include escrow)		\$	\$	
Vehicle Payments		\$	\$	
Gasoline/Oil		\$	\$	
Utilities:	Heat	\$	\$	
	Electric	\$	\$	
	Telephone	\$	\$	
	Water	\$	\$	
	Cable / Internet	\$	\$	
Loans (list)		\$	\$	
		\$	\$	
		\$	\$	
Credit Cards (list)		\$	\$	
		\$	\$	
		\$	\$	
Tax Debts	Federal	\$	\$	
	Unemployment/Work Comp.	\$	\$	
	Property Tax	\$	\$	
	Other:	\$	\$	
Accounts Payable		\$	\$	
Advertising		\$	\$	
Insurance (all)		\$	\$	
Repairs & Maintenance		\$	\$	
Wages		\$	\$	
Officer Compensation		\$	\$	
Other (attach list if needed)		\$	\$	
		\$	\$	
		\$	\$	
Total Monthly Expenses		\$		

Part G: Signature

I have read and understand the terms of a payment plan listed above. I have completed all information requested and attached additional pages if more room was needed. The information provided above is true and correct to the best of my knowledge.

Your Signature	Date	Phone () -
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NOTE Upon receipt, the department will review your request and determine if additional information or written verification is required. If so, you will be notified and given a deadline to provide the additional documentation. After all documentation is received and reviewed the department will accept your proposal, issue a counter proposal, or reject your proposal.