

State of Rhode Island and Providence Plantations
 Department of Revenue Central Collections Unit
Installment Agreement Request

DEBTOR INFORMATION

Last Name	First Name	Middle Initial	Suffix
Street Address		Date of Birth	SSN
City	State	Zip Code	Phone Number

GENERAL INFORMATION

The Rhode Island Central Collections Unit ("CCU") may afford you the opportunity to enter into an Installment Agreement ("Agreement") should you be able to present facts that you are unable to pay the balance owed in full at this time. A down payment, in an amount to be determined by the CCU. If your request is approved, you will be notified of the amount of the required down-pay at the time you are notified of the approval.

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

RHODE ISLAND CENTRAL COLLECTIONS UNIT
 ONE CAPITOL HILL, PROVIDENCE, RI 02908-5812

The information will be reviewed by the CCU for final approval. Within thirty days of receipt of your completed request to enter into an Agreement, you will be notified in writing of the approval or denial.

The Agreement will be revoked and become nullified for failure to meet the agreed upon monthly payment.

In the absence of an Agreement or default of such Agreement, collection efforts will resume and may result in levy of assets and wages or other appropriate legal action.

Balance owed as of today.
 (Interest as provided by law
 will continue to accrue until
 balance is paid in full.) ▶

Proposed Monthly Payment ▶

NOTE: DOWN-PAYMENT MUST ACCOMPANY THIS FORM

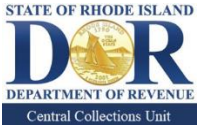
Please circle or check the date you choose to make your payment each month: 15th Day 30th Day

Name and address of Employer(s) ▼

City/State/Zip	Phone No.
Bank Name (Use space on the back of this page to list ALL accounts)	<input type="checkbox"/> Checking Acct. Number <input type="checkbox"/> Savings Acct. Number

Under penalties of perjury, I declare that I have examined this agreement, and to the best of my knowledge and belief, it is true, accurate and complete.

Signature of Debtor ▼	Print Name	Date
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INCOME/EXPENSE STATEMENT

		Column A			Column B
MONTHLY NET INCOME	Amount		MONTHLY EXPENSES	Amount	
Wages/Salaries 1 Rent		1	Rent		
Wages/Salaries (Spouse)		2	Utilities		
Other Income (List Sources)		3	Food		
		4	Medical		
		5	Insurance		
		6	Clothing		
		7	Child Support		
		8	Other (List Types)		
		9			
		10			
		11			
		12			
		13			
		14	Enter Line 34: Total Monthly Installment Payment		
		15			
		16			
TOTAL MONTHLY INCOME		17	TOTAL MONTHLY EXPENSES		
Column A Total Monthly Income Less Column B Total Monthly Expenses					

BALANCE SHEET

		Column A			Column B
ASSETS	Amount		LIABILITIES	Amount	
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)		
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		