



# Request a Payment Plan

Wisconsin Department of Revenue  
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## 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 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
- The department 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 <i>(must be 1-28 of the month)</i>
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### Part B: Your Information

Name			Date of Birth	SSN
Mailing Address			Phone (    )    -	
City	State	Zip		
Dependents: List names and ages				

#### Employer:

Name	Phone (    )    -	Job Title / Position
Gross Income / month	Net Income / month	

#### Other Income:

General Assistance	Wisconsin Works Payments	Social Security / SSI
Other <i>(list)</i>	Other <i>(list)</i>	Other <i>(list)</i>

### Part C: Your Spouse I am not married. Skip to Part D.

Name			Date of Birth	SSN
Mailing Address			Phone (    )    -	
City	State	Zip		

#### Employer:

Name	Phone (    )    -	Job Title / Position
Gross Income / month	Net Income / month	

#### Other Income:

General Assistance	Wisconsin Works Payments	Social Security / SSI
Other <i>(list)</i>	Other <i>(list)</i>	Other <i>(list)</i>

**Part D: Banks and Other Financial Institutions (list all – attach separately if necessary)**

Name	Type (checking, savings, IRA, CD, money market, etc.)	Balance

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

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

**Part F: Real Estate (list all – attach separately if necessary)**

Location	Fair Market Value
Mortgage Holder	Balance Due

**Part G: Expenses**

Expense	Monthly Payment	Total Balance Owed	Note any payments that are behind and how much
Mortgage (include escrow) or Rent	\$	\$	
Vehicle Payments	\$	\$	
Gasoline / Oil	\$	\$	
Utilities:	Home Heating	\$	\$
	Electric	\$	\$
	Telephone	\$	\$
	Water	\$	\$
	Cable / Internet	\$	\$
Loans (list)	\$	\$	
	\$	\$	
	\$	\$	
Credit Cards (list)	\$	\$	
	\$	\$	
	\$	\$	
Food:	\$	\$	
Insurance (all):	\$	\$	
IRS – Delinquent Payment	\$	\$	
Entertainment / Other (attach list if needed)	\$	\$	
Total Monthly Expenses	\$		
Total Net Monthly Income	\$		
Net Difference	\$		

**Part H: 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	Spouse Signature	Date
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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.