



TENNESSEE DEPARTMENT OF REVENUE



INSTALLMENT PAYMENT AGREEMENT APPLICATION

The Following Pages Contain:

- ◆ Basic Information
- ◆ Terms and Conditions
- ◆ Installment Payment Application
- ◆ Statement of Financial Condition for Individuals
- ◆ Statement of Financial Condition for Businesses
- ◆ Supporting Document Checklist
- ◆ Financial Release Statement
- ◆ Power of Attorney



TENNESSEE DEPARTMENT OF REVENUE

BASIC INFORMATION CONCERNING INSTALLMENT PAYMENT AGREEMENT APPLICATIONS

- ◆ The Installment Payment Application is to be submitted only on Form App-1, and must include the required financial disclosure form(s) and other supporting documentation outlined on the form, Supporting Document Checklist, (found in this booklet). A copy of Form APP-1 may be used provided no changes have been made to the form. Depending upon the legal structure of the applicant, the following Statement of Financial Condition forms are required:

<u>Legal Structure</u>	<u>Form(s) Required</u>
Individual	IPA-IND
Proprietorship	IPA-IND & IPA-BUS
Partnership	IPA-IND & IPA-BUS
Corporation	IPA-BUS
Trust/Estate	IPA-BUS
Corporate Officer	IPA-IND

Individual applicants must submit Form IPA-IND, Financial Condition Statement for Individuals. Self-employed applicants must also submit Form IPA-BUS, Financial Condition Statement for Business. Corporations and Partnerships must submit Form IPA-BUS. Financial Condition Statement for Individuals may also be required of corporate officers or business partners. Applicants may obtain the Installment Payment Agreement booklet at any of the seven regional offices listed on the back page of this booklet.

- ◆ The statement of Financial Condition For Individuals and Businesses, (IPA-IND and IPA-BUS), provides the Tennessee Department of Revenue (the Department) with credit and financial information that will be utilized in an evaluation of the Financial Condition of an individual and/or business entity. Every item of the financial statement must be completed and should reflect accurate statements and amounts. If an item is not applicable to you, insert "NA". An incomplete Statement of Financial Condition and/or unsigned by the applicant in the areas required, will not be considered.
- ◆ In all cases whereby the Statement of Financial Condition For Individuals are completed, the Financial Release Statement, Form RV-F0200501, (found in this booklet), must also be completed by the individual or business entity and endorsed by a Notary Public.
- ◆ If the Installment Payment Agreement Application or other forms are to be completed and/or signed by someone other than the liable parties, then Form RV-F0103801 Power of Attorney, (found in this booklet) must be completed.
- ◆ Installment Payment Agreements are submitted under the provisions of an inability to pay a tax in full and will require an analysis of your financial condition or in some instances, both. In all cases the form, Supporting Document Checklist, (found in this booklet), must be completed.



TENNESSEE DEPARTMENT OF REVENUE



INSTALLMENT PAYMENT AGREEMENT TERMS & CONDITIONS

- ◆ I understand that by endorsing the Installment Payment Agreement that pursuant to T.C.A. § 67-1-1429 et. seq., any rights or defenses are hereby expressly waived for a period of six (6) years from the date of this agreement.
- ◆ I understand a condition of this agreement is that daily records of the active business(s) must be kept current and that tax reports and payments are made to the Tennessee Department of Revenue in a timely manner prescribed by the Department of Revenue.
- ◆ I understand that pursuant to the provisions of T.C.A. § 67-1-1401 at.seq., the Tennessee Department of Revenue will file lien(s) on the taxpayer(s), business entity and any personal guarantor(s) of the Installment Payment Agreement.
- ◆ I understand that if any payment is not paid when due, or if the taxpayer(s), business entity or other personal guarantor(s) of the agreement violates any provisions of the agreement, then, at the Department's option, the entire remaining amount owed as shown, together with any additional penalty or interest may become immediately payable and due the Tennessee Department of Revenue.
- ◆ I understand and agree that I and any other endorsers of the agreement shall be subject to all terms and conditions set out in the stated agreement and that I will be held jointly and severally liable for such debt.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

POWER OF ATTORNEY SIGNATURE

DATE

(Must complete Power of Attorney - Use Only Department of Revenue Form RV-F0103801, enclosed)



Tennessee Department of Revenue Installment Payment Agreement Application

1. Applicant(s) Name and Street Address		SS #
		SS #
		FEI #
		County
		Daytime Phone # ()
2. Applicant(s) Mailing Address (If different from above)		3. Applicant(s) Legal Structure
		<input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship
		<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
		<input type="checkbox"/> Trust/Estate <input type="checkbox"/> Corp. Officer(s)
4. Description of Tax Liabilities To Be Placed on Payment Agreement		
Tax Type	Account Number	Period(s)
<input type="checkbox"/> Individual Income Tax		
<input type="checkbox"/> Sales & Use Tax		
<input type="checkbox"/> Corporate Income Tax		
<input type="checkbox"/> Other (Specify)		
5. If you are represented by an attorney, accountant or agent, please provide the following contact information:		
Name		
Firm		
Mailing Address		
Phone Number ()		
(Must complete Power of Attorney - Use Only Department of Revenue Form RV-F0103801, enclosed)		

6. Summary Statement Supporting Reason For Installment Pay Agreement, (required)

I/WE HAVE EXAMINED THIS INFORMATION, INCLUDING THE ACCOMPANYING SCHEDULES AND STATEMENTS, AND HEREBY AFFIRM THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

 APPLICANT'S SIGNATURE

 DATE

 APPLICANT'S SIGNATURE

 DATE

 POWER OF ATTORNEY SIGNATURE

 DATE

NOTE: Department Forms IPA-IND (Statement of Financial Condition for Individuals) and/or IPA-BUS (Statement of Financial Condition for Businesses) must be completed, signed and attached in order for the application to be complete. Department personnel may request additional verification of the financial information provided on these forms and may request additional information.

**STATEMENT OF FINANCIAL CONDITION
FOR INDIVIDUALS**

The information requested in this statement should include all household income and expense. Spouse and dependent information are required although only one person may be liable for the tax.

SECTION I - PERSONAL INFORMATION			
1. Taxpayer's Name(s) and Residence Address	2. Daytime Phone Number	3. Marital Status (Check One) [] Single [] Married [] Separated [] Divorced	
	4. Social Security Number Taxpayer	5. Date of Birth Taxpayer	
	A.	A.	
County () Do you own [] or rent []?	Spouse B.	Spouse B.	
6. Previous Address If At Current Address Less Than 2 Years	7. Income Tax Return Information		
	A. Year of Last Filed Federal Income Tax Return _____		
	B. Federal Adjusted Gross Income From Last Return \$ _____		
	C. Year of Last Filed Tennessee Income Tax Return _____		
SECTION II - EMPLOYMENT INFORMATION			
8. Taxpayer's Employer or Business - Name and Address	9. Employer Phone Number	10. Occupation	
	11. Length of Employment Years _____ Mo. _____	12. Work Relationship [] Employee [] Proprietor [] Partner [] Officer	
13. Spouse's Employer or Business - Name and Address	14. Employer Phone Number	15. Occupation	
	16. Length of Employment Years _____ Mo. _____	17. Work Relationship [] Employee [] Proprietor [] Partner [] Officer	
18. Taxpayer's Part-time or Previous Employment in Last Three Years		19. Spouse's Part-time or Previous Employment in Last Three Years	
Employer's Name	Employment Dates	Employer's Name	Employment Dates
	To		To
	To		To
	To		To
20. Taxpayer's Part-time or Previous Employment in Last Three Years?		Taxpayer [] Yes [] No Spouse [] Yes [] No	
SECTION III - DEPENDENT INFORMATION			
21. Dependent Name (Other Than Spouse)	Date of Birth	Relationship	Monthly Income
			\$

SECTION IV - ASSETS

22. Cash TOTAL (Enter also on Page 3, Item 30-A) \$

23. Bank or Credit Union Accounts (Checking, Savings, Certificate of Deposit, etc.)

Name of Institution	Account Number	Type of Account	Balance
			\$
TOTAL (Enter also on Page 3, Item 30-B)			\$

24. Bank Credit Cards (i.e., Visa, Mastercard, Discover, American Express, etc.)

Name of Issuer	Account Number	Credit Limit	Amount Owed	Credit Available
				\$
TOTAL (Enter also on Page 3, Item 30-C)				\$

25. Securities (Stocks, Bonds, Mutual Funds, IRA, Government Securities, Money Market Funds, etc.)

Type	Issuer	Quantity or Denomination	Current Value
			\$
TOTAL (Enter also on Page 3, Item 30-D)			\$

26. Real Property (Personal Residence, Vacation or Second Home, Investment Property, Unimproved Land, etc.)

Description	Address	Current Market Value	Amount Owed	Equity In Property
				\$
TOTAL (Enter also on Page 3, Item 30-E)				\$

27. Vehicles - Excluding Leased Vehicles (Including Motorhomes, Campers, Motorcycles, Boats, Trailers, etc.)

Description	Make	Model	Year	Tag Number	Current Market Value	Amount Owed	Equity In Vehicle
							\$
TOTAL (Enter also on Page 3, Item 30-F)							\$

28. Other Assets

	Current Appraised Value		Current Appraised Value
Notes Receivable	\$	Timber, Mineral or Drilling Rights	\$
Cash Surrender Value of Life Insurance		Patents or Copyrights	
Judgments or Settlements Receivable		Other (Specify)	
Vested Retirement Account			
Collectables, Antiques or Artwork			
TOTAL (Enter also on Page 3, Item 30-G)			\$

SECTION V - LIABILITIES

29. Liabilities (Do Not Include Any Mortgages or Vehicle Loans)

Description	Total Amount Owed	Description	Total Amount Owed
Notes Payable	\$	Past Due Other Taxes	\$
Installment or Personal Loans		Vehicle Leases	
Education or Student Loans		Other Liabilities:	
Bank Revolving Credit			
Judgments Payable			
Past Due Federal Taxes			
Past Due State Taxes			
TOTAL (Enter also on Page 3, Item 31)			\$

SECTION VI - NET WORTH CALCULATION

30. ASSETS

A. Cash	\$
B. Bank or Credit Union Accounts	
C. Bank Credit Cards	
D. Securities	
E. Real Property	
F. Vehicles	
G. Other Assets	
Total Assets	\$
31. LIABILITIES	\$
32. Net Worth ("Total Assets" Minus "Liabilities")	\$

SECTION VII - OTHER INFORMATION

33. Have you disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?
 Yes No If "Yes", identify: _____

34. Is a foreclosure proceeding pending on any real estate that you own or have an interest in?
 Yes No

35. Is anyone holding any assets on your behalf?
 Yes No If "Yes", identify: _____ Relationship: _____

36. Are you a party to any lawsuit now pending?
 Yes No

37. Are you or any business that you own currently under bankruptcy court jurisdiction?
 Yes No Bankruptcy Case No.: _____

SECTION VIII - INCOME & EXPENSE ANALYSIS

38. Monthly Household Disposable Income

Gross Monthly Income			Monthly Living Expenses	
Source	Taxpayer	Spouse	Source	Amount
Salary, Wages, Commissions, Tips	\$	\$	House or Rent Payment	\$
Self-Employment Income			Income Taxes (Federal, State, FICA)	
Pensions, Disability & Social Security			Estimated Tax (If Applicable)	
Dividends & Interest			Groceries	
Gift or Loan Proceeds			Medical Expenses & Prescriptions	
Rental Income			Utilities:	
Estate, Trust & Royalty Income			Electric \$ _____ + Gas \$ _____ +	
Workers' Comp. & Unemployment			Water \$ _____ + Phone \$ _____ =	
Alimony & Child Support			Insurance:	
Other (Specify)			Life \$ _____ + Health \$ _____ +	
			Auto \$ _____ + Home \$ _____ =	
			Court Ordered Payment	
			Personal Loan Payment	
			Religious & Charitable Donations	
			Clothing & Personal Grooming	
			Entertainment & Recreation	
			Legal Fees	
			Transportation Expense	
			Vehicle Loan Payment	
			Vehicle Lease Payment	
			Property & Ad Valorem Taxes	
			Child Care	
			Installment & Credit Card Payments	
			Tuition Payment	
			Other (Specify)	
Subtotal	\$	\$		
Combined Monthly Income		\$	Total Monthly Living Expenses	\$

39. Net Monthly Household Disposable Income ("Combined Monthly Income" Minus "Total Monthly Living Expenses") \$

I/we have examined this Statement of Financial Condition for Individuals and hereby affirm that to the best of my/our knowledge and belief, it is true, correct and complete.

Taxpayer's Signature _____ Date _____

Taxpayer's Signature _____ Date _____

POA Signature _____ Date _____

(Must complete Power of Attorney - Use Only Department of Revenue Form RV-F0103801, enclosed)

State of Tennessee
Department of Revenue

**STATEMENT OF FINANCIAL CONDITION
FOR BUSINESSES**

(If additional space is needed,
attach separate sheet)

SECTION I - BUSINESS IDENTIFICATION

1. Business Name and Address		2. Mailing Address (If Different From Street Address)	
County			
3. Type of Business		4. Daytime Phone Number	5. Number of Employees
6. Type of Ownership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____		7. Tennessee Entity ID:	
8. Beginning Date of Business		9. Ending Date of Business (If Closed)	
10. Last Franchise Excise Return Filed	Form	Tax Year Ended	Net Income \$

11. Information About Owner, Partners, Officers, Major Shareholders, etc.

Name	Social Security Number	Title	Effective Date	Monthly Salary or Wages	Total Shares or Interest
				\$	

SECTION II - ASSETS

12. Cash On Hand		TOTAL (Enter also on Page 3, Item 24-A)		\$
13. Bank Accounts (General Operating, Payroll, Savings, Certificate of Deposit, etc.)				
Name of Institution	Account Number	Type of Account	Balance	
			\$	
TOTAL (Enter also on Page 3, Item 24-B)				\$
14. Bank Credit Available (Line of Credit, Credit Cards, etc.)				
Name of Institution	Account Number	Credit Limit	Amount Owed	Credit Available
		\$	\$	\$
TOTAL (Enter also on Page 3, Item 24-C)				\$

SECTION II - ASSETS (continued)

15. Real Property (including Investment Property, Unimproved Land, etc.)

Description	Address	Current Market Value	Amount Owed	Equity In Property
		\$	\$	\$
Total (Enter also on Page 3, Item 24-D)				\$

16. Vehicles (Excluding Leased Vehicles)

Description	Make	Model	Year	Tag Number	Current Market Value	Amount Owed	Equity In Vehicle
					\$	\$	\$
Total (Enter also on Page 3, Item 24-E)							\$

17. Accounts Receivable

Name	Date Due	Status	Amount Due
			\$
Total (Enter also on Page 3, Item 24-F)			\$

18. Loans From Business To Proprietor, Partners, Officers, Shareholders or Others

Name	Relationship	Payoff Date	Status	Amount Due
				\$
Total (Enter also on Page 3, Item 24-G)				\$

19. Machinery and Equipment (Including Furniture, Fixtures, Business Machines, etc.)

Description	Current Market Value	Amount Owed	Equity In Mach. & Equip.
	\$	\$	\$
Total (Enter also on Page 3, Item 24-H)			\$

20. Merchandise Inventory (Goods Held for Sales and/or Raw Materials Used in Manufacture Fabrication or Production)

Description	Current Market Value	Amount Owed	Equity In Mach. & Equip.
	\$	\$	\$
Total (Enter also on Page 3, Item 24-I)			\$

SECTION II - ASSETS (continued)			
21. Securities (Stocks, Bonds, Mutual Funds, Government Securities, Money Market Funds, etc.)			
Type	Issuer	Quantity or Denomination	Current Value
			\$
TOTAL (Enter also on Page 3, Item 24K)			\$
22. Other Assets			
Type	Current or Appraised Value	Description	Current or Appraised Value
			\$
TOTAL (Enter also on Page 3, Item 24K)			\$
SECTION III - LIABILITIES			
23. Liabilities			
Description	Total Amount Owed	Description	Total Amount Owed
Notes Payable	\$	Past Due Federal Taxes	\$
Loans Payable		Past Due State Taxes	
Vehicle Leases		Past Due Other Taxes	
Equipment Leases		Other Liabilities:	
Bank Revolving Credit			
Judgments Payable			
TOTAL (Enter also on Page 3, Item 25)			\$
SECTION IV - NET WORTH CALCULATION			
24. ASSETS			
A. Cash On Hand			\$
B. Bank Accounts			
C. Bank Credit Available			
D. Real Property			
E. Vehicles			
F. Accounts Receivable			
G. Loans From Business to Proprietor, Partners, Officers, Shareholders or Others			
H. Machinery and Equipment			
I. Merchandise Inventory			
J. Securities			
K. Other Assets			
Total Assets			\$
25. LIABILITIES			\$
26. Net Worth ("Total Assets" Minus "Liabilities")			\$

SECTION V - INCOME & EXPENSE ANALYSIS

27. Business Income and Expenses For: (Check One) Fiscal Year Ending _____ OR Period _____ to _____
 Accounting Method: (Check One) Cash Accrual Other: _____

Annual Income	Amount	Annual Expenses	Amount
Gross Receipts From Sales, Services, etc.	\$	Materials Purchased	\$
Gross Rental Income		Net Wages & Salaries	
Interest Income		Rent or Mortgage Expenses	
Dividends & Capital Gain Distribution		Installment & Lease Payments	
Royalty Income		Supplies & Office Expenses	
Commissions		Utilities	
Other Income (Specify)		Transportation Expenses	
		Repairs & Maintenance	
		Insurance	
		Current Taxes	
		Bad Debts	
		Travel & Entertainment	
		Advertising	
		Other Expenses (Specify)	
Total Income	\$	Total Expenses	\$

28. Net Income ("Total Annual Income" Minus "Total Expenses") \$

SECTION VI - OTHER INFORMATION

29. Has this business disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?
 Yes No If "Yes", receiving party: _____
30. Is a foreclosure proceeding pending on any real estate, equipment or other property that this business owns or has an interest in?
 Yes No
31. Is another party holding any assets on behalf of this business?
 Yes No If "Yes", identify: _____
32. Is this business a party to any lawsuit now pending?
 Yes No
33. Is this business currently under bankruptcy court jurisdiction?
 Yes No If "Yes", Bankruptcy Case No.: _____

I/we have examined this Statement of Financial Condition for Businesses and hereby affirm that to the best of my/our knowledge and belief it is true, correct and complete.

Taxpayer's Signature _____ Date _____

Taxpayer's Signature _____ Date _____

POA Signature _____ Date _____

(Must complete Power of Attorney - Use Department of Revenue Form RV-F0103801, enclosed)



**STATE OF TENNESSEE
DEPARTMENT OF REVENUE
ANDREW JACKSON STATE OFFICE BUILDING
NASHVILLE, TENNESSEE 37242**

TO WHOM IT MAY CONCERN:

You have my authorization to release any financial data that pertains to me or my company to the Tennessee Department of Revenue.

Signature _____

Date _____

SOCIAL SECURITY # _____

Sworn to and subscribed before me on the date of first above written.

(Notary Public)

My commission expires:



Tennessee Department of Revenue

**INSTALLMENT PAYMENT AGREEMENT
SUPPORTING DOCUMENT CHECKLIST**

Installment pay agreements submitted under the provisions of an inability to pay a tax in full will require an analysis of your financial condition. To expedite this process, it is necessary that you provide the following information and documents along with your initial application.

- Copies of most current federal income tax returns for personal and/or business for the most current year.
 - Copies of most current bank statements for all checking and savings accounts, personal, and/or business for the most current two months.
 - Statements from lending institutions that show current balances owed and monthly payment schedule. (i.e. bank notes, car loans mortgages).
 - A list of all your business equipment, office furniture and other business assets, including the current fair market value of each.
 - A list of all accounts receivable, (business), showing the payer, amount due, age and status of each account.
 - If personal liability applies, then you must provide proof of employment, income, commission, fees, pensions, etc., for yourself and spouse, if applicable. Even though your spouse may not be liable, this is necessary for equitable distribution of cost of living expenses. A check stub or letter from your employer will do.
-

I have completed each item from the above document checklist. I have checked each item that is applicable. Any item that is applicable. Any item that is not checked has been written through, "NA".

Signature _____ Date _____ / ____ / ____

Daytime Phone: () _____

Home Phone Number: () _____

For Office Use Only



TENNESSEE DEPARTMENT OF REVENUE
POWER OF ATTORNEY

PART 1 Power of Attorney (Please type or print.)

1. Taxpayer Information (Taxpayer must sign and date this form on line 6.)

Taxpayer name and address	Account number(s)
	Daytime telephone number ()

hereby appoints the following representative as attorney-in-fact:

2. Representative (Representative must sign and date this form on page 2, Part II.)

Name and address	Telephone No. () _____
	Fax No. () _____

to represent the taxpayer before the Tennessee Department of Revenue for the following tax matters:

3. Tax Matters

Type of Tax (Sales and Use, Franchise, Excise, etc.)	Year(s) or Period(s)

4. Acts Authorized. --The representative is authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks.

5. Notices and Communication. --Notices and other written communications will be sent to the first representative listed in line 2.

6. Signature of Taxpayer. - If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

_____ Signature	_____ Date	_____ Title (if applicable)
---------------------------	----------------------	---------------------------------------

Print Name

PART II Declaration of Representative

Under penalties of perjury, I declare that:

- I am authorized to represent the taxpayer(s) identified in Part 1 for the tax matter(s) specified there; and
- I am one of the following:
 - a. Attorney or Certified Public Accountant
 - b. Officer or full-time employee taxpayer organization
 - c. Other _____

► **If this declaration of representative is not signed and dated, the power of attorney will be returned.**

Designation -- Insert above letter (a-c)	Jurisdiction (state)	Signature	Date

**For additional information or assistance, contact the nearest
Revenue Collection Services Regional Office.**

Memphis
3150 N. Appling Road
Bartlett, TN 38133
(901) 213-1451

Chattanooga
1301 Riverfront Parkway, Suite 203
Chattanooga, TN 37402
(423) 634-6288

Jackson
Suite 301 Box 44
State Office Building
225 Martin Luther King Jr. Dr.
Jackson, TN 38301
(901) 423-5745

Knoxville
7175 Strawberry Plains Pike
Suite 300
Knoxville, TN 37914
(865) 594-6081

Johnson City
204 High Point Dr.
Johnson City, TN 37601
(423) 854-5364

Nashville
Andrew Jackson State Office Bldg., 8th Floor
500 Deaderick St.
Nashville, TN 37242
(615) 360-0401

Deliver this application and all attachments to the following address:
