



COLORADO DEPT OF REVENUE

ACCT#- [REDACTED]

BALANCE DUE-\$ [REDACTED]

FILE #- [REDACTED]

[REDACTED]  
[REDACTED]  
Denver, CO [REDACTED]

Date: 1/21/2025

Colorado Dept. of Revenue  
Tax Period(s) ending: 12/31/2021, 12/31/2022, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

SSN: XXX-XX-  
Colorado Account Number: [REDACTED]

Dear \_\_\_\_\_,  
To process your request for monthly payments, we are required to obtain the following:

Taxpayer 1:	Taxpayer 2: (if applicable)
ADDRESS: _____	ADDRESS: _____
HOME PHONE: _____	HOME PHONE: _____
EMPLOYER: _____	EMPLOYER: _____
WORK PHONE: _____	WORK PHONE: _____
YOUR BANK: _____	YOUR BANK: _____
GROSS MONTHLY INCOME: _____	GROSS MONTHLY INCOME: _____
PROPOSED PAYMENT AMOUNT: \$1,300	

By signing below, I understand and acknowledge that the above information is true to the best of my knowledge. I also agree that Integral Recoveries or the Colorado Dept. of Revenue may access any and all consumer credit reporting files in connection with the collection of these delinquencies. I also understand that this agreement only applies to this delinquency placed with Integral Recoveries and that I may need to contact the Colorado Dept. of Revenue regarding any other delinquency. I also agree and understand that by signing this agreement, I acknowledge this debt and waive the statute of limitations for the collection of this debt. The Department of Revenue has the right to amend this installment agreement at any time due to a mandatory change in the interest rate or if any additional payments are applied to your outstanding debt. You will be notified of any such changes.

(Please sign & retain one copy and return the original to Integral Recoveries 333 W. Hampden Ave., Suite 650 Englewood, CO 80110.)

Taxpayer Signature [REDACTED] DATE 1/21/2025  
PRINT NAME [REDACTED]

TAXPAYER 2 - SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

We are a debt collector attempting to collect a debt.  
Any information obtained will be used for that purpose.