

PAYMENT PLAN AGREEMENT

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

ACCOUNT NUMBER(S)

TAXPAYER NAME

BUSINESS NAME

SECTION I: PAYMENT AGREEMENT

PERIOD(S)

January 1, 2014 to February 28, 2018

TOTAL AMOUNT DUE (including penalty and interest to date)

\$95,342.93

SCHEDULE OF

I agree to make a monthly payment of \$600 for six months only beginning 02/10/21 and financials will be reviewed again thereafter.

TERMS OF AGREEMENT

I must enroll in automatic payments (Section II below) whereby the California Department of Tax and Fee Administration (CDTFA) will electronically debit my bank account for the payments required by this agreement.

I agree to the terms outlined above and I certify that the financial information provided as a basis for this agreement is true and correct. I understand:

- 1) This payment plan will be terminated if I fail to comply with its terms of agreement. If not previously assessed, a collection fee may be assessed on each billing that is more than 90 days past due. 2) This plan will be cancelled if the CDTFA is notified that I have filed bankruptcy. 3) The CDTFA may periodically require me to provide updated financial information to re-evaluate this plan. 4) A state tax lien will be recorded if this plan is terminated, if any portion of the amount due remains unpaid for more than 30 months after the date the liability became due and payable, or if the CDTFA determines that collection of the amount due is in jeopardy. 5) Interest will continue to accrue on the unpaid tax or fee balance until paid in full. 6) The CDTFA has the authority to apply any California state agency refund to your unpaid balance. Unless the amount due is paid in full from these sources, payments must continue as noted in this agreement.

NAME (please print)

TITLE

SIGNATURE

DATE

TELEPHONE NUMBER

()

CURRENT MAILING ADDRESS (street, city, state, zip code)

DRIVER LICENSE NUMBER

CURRENT RESIDENTIAL ADDRESS (street, city, state, zip code)

SOCIAL SECURITY NO. *(except corp. officers)

SECTION II: AUTOMATIC PAYMENT AUTHORIZATION

You must authorize the CDTFA to electronically debit your bank account for the payments required by this plan. Complete all fields below and return this form with a voided check (checking account) or bank specification sheet (savings account) to the address below.

ACCOUNT TYPE

BANK NAME AND ADDRESS

Checking Savings

BANK ROUTING NUMBER (nine digit number)

BANK ACCOUNT NUMBER

I certify that I have the authority to request an electronic debit from the account identified above and I authorize the CDTFA to initiate and process debit entries to the above bank account. This authorization will remain in effect until the liability periods included in my payment agreement have been paid, the CDTFA terminates this payment agreement, or I request the CDTFA to cancel my participation in automatic payments. (Such request must be made in writing and be received by the CDTFA at least five business days prior to the scheduled payment date.)

I request that the payments required by this plan, as detailed in Section I, "Payment Agreement," be debited from the above bank account. I understand that if a payment date is scheduled for a Saturday, Sunday, or bank holiday, my bank account will be debited on the next banking day following the payment due date.

I understand if this authorization form is processed after the due date of the first payment has passed, the CDTFA will begin debiting my bank account on the due date of the next payment.

I understand the CDTFA will not charge me a fee for using automatic payments, but that my financial institution may charge me a fee for accepting and processing electronic debit transactions.

I understand the CDTFA may terminate my payment agreement if a payment cannot be deducted from my bank account due to insufficient funds or if the above bank account is closed. I also understand I will be responsible for any overdraft fees charged by my bank.

AUTHORIZED NAME (please print)

TITLE

AUTHORIZED SIGNATURE

DATE

CDTFA USE ONLY

CDTFA REPRESENTATIVE'S SIGNATURE

DATE APPROVED

OFFICE San Jose Office

ADMINISTRATOR'S SIGNATURE (or Authorized Representative)

DATE APPROVED

- RELIEF OF FINALITY PENALTY APPROVAL LIEN WITHHOLD APPROVAL SECURITY

California Department of Tax and Fee Administration

RETAIN A COPY FOR YOUR RECORDS *See CDTFA-324-GEN for SSN disclosure information