

Denver, CO 80261-0004

Oct 04, 2019

Account: Letter: Source:



INSTALLMENT AGREEMENT

This letter confirms your arrangement with the Colorado Department of Revenue for payment of your outstanding balance of \$10,014.00. The Department will accept payment of your outstanding tax liability, together with interest and penalty (if applicable), in consecutive, monthly installments. Payments will first be applied to tax due, then interest and penalty. The Department 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.

The terms of this agreement require you to:

- · Sign and return one copy of this form within 30 days (the additional copy is for your records);
- Pay at least \$306.00 per month by the 15th of each month, for 35 months, with an additional final payment of \$59.00;
- File all future tax returns and pay any tax owed by its corresponding due date; and
- Accept that any tax refund owed to you will be intercepted to be paid against your outstanding debt.

Your payment must reach the Department of Revenue by your due date. We recommend that you send your payment 10 days early if sending by mail, or 2 days early if remitting online. Payments can be made online at Colorado.Gov/RevenueOnline for a nominal fee, or you may remit through the mail using a payment coupon. Failure to include a payment coupon with your check may make your payment delinquent. We have enclosed the first payment coupon for your convenience, and additional coupons will be mailed to you each month.

Be sure you fully understand the terms of this agreement. If you violate any of these terms, the installment plan will default. In that case, the full balance shall immediately become due and payable. Interest will continue to accrue on the remaining balance. If the balance is not paid immediately, collection activity may commence. This may include judgement, lien, levy of wages or bank account and referral to a collection agency.

I/We agree to the terms of this agreement and by doing so, I/We waive the statute of limitations for the collection of this debt.	
Taxpayer Signature	Date
Spouse Signature, if joint BOTH must sign	Date
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Please call 303-205-8291 with questions.