

INTEGRAL RECOVERIES



COLORADO DEPT OF REVENUE

BALANCE DUE-\$ 4190.36

WESTMINSTER, CO 80031

02/24/2020

Colorado Dept. of Revenue
Tax Period(s) ending:12/31/2017, , , ,
 , , , ,

SSN: [REDACTED]
Colorado Account Number: [REDACTED]
Dear [REDACTED]

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

Taxpayer 1:
ADDRESS: [REDACTED]
Westminster, CO 80031
HOME PHONE: [REDACTED]
EMPLOYER: [REDACTED]
WORK PHONE: [REDACTED]
YOUR BANK: [REDACTED]
GROSS MONTHLY INCOME: [REDACTED]
PROPOSED PAYMENT AMOUNT: [REDACTED]

Taxpayer 2: (if applicable)
ADDRESS: [REDACTED]
Westminster, CO 80031
HOME PHONE: [REDACTED]
EMPLOYER: N/A
WORK PHONE: [REDACTED]
YOUR BANK: [REDACTED]
GROSS MONTHLY INCOME: \$0

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 750 W. Hampden #501 Englewood, CO 80110.

Taxpayer Signature

DATE

TAXPAYER 2 - SPOUSE SIGNATURE

DATE

PR

We are a debt collector attempting to collect a debt.
Any information obtained will be used for that purpose.
NOTICE: A \$20.00 RETURNED CHECK FEE WILL BE ADDED TO ALL RETURNED CHECKS. 26