



New York State Department of Taxation and Finance Income Tax Installment Payment Agreement Request

DTF-383

• Attach to the front of your 2001 New York State income tax return.

Complete this request form only if you cannot pay the full amount of income tax you owe as shown on your 2001 New York State income tax return. The Tax Department will consider your request based upon the information you provide below, and notify you whether your request is approved or denied.

(See instructions on back.)

Your social security number		Spouse's social security number (if joint return)	
Please enter your first name first. For a joint return, use both name lines.			
Your first name and middle initial		Your last name (for a joint return, enter spouse's name on line below)	
Spouse's first name and middle initial		Spouse's last name	
Mailing address (number and street or rural route)			Apartment number
City, village, or post office		State	ZIP code
In the space below, print or type your permanent home address if it is not the same as your mailing address above.			
Permanent home address (number and street or rural route)			Apartment number
City, village, or post office		State	ZIP code

Daytime telephone number () ()	Evening telephone number () ()
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When is the best time to phone you? AM PM

Financial information:

Bank/credit union: savings checking

The Tax Department will arrange a direct payment account with your bank. Authorization forms for this purpose will be mailed to you after your payment plan is established.

Name of bank/credit union
Address
City State ZIP code

Bank/credit union: savings checking

Name of bank/credit union
Address
City State ZIP code

Employment information:

Your gross monthly salary \$.

Your employer's name
Employer's address
City State ZIP code



Your spouse's gross monthly salary (if joint return) ... \$.

Your spouse's employer's name
Employer's address
City State ZIP code

If you have any wage garnishments (child support, IRS, sheriff, etc.), what is the **total amount** that you owe? \$.

If you are currently unemployed or temporarily laid off (receiving unemployment, social security, seasonal layoff, etc.), check this box

Please write below your reason(s) for requesting a payment agreement:

Monthly expenses:

Rent	\$	Child support	\$
Mortgage		Utilities	
Food		Transportation	
Insurance		Credit cards	
IRS *		Auto loan **	
Alimony		** <input type="checkbox"/> I own my car	
		** <input type="checkbox"/> I lease my car	
		Number of dependents	<input type="text"/>

* If you would like us to set up a payment agreement for your IRS liability, check here (see instructions) ...

Attach this completed Form DTF-383 and your initial payment to the front of your 2001 income tax return, and send it to the Tax Department. We will notify you whether your request is approved or denied.

• Based on the information you provided above, what amount can you pay each month? (Minimum payment is \$25.00 per month.) \$.

• How many months do you feel you would need (check one): 3 4 5 6 7 8 9 10 11 12 13-24 months.

Your signature	Date	Spouse's signature (if joint return)	Date
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To request a payment agreement of more than 24 months or to discuss an existing payment agreement, please contact the Tax Department at 1 800 835-3554.