



TENNESSEE DEPARTMENT OF REVENUE



INSTALLMENT PAYMENT AGREEMENT TERMS & CONDITIONS

- ◆ I understand that by endorsing the Installment Payment Agreement that pursuant to T.C.A. § 67-1-1429 et. seq., any rights or defenses are hereby expressly waived for a period of six (6) years from the date of this agreement.
- ◆ I understand a condition of this agreement is that daily records of the active business(s) must be kept current and that tax reports and payments are made to the Tennessee Department of Revenue in a timely manner prescribed by the Department of Revenue.
- ◆ I understand that pursuant to the provisions of T.C.A. § 67-1-1401 at. seq., the Tennessee Department of Revenue will file lien(s) on the taxpayer(s), business entity and any personal guarantor(s) of the Installment Payment Agreement.
- ◆ I understand that if any payment is not paid when due, or if the taxpayer(s), business entity or other personal guarantor(s) of the agreement violates any provisions of the agreement, then, at the Department's option, the entire remaining amount owed as shown, together with any additional penalty or interest may become immediately payable and due the Tennessee Department of Revenue.
- ◆ I understand and agree that I and any other endorser(s) of the agreement shall be subject to all terms and conditions set out in the stated agreement and that I will be held jointly and severally liable for such debt.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

POWER OF ATTORNEY SIGNATURE

DATE

(Must complete Power of Attorney - Use Only Department of Revenue Form RV-F0103801, enclosed)



Tennessee Department of Revenue Installment Payment Agreement Application

1. Applicant(s) Name and Street Address		SS #
		SS #
		FEI #
		County
		Daytime Phone # ()
2. Applicant(s) Mailing Address (If different from above)		3. Applicant(s) Legal Structure <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Corp. Officer(s)
4. Description of Tax Liabilities To Be Placed on Payment Agreement		
Tax Type	Account Number	Period(s)
<input type="checkbox"/> Individual Income Tax		
<input type="checkbox"/> Sales & Use Tax		
<input type="checkbox"/> Corporate Income Tax		
<input type="checkbox"/> Other (Specify)		
5. If you are represented by an attorney, accountant or agent, please provide the following contact information:		
Name		
Firm		
Mailing Address		
Phone Number ()		
(Must complete Power of Attorney - Use Only Department of Revenue Form RV-F0103801, enclosed)		

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

APPLICANT'S SIGNATURE

DATE _____

APPLICANT'S SIGNATURE

DATE

POWER OF ATTORNEY SIGNATURE

DATE _____

NOTE: Department Forms IPA-IND (Statement of Financial Condition for Individuals) and/or IPA-BUS (Statement of Financial Condition for Businesses) must be completed, signed and attached in order for the application to be complete. Department personnel may request additional verification of the financial information provided on these forms and may request additional information.