

INSTALLMENT PLAN AGREEMENT

Log Number _____

Name _____ Account Balance _____

Doing Business As _____ Amount of Offer _____

Employer Payroll Tax Account Number _____ Date _____

I promise to satisfy the amount offered, by paying the sum of \$ _____.
I understand that the initial payment of \$ _____ is due on _____.
Subsequent installments in the amount of \$ _____ will be paid on the same day of each
succeeding _____ until the entire amount has been paid
in full.

I further understand that failure to pay as promised will result in termination of the Offer in Compromise,
and monies paid to the Employment Development Department will be applied against the total liability.

I certify that I have read and fully understand the conditions and terms of this agreement as stated on the
Installment Plan Information Sheet.

Signature

Title

Date

INSTALLMENT PLAN INFORMATION SHEET

INTRODUCTION

The Offer in Compromise program allows for installment payments under an agreement not to exceed five years.

ABILITY TO PAY

An installment plan will be considered **ONLY** if you demonstrate the inability to pay the compromised amount in full.

REQUIREMENT OF PARTIAL PAYMENT

Your offer must not exceed a five year period. Payment must be submitted in the form of cash (do not send cash through the mail), cashier's check, or money order.

All payments made with this offer are submitted voluntarily. In the event an offer is not accepted, the amount will either be applied to the liability or refunded at the discretion of the employer or individual submitting the offer.

When entering into a partial payment agreement to satisfy the amount offered and the applicant defaults, the agreement will be rescinded. All compromised liabilities and liens will be reestablished without regard to the statute of limitations. All monies paid on the compromised amount will be applied to the reestablished liability.