

## Frequently Asked Questions

### What is a hardship installment agreement?

A hardship installment agreement allows qualifying taxpayers to extend the number of months offered to pay off their delinquent tax balance. A hardship exists if the current or offered installment agreement payment amount prevents the taxpayer from meeting necessary living expenses.

### What can a hardship do for me?

Upon approval, a hardship could lower the payment amount of an installment agreement by extending the number of months offered to pay off the delinquent tax balance.

### What can a hardship not do for me?

A hardship cannot delay or cancel existing collection actions, avoid or abate existing tax liabilities, or release a lien.

### What are some reasons a hardship may be denied?

- The taxpayer fails to make full financial disclosure, including household income.
- The taxpayer submits false or misleading information.
- The taxpayer has not fully filed all tax types.
- The taxpayer has repeated noncompliance or attempts to avoid paying tax obligations.
- The taxpayer has not completed the form in its entirety.

### Is professional assistance required to submit a hardship?

Professional assistance is not required, but taxpayers are welcome to seek tax assistance from a tax professional if they choose.

### How does the hardship process work?

When you submit a completed application with all necessary supporting documentation, the Department will determine whether you qualify for the hardship installment agreement. If you do not qualify, or additional documentation is needed, the Department will notify you. Please allow three business days for your application to be reviewed.

### What happens when a decision has been made?

If the hardship is approved, the Department will contact you to discuss installment agreement terms. If the hardship is denied, the Department will contact you to inform you why the hardship is being denied.

## Form Instructions

### Personal Information

- Print or type your name, social security number, address, best day time contact telephone number, and e-mail address.
- Print or type the name of all other persons in the household including those claimed as a dependent, their age, and their relationship to you.
- Select "Yes" or "No" if the person can be claimed as a dependent and if they contribute to the household.
- Print or type the name, address, telephone number, and fax number of Tax Representative. Also fill out and attach the Missouri Power of Attorney ([Form 2827](#)).

### Employment

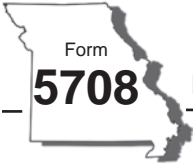
- Print or type the name of employer, telephone number, length of employment, address, occupation, pay frequency, and average net income in the spaces provided.
- Attach additional pages if needed to list all employers for all person's in the household including those who can be claimed as a dependent and contribute to the household.

### Financial

- Print or type the name of the financial institution, address, account number, and balance for all bank accounts.
- Attach all pages of the most recent three months bank statements for all accounts of each person in the household. Attach additional pages as needed.
- Print or type the amount for all applicable other sources of income in the spaces provided. Add up all other sources of income and fill in the space provided.

### Signature

- Please sign and date the line applicable to you, after reading and understanding the Certification.
- Using the checklist provided, ensure all required, applicable, documentation is available to be sent in with the application that is completed and signed.



MISSOURI DEPARTMENT OF  
**REVENUE**  
Hardship Installment Agreement Application

Department Use Only  
(MM/DD/YY)

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18362010001

Social Security Number

	-		-	
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Spouse's Social Security Number

	-		-	
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Taxpayer Name

Spouse's Name

Current Street Address

City

State

ZIP Code

County

E-mail Address

Telephone Number

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Secondary Telephone Number

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Payment Plan Agreement       Percentage Reduction

Provide information for all other persons in the household including those claimed as a dependent. Attach additional pages as needed.

Personal Information

Name	Age	Relationship	Claimed as a Dependent on your Form 1040?		Contributes to Household Income?	
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 20px; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 20px; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 20px; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 20px; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Tax Representative (CPA, Attorney, etc.) Attach Form 2827

Street Address

City

State

ZIP Code

Telephone Number

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Fax Number

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Provide information for all other persons in the household including those claimed as a dependent. Attach additional pages as needed.

Employment

Name of Employer (Taxpayer)

Telephone Number

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Street Address

City

State

ZIP Code

Occupation

Pay Frequency

Average Net Income

How Long Employed

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Years Months

Employment (Continued)

Name of Employer (Spouse) Telephone Number

Street Address City State ZIP Code

Occupation Pay Frequency Average Net Income How Long Employed

Years Months

Additional Employment

Name of Employer (Taxpayer or Spouse) Telephone Number

Street Address City State ZIP Code

Occupation Pay Frequency Average Net Income How Long Employed

Years Months

Reason for Request

Please provide a detailed explanation for your request of a hardship installment agreement. Be as specific as possible.

Financial - Bank Accounts

Bank Accounts: Include IRA's, other retirement plans, certificates of deposit, etc. Attach all pages of the most recent three months bank statements for all accounts of each person in the household, Attach additional pages as needed. If you owe more than \$50,000, six months bank statements are required. Provide information for all persons in the household or claimed as a dependent.

Name of Institution	City of Institution	Account Number	Balance as of Date (MM/DD)	Balance

**Financial - Other Sources of Income**

	Taxpayer		Spouse	
Self-Employment Income . . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Pensions, Disability, and Social Security . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Dividends and Interest . . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Gift or Loan Proceeds. . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Rental Income . . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Estate, Trust and Royalty Income . . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Workers' Comp and Unemployment. . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Alimony and Child Support. . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Other (Specify) . . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Additional Income Total . . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
				Additional Income Grand Total
				<input type="text"/>

**Signature**

Under penalties perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

Taxpayer's Signature	Printed Name	Date (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature	Printed Name	Date (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Power of Attorney Signature	Printed Name	Date (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Hardship Application Checklist**

- Hardship Application form filled out completely and signed.
- Attach Missouri Power of Attorney Form 2827 if you want to authorize someone other than you to be able to discuss this application with the Department.
- Three consecutive months of the most current bank statements for all members of the home.
- This form is completed in its entirety. Any fields that are incomplete could result in denial of your request for an installment agreement.

