

Monthly installments are available to taxpayers who are unable to pay the full balance owed by the due date. During this period, you must submit monthly equal payments of the total balance due. THIS AGREEMENT MUST BE A MINIMUM OF SIX (6) MONTHS AND CANNOT EXCEED 24 MONTHS.

How to request an installment agreement

To apply for an installment agreement, do not submit this form with your return. Complete pages 2 and 3 and mail the forms to:

Louisiana Department of Revenue
P. O. Box 66658
Baton Rouge, LA 70896-6658

Any missing or incomplete information will cause the request to be denied. All information will be verified. **An initial payment of 20 percent of the amount due is required to complete the request.** You may also submit the request by accessing your account at www.revenue.louisiana.gov/latap.

Fee for installment agreement

There is a fee for an installment agreement of **\$105**. If we approve your request, we will send you a notice detailing the terms of your agreement and will add the installment fee of \$105 to the total balance due. However, you will not be charged a fee if your adjusted gross income is less than or equal to \$25,000. LDR will let you know whether you qualify for the reduced fee.

Note: Do not file this form if you are currently making payments on an installment agreement

When to make payments

When the installment agreement request has been approved, you will be notified. However, you should make monthly payments even if you have not received a response from the Department.

During the existence of this agreement, you must file all state tax returns and pay all state taxes timely.

How to make payments

We require the use of automatic bank debit for payment of the agreement. With the bank debit, payments will be withdrawn from your checking or savings account on the date you specify. Failure to have sufficient funds in your account at the time of debit will result in an NSF fee being added to the balance due and result in your agreement being cancelled. The application for automatic bank debit is on page 3 of this form.

Will I continue receiving bills?

The normal billing process will continue. A part of that process is the issuance of a "Notice of Intent". Failure to make the scheduled monthly payment will result in seizure of bank accounts and/or garnishment of your wages. Please ensure that the last four digits of your social security number is written on your check or money order.

An approved installment agreement WILL NOT PREVENT the garnishment of any refund due from the Internal Revenue Service or LDR. To protect the State's interest, a Tax Assessment and Lien may be filed.

What if I miss a payment?

If any installment payment is not paid on or before the date fixed for its payment, you will be considered in default of your agreement and the total outstanding balance is immediately due. At this point, all collection actions will be reactivated. You may contact the department to request reinstatement of your installment agreement at which time a reinstatement fee of \$60 is due.

What if I do not stay current with my taxes and returns?

If you do not stay current in your obligations to the state, you will be considered in default of your agreement and the total outstanding balance is immediately due. At this point, all collection actions will be reactivated. You may contact the department to request reinstatement of your installment agreement at which time a reinstatement fee of \$60 is due.

Contact Information

If you have questions about an installment request, contact the Collection Division at (855) 307-3893. If your request is approved, you will need to contact the Collection Division to determine the amount of the final payment since penalty, interest and collection fees will accrue until the tax is paid in full.

LOUISIANA
 DEPARTMENT of REVENUE

**Installment Request
 for Individual Income**
Mail to:
 Louisiana Department of Revenue
 Collection Division
 P.O. Box 66658
 Baton Rouge, LA 70896-6658

PLEASE PRINT OR TYPE

Full Name			
Social Security Number		FEIN (If Applicable)	
City		State	ZIP
Home Phone		Cell Phone	
Employer			
Employer's Address			
Date of Hire (mm/dd/yyyy)		Gross Weekly Wage	
Spouse's Name		Spouse's Social Security Number	
Spouse's Employer			
Spouse's Employer Address			
Date of Hire (mm/dd/yyyy)		Gross Weekly Wage	
Name of Bank (Personal)			
Bank Account Number		Bank Routing Number	
Name of Bank (Business)			
Bank Account Number		Bank Routing Number	
Tax periods to be included:		Date you wish to make your monthly payments:	

1. Total amount due	\$
2. Amount of initial payment to be made with application. Multiply Line 1 by 20 percent (.20).	\$
3. Balance to be paid over length of agreement. Subtract Line 2 from Line 1.	\$
4. Monthly payments. Divide Line 3 by the number of months agreed. Months agreed upon: _____	\$

THIS AGREEMENT MUST BE A MINIMUM OF SIX (6) MONTHS AND CANNOT EXCEED 24 MONTHS.

Under the penalties of perjury, I declare that I have examined the Request for Payment Arrangement form, including all accompanying documents, and hereby affirm that to the best of my knowledge and belief, it is true, correct, and complete.	
Your Signature	Date (mm/dd/yyyy)
Spouse's Signature	Date (mm/dd/yyyy)

LOUISIANA
DEPARTMENT *of* REVENUE

**Installment Request for Individual Income
Bank Debit Application**

Mail to:
Louisiana Department of Revenue
Collection Division
P.O. Box 66658
Baton Rouge, LA 70896-6658

Request must be mailed to: Louisiana Department of Revenue
Collection Division
Post Office Box 66658
Baton Rouge, La 70896-6658

Name _____ Social Security Number _____

Spouse Name _____ Social Security Number _____

Daytime Telephone Number _____

Name of your Financial Institution _____

Bank Routing Number _____

Bank Account Number _____

Bank Account Name _____ Checking Savings

Start Date _____

Debit Date _____

Debit Amount _____

Note: Please attach a voided check.

Signature and Verification

Under penalties of perjury, I (we) declare that the information is to the best of my (our) knowledge and belief is true, correct, and complete. I agree to participate in this Automatic Bank Draft Program.

I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Your Signature _____

Date _____

Spouse's Signature _____

Date _____