



Installment Request for Business Taxes

Installment agreements are available to taxpayers who are unable to pay the full balance of taxes owed by the due date. Upon approving or denying an installment agreement request, the Louisiana Department of Revenue (LDR) will notify the taxpayer by mail with the terms of the approved agreement or the reasons for the denial.

How to request an installment agreement

There are three ways to request an installment agreement as listed below.

1. Email a completed copy of Form R-19027, Installment Request for Business Taxes, to Business.Tax@LA.GOV.
2. Submit an electronic application at latap.revenue.louisiana.gov.
3. Mail a completed copy of Form R-19027 to:
Louisiana Department of Revenue
P.O. Box 4969
Baton Rouge, LA 70821-4969

While an installment agreement request is pending, the taxpayer must comply with all tax obligations and filing deadlines. Failure to do so can result in the denial of a request.

Additional documentation

Following the initial review of an installment agreement request, the LDR Business Tax Enforcement Division may contact the taxpayer to request additional supporting documentation. Any missing or incomplete information will cause the request to be denied. All information will be verified.

Fee for installment agreement

A mandatory, non-refundable \$105 application fee must accompany each installment agreement request. The fee will not be applied to any tax liability.

Down payment for an installment agreement

A down payment of 20 percent of the total amount due may be required for approval of an installment agreement. This payment can be made electronically at latap.revenue.louisiana.gov, mailed in with the completed application, or delivered in person to a LDR office.

Making payments

Taxpayers must agree to automatic bank debit for all installment payments. Payments will be withdrawn from the specified account on a weekly, bi-weekly or monthly schedule as selected by taxpayer. 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. The application for automatic bank debit is on page 3 of this form.

Contact Information

If you have questions about an installment request, contact the Business Tax Enforcement Division at Business.Tax@LA.GOV or call (855) 307-3893, select option 2, then option 3.



**Installment Request
for Business Taxes**

Mail to:
Louisiana Department of Revenue
Business Tax Enforcement Division
P.O. Box 4969
Baton Rouge, LA 70821-4969
Phone: (855) 307-3893
Email: Business.Tax@LA.GOV

PLEASE PRINT OR TYPE

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--------------------------|
| Business Legal Name | | | |
| LDR Revenue Account Number | | FEIN (If Applicable) | |
| Business Mailing Address: | | | Unit Type Unit number |
| City | | | State ZIP |
| Applicant(s) Legal Structure <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust/Estate <input type="checkbox"/> LLC | | | |
| Contact Name | | Office Phone | |
| Name of Bank | | | |
| Bank Account Number | | Bank Routing Number | |

Description of Tax Type to be included in the Installment Request (Mark and complete all that apply.)

| Tax Type | Period(s) | Amount Due |
|------------------------------------------------------------------------------|-----------|------------|
| <input type="checkbox"/> Employer Withholding Tax LA Account Number _____ | | |
| <input type="checkbox"/> Sales & Use Tax LA Account Number _____ | | |
| <input type="checkbox"/> Corporate Income Tax LA Account Number _____ | | |
| <input type="checkbox"/> Corporate Franchise Tax LA Account Number _____ | | |
| <input type="checkbox"/> Other (Specify.) _____ LA Account Number _____ | | |
| <input type="checkbox"/> Other (Specify.) _____ LA Account Number _____ | | |
| <input type="checkbox"/> Other (Specify.) _____ LA Account Number _____ | | |

| | |
|--|-------------------------|
| | TOTAL AMOUNT DUE |
|--|-------------------------|

Indicate below the amount in which you are able to pay either weekly, biweekly, or monthly. Please understand if your request is approved, your payment amount may be adjusted to allow for any additional tax, interest, penalties, and fees.

Requested payment amount \$ _____ Payment Frequency (select one): Weekly Biweekly Monthly

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.

| | |
|-------------------------|-------------------|
| Officer/Owner Signature | Date (mm/dd/yyyy) |
|-------------------------|-------------------|



Installment Request for Business Taxes Bank Debit Application

Mail to:

Louisiana Department of Revenue
Business Tax Enforcement Division
P.O. Box 4969
Baton Rouge, LA 70821-4969
Phone: (855) 307-3893
Email: Business.Tax@LA.GOV

PLEASE PRINT OR TYPE

| | | |
|------------------------------------|-------------------------|--------------------------------------------------------------------|
| Business Legal Name | | |
| Business Trade Name | | Daytime Telephone Number |
| LDR Revenue Account Number | | Federal Employer Identification Number |
| Name of your Financial Institution | | |
| Bank Routing Number | | |
| Bank Account Number | | |
| Bank Account Name | | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |
| Start Date (mm/dd/yyyy) | Debit Date (mm/dd/yyyy) | 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.

I also authorize LDR to adjust my debit amount to compensate for additional interest, penalties, and fees.

| | |
|-------------------------|-------------------|
| Officer/Owner Signature | Date (mm/dd/yyyy) |
|-------------------------|-------------------|