



## REQUEST FOR PAYMENT PLAN

Complete this form to request a payment plan for delinquent tax filings and/or business licenses.

*Please read the attached instructions BEFORE completing and submitting this form.*

### BUSINESS DETAILS

Business Name \_\_\_\_\_ Account No. \_\_\_\_\_

Name of Authorized Individual Requesting Payment Plan \_\_\_\_\_

Title of Authorized Individual Requesting Payment Plan \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

Business Physical Address \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Request \_\_\_\_\_

### ACCOUNT TYPE(S) FOR WHICH A PAYMENT PLAN IS BEING REQUESTED

- Alcohol Tax   
  Beer Tax   
  Business License   
  Fuel   
  Liquor Tax   
  Lodging  
 Rental Tax   
  Sales Tax   
  Use Tax   
  Wine Tax

Period(s) to be included in the plan (*From: Month/Quarter/Year -To: Month/Quarter/Year*)

The dollar amount to be placed on the plan, if approved \$ \_\_\_\_\_

### REASON(S) FOR REQUEST OF A PAYMENT PLAN

- Accident, death, or illness of the business owner, a close relative (for a sole proprietor), business manager/partner, or other, that prevented the timely filing of the tax, or purchase/renewal of a business license (*Attach supporting document*)
- Natural disaster or accident that caused the temporary stoppage of regular payments and filings of the account type(s) in question (*Attach supporting document*)
- Other (*Attach supporting explanation of incident preventing compliance of tax and/or license filing requirements*)

Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZED SIGNATURE

*I hereby certify with my signature that, to the best of my knowledge, the information contained on this form, and the attached document(s) is true and accurate.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



## REQUEST FOR PAYMENT PLAN INSTRUCTIONS AND GENERAL INFORMATION

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### INSTRUCTIONS FOR COMPLETING THE REQUEST FOR PAYMENT PLAN

**PART 1. BUSINESS DETAILS-**This section of the form identifies the ACCOUNT TYPE(S) that are to be placed on an approved payment plan. The information on the form should correspond with the business (or owner's) information on the account.

**PART 2. ACCOUNT TYPE FOR WHICH PAYMENT PLAN IS REQUESTED-** This section of the form identifies the following:

- Account type for which a payment plan is being requested
- Tax and/or license period covered by the payment plan
- Dollar amount to be placed on the plan, if approved

**PART 3. REASON FOR REQUEST OF A PAYMENT PLAN-** This section of the form (Request for Payment Plan) requests that the business owner check the reason(s) for the tax/license delinquency. Also, it requires an explanation demonstrating how the event(s) prevented tax and license compliance per city ordinance (attach additional sheets as needed).

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### GENERAL INFORMATION

- Payment plan requests will be processed within 30 days of receipt of the request form and supporting documents.
- Written notification of approval or denial will be mailed to the mailing address noted on your City of Montgomery tax/license account(s).
- Your business will be able to renew the City of Montgomery business license IF the account reflects current, regular payments being made on the plan, in addition to regular, recurring monthly, quarterly, or annual payments.
- Request for Payment Plan applications may be mailed to:

City of Montgomery  
c/o License and Revenue (ATT: B. Taylor)  
P.O. Box 5070  
Montgomery, AL 36103-5070

- Requests for Payment Plans may be hand delivered to:

City of Montgomery  
c/o License and Revenue, 3<sup>rd</sup> Floor  
ATT: B. Taylor  
25 Washington Avenue  
Montgomery, AL 36104