

INSTALLMENT PAYMENT AGREEMENT

Employer's Name _____

Date _____ Account Number _____

I agree and do admit that unemployment taxes, accrued interest, and penalties for periods beginning _____ and ending _____, in the total amount of \$ _____ are due and unpaid as of this date to the Arizona Department of Economic Security (*department*).

I further understand that interest has been computed through _____. Additional interest of one percent (1%) must be added for each month or fraction of a month on taxes remaining unpaid.

I promise to pay the full amount due in _____ installments. As evidence of good faith, the first payment in the amount of \$ _____ is attached.

Each scheduled payment is to be made on or before	Amount of Payment

FINAL PAYMENT TO BE MADE NOT LATER THAN _____

I further understand that the department will file a lien on any amounts not covered by this agreement that are not presently in lien.

I agree to make payments as set forth above; extend the period in which the department may collect the above-specified amount due beyond the time limit provided by Arizona Revised Statutes § 23-743.B if any of the amount remains unpaid when that time limit is reached; and submit future quarterly reports together with full payment of related amounts due on or before the due dates.

I understand that if the above conditions are not met, the agreement is cancelled and the balance due and payable may be collected by levy or execution of judgment.

Dated this _____ day of _____, _____

Owner, Partner or Corporate Officer's Signature

PLEASE COMPLETE ALL OF THE INFORMATION REQUESTED ON THE REVERSE SIDE AND RETURN THIS FORM TO THE ABOVE ADDRESS. FAILURE TO MAKE A FULL DISCLOSURE MAY RESULT IN THIS AGREEMENT BEING DENIED.

DO NOT WRITE IN SPACE BELOW. FOR USE BY UNEMPLOYMENT TAX ONLY	
The above installment payment agreement is accepted this _____ day of _____, _____ <div style="text-align: right;"> _____ <i>Department Representative's Signature</i> </div>	

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact the UI Tax Office at 602-771-6606; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.

FINANCIAL STATEMENT

YOUR NAME <i>(Last, First, M.I.)</i>	SOCIAL SECURITY NUMBER	OCCUPATION
SPOUSE'S NAME <i>(If applicable – Last, First, M.I.)</i>	SOCIAL SECURITY NUMBER	OCCUPATION
RESIDENTIAL ADDRESS <i>(No., Street, Apartment or Space No., City, State, ZIP Code)</i>	HOME PHONE NUMBER	
BUSINESS ADDRESS <i>(No., Street, Suite No., City, State, ZIP Code)</i>	PHONE NUMBER	
YOUR CURRENT EMPLOYER <i>(If different than on the front of form)</i>	WORK PHONE NUMBER	PAY DAY(S)
SPOUSE'S CURRENT EMPLOYER <i>(If different than on the front of form)</i>	WORK PHONE NUMBER	PAY DAY(S)
OTHER INCOME <i>(Specify)</i>	DATE RECEIVED	GROSS MONTHLY INCOME
		\$ _____
		\$ _____
		\$ _____

ASSETS	LIABILITIES	TOTAL DUE	MO. PAYMENTS
Cash	Notes Payable		
Bank <i>(Checking)</i>	INCOME TAXES/OTHER TAXES		
Bank <i>(Savings)</i>			
Stocks and Bonds			
Cash or Loan Value of Insurance	CURRENT TIME PAYMENTS		
Accounts/Notes Receivable			
Merchandise Inventory			
Machinery and Equipment			
Household Furniture			
Real Property	Rent or Mortgage Payment		
Vehicle (1)	Auto Loan (1)		
Vehicle (2)	Auto Loan (2)		
Other Assets <i>(Describe)</i>	OTHER OBLIGATIONS <i>(Specify)</i>		
TOTAL	TOTAL		

NAME OF FINANCIAL INSTITUTION AND CHECKING ACCOUNT NUMBER(S):

NAME OF FINANCIAL INSTITUTION AND SAVINGS ACCOUNT NUMBER(S):

DESCRIPTION AND LICENSE NUMBER OF EACH VEHICLE OWNED OR BEING PURCHASED:

REAL PROPERTY *(Briefly describe and indicate location)*:

DESCRIPTION AND LOCATION OF MACHINERY, EQUIPMENT AND INVENTORY:

DESCRIPTION AND LOCATION OF ALL OTHER ASSETS:

ACCOUNTS RECEIVABLE *(Names, addresses and phone numbers)* – USE A SEPARATE SHEET IF NEEDED:

AFFIDAVIT

Under penalties of perjury, I/we declare that the information provided above is true and correct to the best of my/our knowledge and belief.

YOUR SIGNATURE _____ SPOUSE'S SIGNATURE _____ DATE _____