



County of Hawaii
Department of Finance TAT Office
25 Aupuni St., STE 1101
Hilo, HI 96720
(808) 961-8793

REQUEST FOR AN INSTALLMENT PLAN AGREEMENT

Taxpayer Name: _____

DBA Name: _____

TA Number: TA - _____ - _____ - _____ - _____

Mailing Address: _____
(STREET) (CITY) (STATE) (ZIP)

Phone Number: () _____ Home Cell Work

Place of employment: _____ Monthly gross income: _____

Spouse's Place of employment: _____ Monthly gross income: _____

Do you own real property? Yes No If yes, where is it located: _____
(City/State or Country)

Household size: _____ Amount you can pay a month: _____

Do you currently have an installment plan with the State of Hawaii Department of Taxation? Yes No

In the area provided below, please give a detailed explanation for your request, along with any supporting facts. You may use a separate sheet of paper or a letter if necessary. Be sure to attach any relevant documentation supporting your request for an Installment Plan/Agreement. (Please print or write legibly in blue or black ink). PLEASE ALLOW APPROXIMATELY 4-6 WEEKS TO PROCESS THIS REQUEST. REQUESTS MAY TAKE LONGER DURING PEAK COLLECTION PERIODS.

Signature: _____
By signing this form, I attest under penalty of perjury that the above information is true and correct.

HCTAT INTERNAL USE ONLY
 Approved Denied
Penalty: _____ Interest: _____ Total Waived: _____
Reason for denial: _____
Division Head: _____ Director: _____