



# CPP-1 Payment Installment Plan Request

## Read this information first

Please read the instructions before completing this form.

**Everyone** must complete Parts 1, 2, 3, and 5. Complete Part 4 if you are a **business** requesting a payment installment plan for a debt other than Individual Income Tax.

### Part 1: Identify your unpaid liability and the amount you want to pay each month

1 Have all tax returns been filed? (See instructions.) \_\_\_ Yes \_\_\_ No

If you answered "No," you **must** complete and attach all returns that you have not filed to this form. If you do not, we cannot consider your request. Identify the tax return and the periods covered for all returns that you are now filing. \_\_\_\_\_

2 Total amount of your unpaid tax liability. (See instructions. If the amount is more than \$5,000, you must complete and attach either Form EG-13-B or Form EG-13-I.) **2 \$** \_\_\_\_\_

3 Identify all tax periods for which the liability on Line 2 exists. **3** \_\_\_\_\_

4 Write the amount you would like to pay each month. (See instructions.) **4 \$** \_\_\_\_\_

5 Write the date or dates (1st to the 28th) of each month that you want to make your payment. **5** \_\_\_\_\_

### Part 2: Identify your financial institution and account information

6 \_\_\_\_\_ **9** \_\_\_\_\_  
Financial institution's name Account number (regular checking or savings account)

7 \_\_\_\_\_ **10** Account type:  Checking  Savings  
Address City State ZIP

8 \_\_\_\_\_ **11** \_\_\_\_\_  
Names on the account (list all names) Bank routing and transit number from the bottom of your check (for checking accounts) or contact your financial institution for the routing number (for savings accounts)

### Part 3: Identify yourself (and your spouse, if applicable)

12 \_\_\_\_\_ **16** \_\_\_\_\_  
Your first name Middle initial Last name Your social security number

13 \_\_\_\_\_ **17** \_\_\_\_\_  
Spouse's first name Middle initial Last name Spouse's social security number

14 \_\_\_\_\_ **18** ( ) \_\_\_\_\_  
Address (include apartment number or P.O. box) City State ZIP Your work phone number

15 ( ) \_\_\_\_\_ **19** ( ) \_\_\_\_\_  
Your home phone number Spouse's work phone number

### Part 4: Identify your business and the person responsible for remitting payments (Businesses only)

20 \_\_\_\_\_ **23** \_\_\_\_\_  
Business name Federal employer identification number (FEIN)

21 \_\_\_\_\_ **24** \_\_\_\_\_  
Address (include suite number or P.O. box) City State ZIP Illinois Business Tax (IBT) number

22 \_\_\_\_\_ **25** \_\_\_\_\_  
Person responsible for remitting payments ( ) Phone Excise Tax number

### Part 5: Read the statement and sign below

I agree to pay the amount on Line 4 each month on the date or dates specified on Line 5. I understand that, if the department does not agree to the proposed payment amount on Line 4, additional information about my financial condition may be requested and I may be required to pay a higher amount. In addition, I understand that I must complete Form EG-13-B or Form EG-13-I if my liability is over \$5,000, and that liens may be filed at the department's discretion. I will make all payments as scheduled and I will file all future required returns and pay any tax owed for those periods. If I do not remit the scheduled payment, and file all required returns, my payment installment plan may be canceled; the entire unpaid balance will become due immediately; and enforcement action may be taken, which could include levy of my bank account or wages.

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

#### Department use only

Approved by assignee \_\_\_\_\_ Approved by supervisor \_\_\_\_\_