



CPP-1 Installment Payment Plan Request

Step 1: Identify yourself (and spouse, if applicable)

A _____
Your Social Security number

Your spouse's Social Security number

Your first name and middle initial Last name

Your spouse's first name and middle initial Last name

Street address - No PO Box number Apartment or suite number

City State ZIP

Your email address

(_____) _____
Your home phone number Your work phone number

(_____) _____
Your mobile phone number Your spouse's phone number

B If business debt, identify your business or organization

Federal employer identification number (FEIN)

Illinois account ID

Legal business name:

Doing-business-as (DBA), assumed, or trade name, if different from the legal business name on the line above:

Business mailing address

City State ZIP

Name of person responsible for remitting payments

(_____) _____
Phone number

Step 2: Describe your debt and installment payment plan request

1 Identify the tax periods covered by this agreement. _____

2 Write the amount of your good faith downpayment. See instructions. **2** \$ _____

3 Write the remaining amount of debt to be covered by this installment payment plan request. **3** \$ _____
If your unpaid liability is over \$15,000, complete and attach Form EG-13-I or Form EG-13-B. See instructions.

4 Write the date of your first installment payment ____/____/____ and payment amount. **4** \$ _____

5 Check **one** of the following options to describe how often you will make payments.

One payment per month One payment per week One payment every other week
Date of month _____ Day of week _____ Day of week _____

Step 3: Provide your financial institution and account information

6 _____ Check this box if you do not have a bank account.

Financial institution's name

Mailing address City State ZIP

Name(s) on the account (list all names)

Routing number Checking or Savings
Find your routing number at the bottom of your check (for checking accounts) or contact your financial institution for the routing number (for savings accounts).

Account number

Step 4: Read the statement and sign below

I agree to, and understand, that (1) the Illinois Department of Revenue (IDOR) is authorized to use the information on this form to make withdrawals (ACH debits) at the frequency I selected in Line 5 and from the account listed on Line 6 in accordance with the Department of Revenue Law of the Civil Administrative Code of Illinois and all applicable Illinois tax acts, and that this authorization remains in effect until the debt is paid or I notify IDOR in writing to cancel; (2) IDOR may request additional information about my financial condition and I may be required to pay a higher amount than the payment plan described above; (3) **IDOR has the discretion to file a lien at any time, including, but not limited to, when IDOR determines there is a risk of non-payment**; (4) IDOR may contact me about this payment plan at any address and phone number listed in Step 1 (this includes electronic communication by email or text); and (5) if I do not remit the scheduled payment, file all required returns, and pay all taxes when due, IDOR may cancel my installment payment plan, my entire unpaid balance will become due immediately, and IDOR may take enforcement action, including 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 or authorized officer (if officer, write title) _____
Month, day, year

Department use only

Approved by assignee _____
Date approved by assignee _____
Approved by supervisor _____
Date approved by supervisor

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is REQUIRED. Failure to provide information may result in this form not being processed and may result in a penalty.