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REQUEST FOR EXTENDED HARDSHIP INSTALLMENT PLAN

I, _____ am requesting an extended installment plan to pay my delinquent local earned income, local services and /or business privilege and mercantile tax due to financial hardship.

I understand any local earned income tax liability for the present tax year must be current and must remain current. **REQUIRED DOCUMENTATION: Proof of year-to-date earnings; earned income tax withholdings and/or estimated quarterly payments; copies of all monthly bills to document expenses; plus any other documentation which may be needed to document the hardship must be remitted along with this signed form.**

I understand an initial Installment Plan set up fee of \$20 will be charged to my account and penalty and interest charges will continue to accrue on outstanding tax balances until all tax balances are paid. The installment plan will be a voluntary wage attachment, if my employer agrees, or will be monthly payments equal to 10% of my gross monthly compensation until the balance of tax, penalty, interest and other costs are paid in full.

I also understand that a \$5 handling fee will be charged per payment after the 12th payment to the end of the payment plan.

Furthermore, I understand if all required documentation is not received with this application my request will be denied.

I, _____ am claiming financial hardship because:

_____ I am currently unemployed due to layoff.
Required: Termination letter from your most recent employer

_____ I am in financial crisis due to the death of my spouse.
Required: Copy of death certificate

_____ I am temporarily unable to work because of a medical condition.
Required: Signed statement from licensed physician

The above-named taxpayer is under my care and is expected to be able to return to work _____, 20__.

Printed Name of Attending Physician: _____

 Physician's Signature

 Date

_____ I am permanently disabled.
Required: Attach copy of award letter from the Social Security Administration

_____ Other. *Please explain in detail on reverse side of this form.*

Further, the parties agree that the running of any and all applicable statutes of limitations and/or repose and any other defenses or limitations on actions, including but not limited to, the time limitations for filing a lawsuit or a criminal complaint for arising from the failure to make payment of earned income taxes, shall be tolled and suspended during the time period of the attached schedule. The period of tolling shall not be considered to constitute or give rise to a defense of laches or any other time-based doctrine or defense, rule, law or statute otherwise limiting the right of the York Adams Tax Bureau to preserve and prosecute any claim for the failure to make payment of earned income taxes. Nothing in this Agreement shall have the effect of reviving any claims that are otherwise barred by any statute of limitations and/or repose or and any other similar rule of law or equity prior to the date of this agreement. Either party hereto may terminate the tolling of claims by giving at least sixty (60) days' written notice of its termination to the other party. Until the sixty-first (61st) day after such notice of termination is given, the tolling of claims shall remain in full force and effect.

In the event the amount due hereunder is not paid in full upon the expiration of the time period set forth in the attached schedule, the parties hereto shall retain any and all legal or equitable remedies and defenses they may have or may believe they have arising from or related to the failure to remit payment of earned income taxes.

It is further agreed that the first payment on the attached schedule shall be due at the time of the acceptance of this contract and instrument and shall cause this instrument to be in full force and effect and shall legally bind the parties hereto irrevocably.

Information provided on this form is true and correct to the best of my knowledge.

Print Name

Address

City

State

Zip

Phone Number

Social Security Number

Taxpayer Signature

Date