



# TENNESSEE DEPARTMENT OF REVENUE



## PARTIAL PAYMENT AGREEMENT APPLICATION

The Following Pages Contain:

- ◆ Basic Information
- ◆ Terms and Conditions
- ◆ Partial Payment Application
- ◆ Statement of Financial Condition for Individuals
- ◆ Statement of Financial Condition for Businesses
- ◆ Supporting Document Checklist
- ◆ Financial Release Statement
- ◆ Power of Attorney



## TENNESSEE DEPARTMENT OF REVENUE

### BASIC INFORMATION CONCERNING PARTIAL PAYMENT AGREEMENT APPLICATIONS

- ◆ Under certain circumstances, an individual or business entity may be permitted to satisfy a tax liability with the Tennessee Department of Revenue (the "Department") by entering into a Partial Payment Agreement with the Department and making payment of the liability in accordance with the agreed terms.

An application to enter into a Partial Payment Agreement with the Department may only be submitted on a Partial Payment Application form (Form APP-1). A Partial Payment Agreement Application must be accompanied by a Statement of Financial Condition form. Depending on the legal status of the applicant, a Partial Payment Application form must be accompanied by the following form(s).

<u>Legal Status</u>	<u>Form(s) Required</u>
Individual	Statement of Financial Condition for Individuals (Form PPA-IND)
Self Employed Persons	Statement of Financial Condition for Individuals (Form PPA-IND) Statement of Financial Condition for Businesses (Form PPA-BUS)
Proprietorship	Statement of Financial Condition for Individuals (Form PPA-IND) Statement of Financial Condition for Businesses (Form PPA-BUS)
Partnership	Statement of Financial Condition for Individuals (Form PPA-IND) Statement of Financial Condition for Businesses (Form PPA-BUS)
Business Partners	Statement of Financial Condition for Individuals (Form PPA-IND)
Corporation	Statement of Financial Condition for Businesses (Form PPA-BUS)
Corporate Officers	Statement of Financial Condition for Individuals (Form PPA-IND)
Trust or Estate	Statement of Financial Condition for Businesses (Form PPA-BUS)

In addition the Partial Payment Agreement Application form must be accompanied by all supporting documentation outlined on the Supporting Document Checklist, which is included in this booklet.

As indicated above, the Department may also require each business partner and each corporate officer to complete a Statement of Financial Condition for Individuals. The above referenced Partial Payment Agreement Application form, the Statement of Financial Condition for Individuals and the Statement of Financial Condition for Businesses are included in this booklet. A copy of this Partial Payment Agreement Application booklet may be obtained from any of the Department's regional offices that are listed on the last page of this booklet.

- ◆ The Statement of Financial Condition provides the Department with credit and financial information that will be utilized in evaluating the financial condition of an individual or business entity. Every item on the Statement of Financial Condition form must be accurately completed. Items that are inapplicable may be marked "NA." No consideration will be given to a Statement of Financial Condition that is incomplete or unsigned.
- ◆ All individuals or businesses that are required to complete a Statement of Financial Condition must also complete a Financial Information Release Statement (Form RV-103801), which is included in this booklet. The Financial Information Release Statement must be signed before a Notary Public and properly notarized.
- ◆ If the Partial Payment Agreement Application and other required forms are completed and/or signed by someone who is representing the applicant, a Power of Attorney form (Form RV-F0103801, which is included in this booklet, must also be completed.
- ◆ Partial Payment Applications are approved only if the Department determines that the taxpayer is unable to pay the tax liability in full and will require an analysis of the financial condition of all parties that may be liable for the tax.



## TENNESSEE DEPARTMENT OF REVENUE



### PARTIAL PAYMENT AGREEMENT TERMS & CONDITIONS

- ◆ By signing this Partial Payment Agreement, I understand that I am expressly waiving any rights or defenses available under Tenn. Code Ann. § 67-1-1401 et seq. for a period of six (6) years from the date of this Agreement.
- ◆ I understand that this Agreement requires daily records of my active business(es) to be kept and requires current tax reports and payments to be made to the Tennessee Department of Revenue (the "Department") in a timely manner.
- ◆ I understand that, pursuant to the provisions of Tenn. Code Ann. § 67-1-1401 et seq., the Tennessee Department of Revenue may file a tax lien on any individual, business entity that enters into this Partial Payment Agreement and on any personal guarantor of this Partial Payment Agreement.
- ◆ I understand that, if any payment due under the terms of this Partial Payment Agreement is not paid when due, or if any individual or business entity that is a party to this Agreement or any personal guarantor of this Partial Payment Agreement violates any provisions of the Agreement, the entire remaining amount due together with any penalty and/or interest may, at the Department's option, become immediately payable to the Department.
- ◆ I understand and agree that I and all other endorsers of this Partial Payment Agreement shall be held jointly and severally liable for the tax liability together with any penalty and/or interest due thereon and shall be subject to all terms and conditions set forth in the stated Agreement.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POWER OF ATTORNEY SIGNATURE

\_\_\_\_\_  
DATE

(Must complete Power of Attorney - Use Only Department of Revenue Form RV-F0103801, enclosed)



## Tennessee Department of Revenue Partial Payment Agreement Application

1. Applicant(s) Name and Street Address		SS #
		SS #
		FEI #
		County
		Daytime Phone # (    )
2. Applicant(s) Mailing Address (If different from above)		3. Applicant(s) Legal Structure
		[   ] Individual      [   ] Proprietorship
		[   ] Partnership    [   ] Corporation
		[   ] Trust/Estate    [   ] Corp. Officer(s)
		[   ] Self Employed [   ] Business Partners
4. Description of Tax Liabilities To Be Placed on Payment Agreement		
Tax Type	Account Number	Period(s)
[   ] Individual Income Tax		
[   ] Sales & Use Tax		
[   ] Corporate Income Tax		
[   ] Other (Specify)		
5. If you are represented by an attorney, accountant or agent, please provide the following contact information:		
Name		
Firm		
Mailing Address		
Phone Number (    )		
(Must complete Power of Attorney - Use Only Department of Revenue Form RV-F0103801, enclosed)		





**SECTION IV - ASSETS**

22. Cash	TOTAL (Enter also on Page 3, Item 30-A)	\$
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23. Bank or Credit Union Accounts (Checking, Savings, Certificate of Deposit, etc.)			
Name of Institution	Account Number	Type of Account	Balance
			\$
TOTAL (Enter also on Page 3, Item 30-B)			\$

24. Bank Credit Cards (i.e., Visa, Mastercard, Discover, American Express, etc.)				
Name of Issuer	Account Number	Credit Limit	Amount Owed	Credit Available
				\$
TOTAL (Enter also on Page 3, Item 30-C)				\$

25. Securities (Stocks, Bonds, Mutual Funds, IRA, Government Securities, Money Market Funds, etc.)			
Type	Issuer	Quantity or Denomination	Current Value
			\$
TOTAL (Enter also on Page 3, Item 30-D)			\$

26. Real Property (Personal Residence, Vacation or Second Home, Investment Property, Unimproved Land, etc.)				
Description	Address	Current Market Value	Amount Owed	Equity In Property
				\$
TOTAL (Enter also on Page 3, Item 30-E)				\$

27. Vehicles - Excluding Leased Vehicles (Including Motorhomes, Campers, Motorcycles, Boats, Trailers, etc.)							
Description	Make	Model	Year	Tag Number	Current Market Value	Amount Owed	Equity In Vehicle
							\$
TOTAL (Enter also on Page 3, Item 30-F)							\$

28. Other Assets			
	Current Appraised Value		Current Appraised Value
Notes Receivable	\$	Timber, Mineral or Drilling Rights	\$
Cash Surrender Value of Life Insurance		Patents or Copyrights	
Judgments or Settlements Receivable		Other (Specify)	
Vested Retirement Account			
Collectables, Antiques or Artwork			
TOTAL (Enter also on Page 3, Item 30-G)			\$

**SECTION V - LIABILITIES**

29. Liabilities (Do Not Include Any Mortgages or Vehicle Loans)

Description	Total Amount Owed	Description	Total Amount Owed
Notes Payable	\$	Past Due Other Taxes	\$
Installment or Personal Loans		Vehicle Leases	
Education or Student Loans		Other Liabilities:	
Bank Revolving Credit			
Judgments Payable			
Past Due Federal Taxes			
Past Due State Taxes			
TOTAL (Enter also on Page 3, Item 31)			\$

**SECTION VI - NET WORTH CALCULATION**

30. ASSETS

A. Cash	\$
B. Bank or Credit Union Accounts	
C. Bank Credit Cards	
D. Securities	
E. Real Property	
F. Vehicles	
G. Other Assets	
Total Assets	\$
31. LIABILITIES	\$
32. Net Worth ("Total Assets" Minus "Liabilities")	\$

**SECTION VII - OTHER INFORMATION**

33. Have you disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?  
 Yes  No If "Yes", identify: \_\_\_\_\_

34. Is a foreclosure proceeding pending on any real estate that you own or have an interest in?  
 Yes  No

35. Is anyone holding any assets on your behalf?  
 Yes  No If "Yes", identify: \_\_\_\_\_ Relationship: \_\_\_\_\_

36. Are you a party to any lawsuit now pending?  
 Yes  No

37. Are you or any business that you own currently under bankruptcy court jurisdiction?  
 Yes  No Bankruptcy Case No.: \_\_\_\_\_

**SECTION VIII - INCOME & EXPENSE ANALYSIS**

38. Monthly Household Disposable Income

Gross Monthly Income			Monthly Living Expenses	
Source	Taxpayer	Spouse	Source	Amount
Salary, Wages, Commissions, Tips	\$	\$	House or Rent Payment	\$
Self-Employment Income			Income Taxes (Federal, State, FICA)	
Pensions, Disability & Social Security			Estimated Tax (If Applicable)	
Dividends & Interest			Groceries	
Gift or Loan Proceeds			Medical Expenses & Prescriptions	
Rental Income			Utilities:	
Estate, Trust & Royalty Income			Electric \$ _____ + Gas \$ _____ +	
Workers' Comp. & Unemployment			Water \$ _____ + Phone \$ _____ =	
Alimony & Child Support			Insurance:	
Other (Specify)			Life \$ _____ + Health \$ _____ +	
			Auto \$ _____ + Home \$ _____ =	
			Court Ordered Payment	
			Personal Loan Payment	
			Religious & Charitable Donations	
			Clothing & Personal Grooming	
			Entertainment & Recreation	
			Legal Fees	
			Transportation Expense	
			Vehicle Loan Payment	
			Vehicle Lease Payment	
			Property & Ad Valorem Taxes	
			Child Care	
			Installment & Credit Card Payments	
			Tuition Payment	
			Other (Specify)	
Subtotal	\$	\$		
Combined Monthly Income		\$	Total Monthly Living Expenses	\$

39. Net Monthly Household Disposable Income ("Combined Monthly Income" Minus "Total Monthly Living Expenses") \$

Under penalties of perjury, I/we have examined this Statement of Financial Condition for Individuals and hereby affirm that, to the best of my/our knowledge and belief, it is true, correct and complete.

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

POA Signature \_\_\_\_\_ Date \_\_\_\_\_

(Must complete Power of Attorney - Use Only Department of Revenue Form RV-F0103801, enclosed)

State of Tennessee  
Department of Revenue

**STATEMENT OF FINANCIAL CONDITION  
FOR BUSINESSES**

(If additional space is needed,  
attach separate sheet)

**SECTION I - BUSINESS IDENTIFICATION**

1. Business Name and Address		2. Mailing Address (If Different From Street Address)	
County			
3. Type of Business		4. Daytime Phone Number	5. Number of Employees
6. Type of Ownership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____		7. Tennessee Entity ID:	
8. Beginning Date of Business		9. Ending Date of Business (If Closed)	
10. Last Franchise Excise Return Filed	Form	Tax Year Ended	Net Income \$

11. Information About Owner, Partners, Officers, Major Shareholders, etc.

Name	Social Security Number	Title	Effective Date	Monthly Salary or Wages	Total Shares or Interest
				\$	

**SECTION II - ASSETS**

12. Cash On Hand	TOTAL (Enter also on Page 3, Item 24-A)	\$
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13. Bank Accounts (General Operating, Payroll, Savings, Certificate of Deposit, etc.)

Name of Institution	Account Number	Type of Account	Balance
			\$
TOTAL (Enter also on Page 3, Item 24-B)			\$

14. Bank Credit Available (Line of Credit, Credit Cards, etc.)

Name of Institution	Account Number	Credit Limit	Amount Owed	Credit Available
		\$	\$	\$
TOTAL (Enter also on Page 3, Item 24-C)				\$

**SECTION II - ASSETS (continued)**

15. Real Property (including Investment Property, Unimproved Land, etc.)

Description	Address	Current Market Value	Amount Owed	Equity In Property
		\$	\$	\$
Total (Enter also on Page 3, Item 24-D)				\$

16. Vehicles ( Excluding Leased Vehicles)

Description	Make	Model	Year	Tag Number	Current Market Value	Amount Owed	Equity In Vehicle
					\$	\$	\$
Total (Enter also on Page 3, Item 24-E)							\$

17. Accounts Receivable

Name	Date Due	Status	Amount Due
			\$
Total (Enter also on Page 3, Item 24-F)			\$

18. Loans From Business To Proprietor, Partners, Officers, Shareholders or Others

Name	Relationship	Payoff Date	Status	Amount Due
				\$
Total (Enter also on Page 3, Item 24-G)				\$

19. Machinery and Equipment (Including Furniture, Fixtures, Business Machines, etc.)

Description	Current Market Value	Amount Owed	Equity In Mach. & Equip.
	\$	\$	\$
Total (Enter also on Page 3, Item 24-H)			\$

20. Merchandise Inventory (Goods Held for Sales and/or Raw Materials Used in Manufacture Fabrication or Production)

Description	Current Market Value	Amount Owed	Equity In Mach. & Equip.
	\$	\$	\$
Total (Enter also on Page 3, Item 24-I)			\$

## SECTION II - ASSETS (continued)

### 21. Securities (Stocks, Bonds, Mutual Funds, Government Securities, Money Market Funds, etc.)

Type	Issuer	Quantity or Denomination	Current Value
			\$
TOTAL (Enter also on Page 3, Item 24K)			\$

### 22. Other Assets

Type	Current or Appraised Value	Description	Current or Appraised Value
			\$
TOTAL (Enter also on Page 3, Item 24K)			\$

## SECTION III - LIABILITIES

### 23. Liabilities

Description	Total Amount Owed	Description	Total Amount Owed
Notes Payable	\$	Past Due Federal Taxes	\$
Loans Payable		Past Due State Taxes	
Vehicle Leases		Past Due Other Taxes	
Equipment Leases		Other Liabilities:	
Bank Revolving Credit			
Judgments Payable			
TOTAL (Enter also on Page 3, Item 25)			\$

## SECTION IV - NET WORTH CALCULATION

### 24. ASSETS

A. Cash On Hand	\$
B. Bank Accounts	
C. Bank Credit Available	
D. Real Property	
E. Vehicles	
F. Accounts Receivable	
G. Loans From Business to Proprietor, Partners, Officers, Shareholders or Others	
H. Machinery and Equipment	
I. Merchandise Inventory	
J. Securities	
K. Other Assets	
Total Assets	\$
25. LIABILITIES	\$
26. Net Worth ("Total Assets" Minus "Liabilities")	\$

**SECTION V - INCOME & EXPENSE ANALYSIS**

27. Business Income and Expenses For: (Check One)  Fiscal Year Ending \_\_\_\_\_ OR  Period \_\_\_\_\_ to \_\_\_\_\_  
 Accounting Method: (Check One)  Cash  Accrual Other: \_\_\_\_\_

Annual Income	Amount	Annual Expenses	Amount
Gross Receipts From Sales, Services, etc.	\$	Materials Purchased	\$
Gross Rental Income		Net Wages & Salaries	
Interest Income		Rent or Mortgage Expenses	
Dividends & Capital Gain Distribution		Installment & Lease Payments	
Royalty Income		Supplies & Office Expenses	
Commissions		Utilities	
Other Income (Specify)		Transportation Expenses	
		Repairs & Maintenance	
		Insurance	
		Current Taxes	
		Bad Debts	
		Travel & Entertainment	
		Advertising	
		Other Expenses (Specify)	
Total Income	\$	Total Expenses	\$
28. Net Income ("Total Annual Income" Minus "Total Expenses")			\$

**SECTION VI - OTHER INFORMATION**

29. Has this business disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?  
 Yes  No If "Yes", identify the receiving party: \_\_\_\_\_
30. Is a foreclosure proceeding pending on any real estate, equipment or other property that this business owns or has an interest in?  
 Yes  No
31. Is another party holding any assets on behalf of this business?  
 Yes  No If "Yes", identify the party holding the assets: \_\_\_\_\_
32. Is this business a party to any lawsuit now pending?  
 Yes  No
33. Is this business currently under bankruptcy court jurisdiction?  
 Yes  No If "Yes", what is the Bankruptcy Case No.: \_\_\_\_\_

Under penalties of perjury, I/we have examined this Statement of Financial Condition for Businesses and hereby affirm that, to the best of my/our knowledge and belief it is true, correct and complete.

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

POA Signature \_\_\_\_\_ Date \_\_\_\_\_

(Must complete Power of Attorney - Use Department of Revenue Form RV-F010380, enclosed)



**STATE OF TENNESSEE  
DEPARTMENT OF REVENUE  
ANDREW JACKSON STATE OFFICE BUILDING  
NASHVILLE, TENNESSEE 37242**

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

TO WHOM IT MAY CONCERN:

You have my authorization to release to the Tennessee Department of Revenue any financial information and/or data that pertains to me or to my company.

Signature \_\_\_\_\_

Date \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

Sworn to and subscribed before me on the date above written.

\_\_\_\_\_  
(Notary Public)

My commission expires:



Tennessee Department of Revenue  
Revenue Enforcement Division

**PARTIAL PAY AGREEMENT**  
**SUPPORTING DOCUMENT CHECKLIST**

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*Partial Pay Agreements submitted under the provisions of inability to pay a tax in full will require an analysis of your financial condition. To expedite this process, it is necessary that you provide the following information and documents along with your initial application.*

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- Copies of the most current year's personal and/or business federal income tax returns for personal and/or business.
  - Copies of bank statements for all personal or business checking and savings accounts for the last two months.
  - Statements from lending institutions that show current balances owed and the monthly payment schedule. (i.e. bank notes, car loans mortgages).
  - A list of all your business equipment, office furniture and other business assets, including the current fair market value of each.
  - A list of all accounts receivable, (business), showing the payer, the amount due, and the age and status of each account.
  - If you are personally liable for taxes, then you must provide proof of employment, income, commissions, fees, pensions, etc., for yourself and your spouse, if applicable. Even though your spouse may not be liable, this is necessary for equitable distribution of cost of living expenses. A check stub or letter from your employer will be sufficient.
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Under the penalties of perjury, I have complied with the requirements of each applicable item from the above document checklist. Any item that is not applicable has been written through with "NA".

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

**For Office Use Only**

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TENNESSEE DEPARTMENT OF REVENUE  
POWER OF ATTORNEY

**PART 1** Power of Attorney (Please type or print.)

**1. Taxpayer Information** (Taxpayer must sign and date this form on line 6.)

Taxpayer name and address	Account number(s)
	Daytime telephone number (    )

The taxpayer hereby appoints the following representative as attorney-in-fact:

**2. Representative** (Representative must sign and date this form on page 2, Part II.)

Name and address	Telephone No. (    ) _____
	Fax No. (    ) _____

to represent the taxpayer before the Tennessee Department of Revenue for the following tax matters:

**3. Tax Matters**

Type of Tax (Sales and Use, Franchise, Excise, etc.)	Year(s) or Period(s)

**4. Acts Authorized.** --The representative is authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents. This authority does not include the power to receive refund checks.

**5. Notices and Communication.** --Notices and other written communications will be sent to the first representative listed in line 2.

**6. Signature of Taxpayer.** - If signed by a corporate officer, partner, executor, receiver, administrator, trustee, guardian or any other person on behalf of the taxpayer, under the penalties of perjury, the undersigned certifies that he/she has the authority to execute this form on behalf of the taxpayer.

_____ <b>Signature</b>	_____ <b>Date</b>	_____ <b>Title (if applicable)</b>
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\_\_\_\_\_  
**Print Name**

**PART II** Declaration of Representative

**Under penalties of perjury, I declare that:**

- I am authorized to represent the taxpayer(s) identified in Part 1 for the tax matter(s) specified there; and
- I am one of the following:
  - a. Attorney or Certified Public Accountant
  - b. Officer or full-time employee taxpayer organization
  - c. Other \_\_\_\_\_

**➤ If this declaration of representative is not signed and dated, the power of attorney will be returned.**

Designation -- Insert above letter (a-c)	Jurisdiction (state)	Signature	Date

**For additional information or assistance, contact the nearest  
Revenue Enforcement Regional Office.**

Memphis  
3150 N. Appling Road  
Bartlett, TN 38133  
(901) 213-1451

Chattanooga  
540 McCallie Ave.  
3rd Floor Suite 350  
Chattanooga, TN 37402  
(423) 634-6288

Jackson  
Suite 301 Box 44  
State Office Building  
225 Martin Luther King Jr. Dr.  
Jackson, TN 38301  
(901) 423-5745

Knoxville  
531 Henley St. Room 616  
Knoxville, TN 37902  
(865) 594-6081

Columbia  
2486 Park Plus Drive  
Columbia, TN 38401  
(931) 380-2523

Johnson City  
204 High Point Dr.  
Johnson City, TN 37601  
(423) 854-5364

Nashville  
Airport Executive Plaza, Room 820  
1321 Murfreesboro Rd.  
Nashville, TN 37217  
(615) 360-0401

Deliver this application and all attachments to the following address:

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