

## Payment Plan Request for Individuals

### General Information

The Kansas Department of Revenue (KDOR) may consider a payment plan agreement for taxpayers to resolve their accounts if certain criteria are met.

Penalty and interest will continue to accrue during the life of the agreement based upon any unpaid tax. Any refunds or other monies due to the taxpayer will be applied to the liability, even if the taxpayer is/has made all of their installment payments on time.

In cases where the pay plan exceeds six (6) months, a tax warrant will be filed with the District Court to protect the State's interest. A tax warrant will also be filed if the Statute of Limitations is due to expire during the term of the payment plan.

Taxpayers who are granted a payment plan must file and pay all current and future taxes and estimated payments when due. Any additional debts not included in the agreement or missed payments will be considered default of the agreement and KDOR may take immediate enforcement action.

**This payment plan request form must be either faxed to (785) 291-3616 or emailed to [kstaxpayplanrequest@kdor.ks.gov](mailto:kstaxpayplanrequest@kdor.ks.gov)**

### [Payment Plan Request Application for Individuals](#)

**If your payment plan is approved the first payment will include an additional \$25.00 administration fee for plans exceeding 90 days, and you will receive a payment plan confirmation by mail within 14 days of our processing your request.**

If your payment plan is denied, you will receive instructions from KDOR on how to proceed.

Once a payment plan is set, you may choose from one of the following three options offered by KDOR to pay your tax:

**Check or Money Order.** If you choose this payment method, be sure to write your Social Security Number on your check or money order and make it payable to "Kansas Income Tax."

**Direct Payment.** When you select Direct Payment, you are giving KDOR permission to initiate a payment electronically from your bank account. This Direct Payment option is not recurring; you will need to authorize each payment separately. For more information, visit our web site at: <https://www.kdor.org/personaltax/Oneaccount.aspx>

**Credit Card.** To pay by credit card you must visit one of the service provider's web sites. A convenience fee will be charged by the service provider based on the amount of tax you are paying. You can find out what the fee is by visiting their web site:

[Official Payments Corporation: www.officialpayments.com/index.jsp](http://www.officialpayments.com/index.jsp)

[Link2Gov: www.kstaxpayment.com](http://www.kstaxpayment.com)

**Wage Assignment.** To make payment arrangements utilizing a wage assignment(s) through your employer please call (785) 296-6121 for information.

## PAY PLAN REQUEST FOR INDIVIDUALS

Compliance Enforcement  
Kansas Department of Revenue  
915 SW Harrison Street  
Topeka, KS 66612-1588

<http://www.ksrevenue.org/payplan.html>

See [General Information](#) for payment plan instructions. Complete this form by pressing the tab key for each field of entry. Incomplete or missing information will result in delaying the processing of this request. **This form can be mailed to the address shown above or you can fax to (785) 291-3616 or emailed to [kstaxpayplanrequest@kdor.ks.gov](mailto:kstaxpayplanrequest@kdor.ks.gov).**

### TAXPAYER INFORMATION

Your name: \_\_\_\_\_ Your SSN: \_\_\_\_\_  
Spouse name: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_  
Street address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
(include area code)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email address: \_\_\_\_\_

### BALANCE DUE AND PAYMENT TERMS

Enter the payment plan terms you are requesting. An additional **\$25.00** administration fee may be included with your first payment. Include in the request the tax types, periods and approximate balance owed, if known.

**Amount to be paid each month:** \$ \_\_\_\_\_ **PAYMENT DATE(S):**  1<sup>st</sup>  15<sup>th</sup>  Other \_\_\_\_\_  
(specify)  
**Tax Account Balance:** \$ \_\_\_\_\_ **Enter number of payments:** \_\_\_\_\_

Enter the amount of payment you are enclosing with this request: \$ \_\_\_\_\_

**NOTE: Requests for pay plans over 6 months require a tax warrant be filed.**

### EMPLOYER INFORMATION

Your employer: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Daytime phone (include area code): \_\_\_\_\_  
Spouse employer: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Daytime phone (include area code): \_\_\_\_\_

### BANKING INFORMATION – Information provided here will not generate an automatic draft.

Bank name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
9-digit Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

### SIGNATURES

Print this form and sign here:

Your signature: \_\_\_\_\_ Spouse's signature: \_\_\_\_\_