

Installment Agreement Request Instructions
North Carolina Department of Revenue

Paying your taxes in full by the due date avoids your account accruing penalty and interest. If you cannot pay your taxes in full by the due date, you may request a payment agreement within the guidelines set by the North Carolina Department of Revenue.

If you have recently filed your income tax return with a balance due that has not been satisfied, you can send in a completed Installment Agreement Request form once you have received an assessment notice for all tax years you wish to include in the payment agreement. Before you receive this notice, you have the option to pay the tax balance in full or make payments until an official payment agreement can be established. Completed Installment Agreement Request forms should be sent to the North Carolina Department of Revenue within 30 days of receiving your first notice. Once an installment agreement is established, any new tax liability cannot be added to the agreement and should be paid when the return is filed.

The RO-1033 Installment Agreement Request form should be mailed to:

Central Collection Unit
P.O. Box 1168
Raleigh, NC 27602-1168

Or faxed to: (919) 733-1231

If full payment is not received or an acceptable Installment Agreement is not established for any tax year, a notice of collection is mailed to the taxpayer after the due date of the taxes. Any time after the notice of collection is issued, collection actions (such as garnishments) can take place. At this point, the taxpayer is not allowed to establish an installment agreement.

If you have any questions regarding installment agreement requests call the North Carolina Department of Revenue toll free at 1-877-252-3052. Representatives are available weekdays from 8:00 am to 5:00 pm. An Interactive Voice Response System is available at all hours.

RO-1033

Web-Fill
3-07

Installment Agreement Request

North Carolina Department of Revenue

Please print legibly using all capital letters in blue or black ink.

Individual's First Name	M.I.	Individual's Last Name	Individual's Social Security Number
Spouse's First Name (If joint liability)	M.I.	Spouse's Last Name (If joint liability)	Spouse's Social Security Number (If joint liability)
Entity's Legal Name (If Corporation)			Federal Employer ID Number
Daytime Telephone Number (Include area code.)	Home Telephone Number (Include area code.)	If Joint, Spouse's Daytime Telephone Number	

Address			County (Enter first five letters)
City	State	Zip Code	Country (If not U.S.)

Part 1. Installment Request

- Enter total account balance for all periods (F-502 Agreement Amount) **1.**
- Enter installment amount **2.**
- Enter first installment date **3.**
Must be between the 1st and 28th of each month. (MM-DD-YYYY)
- Payment Frequency
If date falls on a weekend or holiday, the transfer will occur on the next business day.

Fill in applicable circle: _____

Monthly **Weekly** (Please fill in corresponding day, i.e. MO, TU, WE, TH, FR. Day must correspond with the first installment date.)

2 x Month (1st and 15th ONLY)

Part 2. Bank Account Information

(Approved agreements must be paid in monthly or semimonthly installments by direct transfer from your bank account.)

- Financial Institution Name
- Account Type 6. Transit or Routing Number 7. Bank Account Number

Fill in applicable circle:

Personal Checking Personal Savings

Business Checking Business Savings

Part 3. Authorized Signature

(The Installment Agreement must be signed by the taxpayer or an individual authorized to act on behalf of the taxpayer. Generally, this is the person with the authority to sign a tax return.)

I certify that I have the authority to request an electronic debit from the account named above, and I authorize the N.C. Department of Revenue to present debit entries for the bank account and the financial institution named above. This authorization will remain in effect until the balance due has been paid, the N.C. Department of Revenue cancels the installment agreement, or a written notification from the taxpayer to stop the debit transactions has been received and processed. The N.C. Department of Revenue may cancel the installment agreement and charge the taxpayer a dishonored payment penalty and a collection fee if the monthly payment cannot be deducted due to insufficient funds or because the account is closed. The taxpayer will be responsible for any overdraft fees charged by the bank.

If this request is accepted by the N.C. Department of Revenue and an installment agreement is established, the following conditions apply: The agreement is based on the taxpayer's current financial circumstances and is subject to revision or termination if subsequent financial information required by the N.C. Department of Revenue reflects a change in the taxpayer's ability to pay. Failure to provide updated financial information when requested by the N.C. Department of Revenue will be reason for termination of the agreement. All State taxes and all State returns that become due during the term of the agreement must be filed on time. Any State or Federal refunds that might otherwise be due may be applied to this liability until it is satisfied. If the conditions of this installment agreement are not met, it will be terminated, and the entire tax liability will be due. The agreement may be terminated if collection of the tax liability is in jeopardy. This request may require managerial approval; you will be notified if it is not approved. If you are granted an installment agreement and subsequently default on that agreement, you will NOT be eligible for another installment agreement with the N.C. Department of Revenue.

Authorized Signature	Print Name	Title (if business)	Date
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If you have any questions about your installment agreement request, call toll free 1 (877) 252-3052. An Interactive Voice Response System is available at all times. Our representatives are available weekdays from 8:00 a.m. to 5:00 p.m.

MAIL TO: Central Collection Unit, P.O. Box 1168, Raleigh, North Carolina 27602-1168 or Fax to: (919) 733-1231