



COLORADO DEPT OF REVENUE

ACCT#- _____

BALANCE DUE-\$ _____

FILE #- _____

Name: _____

Address: _____

City, St, zip: _____, _____, _____

Date: ____/____/____

Colorado Dept. of Revenue

Tax Period(s) ending: _____, _____, _____, _____,
_____, _____, _____, _____

SSN: XXX-XX-

Colorado Account Number:

Dear _____,

To process your request for monthly payments, we are required to obtain the following:

Taxpayer 1:

ADDRESS: _____

HOME PHONE: _____

EMPLOYER: _____

WORK PHONE: _____

YOUR BANK: _____

GROSS MONTHLY INCOME: _____

PROPOSED PAYMENT AMOUNT: _____

Taxpayer 2: (if applicable)

ADDRESS: _____

HOME PHONE: _____

EMPLOYER: _____

WORK PHONE: _____

YOUR BANK: _____

GROSS MONTHLY INCOME: _____

By signing below, I understand and acknowledge that the above information is true to the best of my knowledge. I also agree that Integral Recoveries or the Colorado Dept. of Revenue may access any and all consumer credit reporting files in connection with the collection of these delinquencies. I also understand that this agreement only applies to this delinquency placed with Integral Recoveries and that I may need to contact the Colorado Dept. of Revenue regarding any other delinquency. I also agree and understand that by signing this agreement, I acknowledge this debt and waive the statute of limitations for the collection of this debt. The Department of Revenue has the right to amend this installment agreement at any time due to a mandatory change in the interest rate or if any additional payments are applied to your outstanding debt. You will be notified of any such changes.

(Please sign & retain one copy and return the original to Integral Recoveries 333 W. Hampden Ave., Suite 650 Englewood, CO 80110.)

Taxpayer Signature

DATE _____

PRINT NAME _____

TAXPAYER 2 - SPOUSE SIGNATURE

DATE _____

PRINT NAME _____

We are a debt collector attempting to collect a debt.
Any information obtained will be used for that purpose.