



City of Portland, MI

Arrangement for Payment of Overdue City Income Tax

Taxpayer Information:

Spouse Information, if applicable:

 Name
 XXX-XX-_____
 Social Security Number Last 4

 Name
 XXX-XX-_____
 Social Security Number

 Date of Birth

 Date of Birth

 Home Address

 Home Address

 City & Zip

 City & Zip

 Phone Number

 Phone Number

 Driver's License Number

 Driver's License Number

 Employer Name

 Employer Name

 Employer Address

 Employer Address

Tax Year(s) Owed: _____

Total Amount Owed: _____

Requested Monthly Payment Amount: _____

Payment Due Date: 15th 30th

Note: Our minimum monthly payment amount is the greater of either \$50 per month or your past due balance divided over a 12-month term. If you cannot commit to the minimum amount, please contact us directly.

I (we) understand that the above matter will be filed with the 64A District Court if the taxpayer defaults on this arrangement, and I (we) will receive no further notice from the City.

 Taxpayer Signature & Date

 Spouse Signature & Date

 Witness (On behalf of the City of Portland)

 Date

Please mail or fax this form back to the Income Tax Department. A copy will be returned to you if the arrangement is approved.

City of Portland, 259 Kent Street, Portland, MI 48875

Email: cityincometax@portland-michigan.org | Phone: (517) 647-2941 | Fax: (517) 647-2938