

**City of Xenia Income Tax Division**  
**REQUEST FOR A HARDSHIP PAYMENT PLAN**  
**or REQUEST TO AMEND AN EXISTING PAYMENT PLAN**

**This form is used for taxpayers requesting an Income Tax payment plan when the plan requested does not conform to our Rules and Regulations (based on having a payment plan in a previous year or a request for a plan greater than 6 months) or if a taxpayer is requesting to amend an existing payment plan:**

From the City of Xenia Income Tax Rules and Regulations: "Payment agreements are available for individual taxpayers [businesses are not eligible] when the taxpayer(s) can provide documentation of a financial hardship that precludes them from paying their tax, penalty and/or interest when their tax return is filed. Taxpayers are eligible for one payment agreement in a five (5) year period and compound interest of 1.5% per month (or part thereof) is charged. The length of the payment agreement is determined by the Tax Administrator's review of the account and the balances due; however, payment agreements in excess of six (6) months will not be permitted without approval of the Finance Director."

Select one: ☐ Hardship Payment Plan Request      OR      ☐ Request to Amend an Existing Payment Plan

Taxpayer Name(s) \_\_\_\_\_

AAA \_\_\_\_\_

Taxpayer Social Security Number(s) \_\_\_\_\_

Taxpayer Current Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Taxpayer Contact Phone Numbers: \_\_\_\_\_

Taxpayer Contact Email: \_\_\_\_\_

**Section A: Accounts/Lines of Credit** (list all bank accounts, credit union accounts, certificates of deposit, Retirement or Pension accounts, Profit Sharing Plans, Mutual Funds or Stock Brokerage Accounts)

Name and Address of Institution	Type of Account	Current Balance/Value

**Section B: Real Estate** (home, vacation property, timeshares and other real estate) **USE THIS SECTION ONLY FOR PROPERTY YOU OWN.**

County/Description	Monthly Payment(s)
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other	
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other	
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other	

**Section C: Other Assets** (cars, boats, recreational vehicles, whole life policies, etc.)

Description	Monthly Payment	Equity

**Section D: Credit Cards** (Visa, Mastercard, American Express, Department Stores, etc.) – Attach additional lists if necessary.

Type	Minimum Monthly Payment

**Section E: Wage Information** (If you have more than one employer, include the information on another sheet of paper.)

Your current Employer (name and address)

Spouse's current Employer (name and address)

Monthly gross income \$ \_\_\_\_\_  
 Monthly taxes Federal \$ \_\_\_\_\_  
     State \$ \_\_\_\_\_  
     School Dist \$ \_\_\_\_\_  
     City \$ \_\_\_\_\_

Monthly gross income \$ \_\_\_\_\_  
 Monthly taxes Federal \$ \_\_\_\_\_  
     State \$ \_\_\_\_\_  
     School Dist \$ \_\_\_\_\_  
     City \$ \_\_\_\_\_

**Section F: Non-Wage Income** (List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes).

Alimony Income: \$ \_\_\_\_\_ Net Rental Income: \$ \_\_\_\_\_ Interest Income: \$ \_\_\_\_\_  
 Child Support Income: \$ \_\_\_\_\_ Unemployment Income: \$ \_\_\_\_\_ Social Security Income: \$ \_\_\_\_\_  
 Net Self Employment Income: \$ \_\_\_\_\_ Pension Income: \$ \_\_\_\_\_ Other (explain) \_\_\_\_\_

**Section G: Monthly Necessary Living Expenses** (List monthly amounts.).

Food/Personal Care

Food: \$ \_\_\_\_\_  
 Housekeeping Supplies: \$ \_\_\_\_\_  
 Clothing: \$ \_\_\_\_\_  
 Personal Care: \$ \_\_\_\_\_  
 Misc: (explain below): \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Housing &amp; Utilities

Rent: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_  
 Telephone or Cell Phone: \$ \_\_\_\_\_  
 Real Estate Tax and Insurance: \$ \_\_\_\_\_  
 (not included in B above)

Total \$ \_\_\_\_\_

Other

Child/Dependent Care: \$ \_\_\_\_\_  
 Estimated Tax Payments: \$ \_\_\_\_\_  
 Term Life Insurance: \$ \_\_\_\_\_  
 Retirement (Employer **required**): \$ \_\_\_\_\_  
 Retirement (Voluntary): \$ \_\_\_\_\_  
 Court Ordered Payments: \$ \_\_\_\_\_  
 Other (explain below): \$ \_\_\_\_\_

Transportation

Gas/Maintenance/Parking/Licenses, etc.: \$ \_\_\_\_\_  
 Public Transportation: \$ \_\_\_\_\_

Medical

Health Insurance \$ \_\_\_\_\_  
 Out of Pocket Health Care Expenses: \$ \_\_\_\_\_

**Section H: Additional Information****Amount Available**

- The City of Xenia may establish a payment agreement for you based on the financial data you provided.
- **A payment agreement cannot be considered until all returns have been filed.**
- **A payment agreement will not be available to you if you show negative income per month (expenses greater than income).**
- The City of Xenia reserves the right to require documentation of any income or expense listed on this form.
- Amounts due on payment plans are subject to 1.5% interest compounded per month.

Proposed Monthly Payment Amount \$ \_\_\_\_\_

All payments are due on or before the 1<sup>st</sup> of the month. Proposed Date for 1<sup>st</sup> Payment \_\_\_\_/01/\_\_\_\_.

I declare to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Your Signature \_\_\_\_\_

OR EMAIL:

Your Spouse's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**NOTE:** Incomplete or unsigned forms will be returned to the taxpayer for completion and a payment plan will not be considered until the complete and signed forms have been received by the Income Tax Division.