



REQUEST FOR CIGARETTE TAX INSTALLMENT AGREEMENT

Mail to: NYC Department of Finance, Sheriff Division, CTX Unit, 30-10 Starr Ave., 2nd Fl., Long Island City, NY 11101

Instructions: Please complete this form in its entirety and return to the address above within ten (10) business days. You must include an initial payment of not less than 25% of your total liability.

If your request is denied: We will notify you in writing and the outstanding balance will be due immediately. If your request is approved: You will be allowed to satisfy your outstanding liability in monthly installments as you have indicated below. Generally, you can have up to 60 months to pay.

Since you will not be receiving any additional correspondence or bills from this office concerning this liability, you will be responsible for ensuring that payments are made each month until the outstanding balance is paid in full. Failure to make payments under the agreement may lead to collection measures, including the imposition of penalties.

CIGARETTE TAX TRACKING NUMBER: (SEE YOUR TAX PAYMENT FORM)	SOCIAL SECURITY NUMBER: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											DOF USE ONLY:

PRINT FIRST NAME:	PRINT LAST NAME:	DAYTIME PHONE NUMBER:
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STREET # AND ADDRESS:	CITY:	STATE:	ZIP CODE:
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TOTAL AMOUNT OF TAX DUE: \$	NUMER OF MONTHLY PAYMENTS REQUESTED:	AMOUNT OF EACH MONTHLY PAYMENT:	ANTICIPATED COMPLETION DATE:
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REASON FOR REQUEST (EXPLAIN THE NATURE OF YOUR FINANCIAL HARDSHIP):

SIGNATURE	TODAY'S DATE
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