

**POLK COUNTY TAX COLLECTOR
PAYMENT AGREEMENT APPLICATION**

Taxpayer ID # / Case #: _____

Name (include Jr. or Sr. if applicable) Spouse's Name

Social Security Number Phone # Spouse Social Security #

Present Address Mailing Address (if different)

Taxpayer Employer: Name, Address, Phone #

Spouse Employer: Name, Address, Phone #

Bank / Bank Location/ Bank Account Number

Amount of debt, **does NOT** reflect future penalties and interest, \$

DOWN PAYMENT: Down payment **MUST** be paid in full to begin the payment plan 25% _____

Remaining balance after down payment: \$ _____ Beginning Date:
Monthly Payment Due by the 15th of each month

Monthly Payment Amount \$ _____ (This will have the account paid in full by July 1st)

Other Payment Arrangements: _____

The above information is requested by the Polk County Tax Collector to insure proper payment of delinquent taxes. **Entire form must be completed, in addition to 25% of delinquent tax balance is collected to place plan in effect.** The information supplied above will be held in ***strict*** confidence in the Tax Collectors office.

I, _____, do hereby enter into this Partial Payment Agreement for unpaid taxes. I understand that any taxes that become due after I enter into this Agreement are not included in this agreement and must be paid in a timely manner. I understand that this payment plan does NOT stop other enforced collection methods (allowed per N.C.G.S. 105-368): garnishment of wages, bank attachment, and foreclosure of real property, levy/seizure and sale of motor vehicles or advertisement of delinquent taxes. I further understand and agree that all partial payments I make under this agreement will be first applied to the oldest tax bill. Each payment will be applied first to interest, penalties, and costs, with the remainder of each payment to be applied to the amount of tax I owe. The State-mandated monthly interest rate will continue to accrue on any unpaid balance.

Taxpayer's Signature: _____

Date: _____

Tax Collector Approval: _____

Date: _____