

Payment Due Date: 15th 30th (Please circle one)

**Arrangement for Payment of Overdue City Income Tax with the City of Portland**

I (We) \_\_\_\_\_ and \_\_\_\_\_ are requesting to pay \$ \_\_\_\_\_ per month on my (our) \_\_\_\_\_ City Income Tax owed to the City of Portland. My (Our) estimated current balance due is \$ \_\_\_\_\_.

\*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 our office directly.

**I (We) also understand that the above matter will be filed with the 64A District Court if this arrangement is not complied with, and I (we) will receive no further notice from the City.**

\_\_\_\_\_  
Taxpayer Signature & Date

\_\_\_\_\_  
Spouse Signature & Date

Current Home Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

Current Employer(s):

Taxpayer: \_\_\_\_\_  
Employer Name and Address

Spouse: \_\_\_\_\_  
Employer Name and Address

\_\_\_\_\_  
Witness (On behalf of the City of Portland)

\_\_\_\_\_  
Date

Please mail or fax this form to the Income Tax Department. A copy will be returned to you if the arrangement is approved.  
City of Portland, 259 Kent St., Portland, MI 48875  
Fax # (517) 647-2938