



Payment Plan Form

Account Number _____

Date _____

Name _____

Tax Year _____

Address _____

Total Amount Due
\$ _____

City, St, Zip _____

Divided by 12=\$ _____

Phone and Email _____

I, _____, hereby agree to pay my City of Xenia income tax account in the installments of \$_____ per month on the 1st of every month. . I will have the entire balance paid within 12 months of this agreement. *The taxpayer will continue to receive payment notices from the tax department. As long as the payment plan is up to date, these letters should be considered informational only.*

I understand that default on this agreement will return my account to delinquent status and the following conditions will be imposed:

- 1. The abatement of interest on the unpaid balance will cease.**
- 2. The delinquent process will proceed, such as, small claims court case followed by wage garnishment.**

I also understand that I am still responsible for making estimated payments on my current year taxes if my employer does not fully withhold my Xenia income taxes.

Taxpayer Signature

Date

Automatic Monthly Withdraw from a Bank Account Optional for making your monthly payments

Important Notices/Terms for ACH Withdraw:

- You are responsible for notifying the Income Tax Division in writing when there are any changes to your banking information or your email address.
- If there are any issues with the amount of the withdrawal, these issues must be resolved 7 working days prior to the withdrawal date to avoid having the payment amount on record from being deducted from your bank account. You may contact us using the Secure email link on our webpage at www.eExploreXenia.com or 937-376-7248 (voice) or 937-376-8914 (fax).
- Monthly payment plan amount will be withdrawn via ACH on the 1st of each month until your payment plan is complete.

I have read the above and agree with the notices/terms listed. **I have attached a voided check** and I am authorizing the City of Xenia Ohio to perform ACH withdrawals from the bank account listed on the check to pay my monthly income tax payments.

Signature of person authorizing ACH withdrawals: _____

Date: _____

Xenia Income Tax

Payment Plan Coupon

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City, State, Zip: _____

Payment due on or prior to the 1st of each month
Month _____

Payment Due: \$ _____

Amount Paid: \$ _____

For Tax Office use only:	Tax _____	P/I _____
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Send payment to: City of Xenia Income Tax Division
PO Box 490
Xenia, OH 45385-0490

Xenia Income Tax

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