

Application for Reduced Tax Payment Plan

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Tax Authority Name]

[Tax Authority Address]

[City, State, ZIP Code]

Dear [Tax Authority Contact Name],

I am writing to formally request a reduced tax payment plan for my [tax year] taxes due to [briefly explain your reason, e.g., financial hardship, job loss, medical expenses].

Given my current financial circumstances, I believe that a reduced payment plan would allow me to fulfill my tax obligations without further compromising my financial stability. I am willing to provide any necessary documentation to support my request.

I kindly ask your consideration of my application and look forward to your favorable response. Thank you for your attention to this matter.

Sincerely,

[Your Name]