

# Tax Arrears Payment Plan Appeal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Tax Authority's Name]

[Tax Authority's Address]

[City, State, Zip Code]

## **Subject: Appeal for Tax Arrears Payment Plan**

Dear [Tax Authority's Name],

I am writing to formally appeal the terms of my current tax arrears payment plan due to [brief explanation of your circumstances, e.g., financial difficulties, unexpected expenses, etc.]. My taxpayer identification number is [Your TIN/SSN].

As a result of [explain your situation further, e.g., job loss, medical emergencies], I am unable to adhere to the original payment schedule. I kindly request that you consider [suggest a new payment plan or other assistance you seek].

I have attached relevant documents that support my appeal, including [list any documents you are including, such as pay stubs, medical bills, etc.]. I am committed to settling my tax obligations and appreciate your understanding of my current situation.

Thank you for considering my appeal. I look forward to your prompt response.

Sincerely,

[Your Name]