

Modification Request for 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]

Subject: Request for Modification of Tax Payment Plan

Dear [Tax Authority Contact/Department],

I am writing to formally request a modification to my existing tax payment plan associated with my taxpayer identification number [Your Tax ID or Social Security Number].

Due to [briefly explain your reason, e.g., unforeseen financial hardship, medical expenses, etc.], I am unable to adhere to the current payment schedule. I kindly ask for your understanding and assistance in modifying my payment plan to better suit my current financial situation.

I propose the following adjustments: [briefly outline your proposed changes, e.g., lower payment amount, extended payment period]. I believe these changes will allow me to meet my obligations without further financial strain.

I appreciate your consideration of my request and look forward to your response. Please let me know if you need any additional information or documentation to support my request.

Thank you for your time and attention to this matter.

Sincerely,

[Your Name]