

# Deferred Tax Liability Payment Plan Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Tax Authority's Name]

[Tax Authority's Address]

[City, State, Zip Code]

Dear [Tax Authority's Name or Tax Officer's Name],

I am writing to formally request a payment plan for the deferred tax liability associated with my account, [Your Tax ID or Account Number]. Due to [brief explanation of reasons, e.g., financial hardship, unexpected expenses], I am currently unable to pay the full tax liability in one lump sum.

I would greatly appreciate if you could provide me with the opportunity to pay this liability in installments. I propose the following payment plan:

- Total Tax Liability: \$[Insert Amount]
- Proposed Payment Amount: \$[Insert Amount] per month
- Proposed Payment Duration: [Insert Duration] months

I believe this arrangement will enable me to fulfill my tax obligations while managing my financial situation more effectively. Please let me know if this proposal is acceptable or if modifications are necessary to accommodate your requirements.

Thank you for considering my request. I look forward to your prompt response so we can resolve this matter amicably.

Sincerely,

[Your Name]