

Fax: (608) 327-6157  
Email: [uitaxcoll@dwd.wisconsin.gov](mailto:uitaxcoll@dwd.wisconsin.gov)  
<https://dwd.wisconsin.gov/uitax>

## Payment Plan Request – Unemployment Insurance Tax

Use this form when making a payment plan request, or to update an existing payment plan. Changes to an existing plan are subject to department approval.

To avoid issuance of a tax warrant, which would place a **lien on all your real and personal property**, make sure your proposed payment plan will pay off the total debt amount in four months or less.

Payment plans greater than four months are subject to department approval. A tax warrant will be issued and certifications for State of Wisconsin and Federal tax refunds may be issued; however, no additional legal action will be taken while you are in compliance with the agreement. Interest will continue to accrue while on a payment arrangement.

**All subsequent quarters must be filed and paid timely to remain in compliance for installment agreements.**

### Instructions

1. Fill out business and contact information.
2. Fill out the required fields in the payment plan request.
3. Click submit when you would like to submit the request

Required fields are marked with an \*.

### Business Information

UI Account Number (#####-###-#)*	Legal Name*
Business Mailing Address	

### Contact Information

Information Supplied By (name and position)*	Date Form was Completed (mm/dd/yyyy)
Phone Number* (     )                      ext.	Email Address*

### Plan Details

Total Debt Amount*	Amount You Can Afford to Pay Monthly*
Method of Payment* <input type="checkbox"/> Check <input type="checkbox"/> Electronic Funds Transfer (EFT)	Date of First Payment (mm/dd/yyyy)*
If EFT, Banking Routing Number and Name of Bank	If EFT, Bank Account Number

If the Submit Request button doesn't work for you, please save the form and email it to [UITAXCOLL@dwd.wisconsin.gov](mailto:UITAXCOLL@dwd.wisconsin.gov).