

IRD PAYMENT PLAN

Company Name _____

IRD Number _____

Please list all tax types, period the payment plan is relating too and amount owing: _____

Amount of each payment: _____
Please note, IRD prefer the amount owing to be paid off within 12 months from first payment. If you need longer, we may need to show financial hardship.

Frequency of payments: _____
Monthly/Fortnightly/Weekly

Date of first payment: _____

Will you be paying via Direct debit or Automatic payment? _____
If IRD accepts this arrangement, you will need to use the Tax type ARR for Automatic payments

For Direct debits, please provide the bank account number to be debited: _____
Account Name
Account Number

IRDs acceptance of this payment plan is conditional that no payments are missed.
If you miss or think you may miss a payment, the payment plan will need to be set up again.
Please sign below that you consent to Active (2015) Limited arranging this plan on your behalf.

Signature

Date

Name

For Active Use:
Payment plan set up by:

Last updated
Date: 28.4.2020