

Business Privilege Tax
Earned Income Tax
Mercantile Tax
Local Services Tax
Real Estate Tax



William L. Courtright
Collector of Taxes

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PAYMENT PLAN REQUEST FORM

Taxpayer Name: _____

Address: _____

Telephone: _____

Account/Customer Number: _____

PA Driver License Number: _____ (used for identification purposes)

Current Employer(s): _____ (attach additional sheet if needed)

Address: _____

Telephone: _____

Reason for requesting a payment plan: (attach additional sheet if needed)

Tax Year(s) payment plan requested for:

Taxpayer Signature: _____

Date: _____

Single Tax Office Approval: _____

Date: _____

INCOMPLETE FORMS WILL PREVENT PROCESSING OF PAYMENT PLAN