



Frequently Asked Questions

What is a hardship modification?

A hardship modification allows qualifying taxpayers to reduce a current wage, bank, or brokerage garnishment if it creates a hardship. A hardship exists if the garnishment prevents the taxpayer from meeting necessary living expenses.

What can a hardship do for me?

Upon approval, a hardship could lower the percentage of wages garnished per pay period or allow a release of the garnishment in exchange for an installment agreement.

What can a hardship not do for me?

A hardship cannot delay or cancel existing collection actions, avoid or abate existing tax liabilities, or release a lien.

What are some reasons a hardship may be denied?

- The taxpayer fails to make full financial disclosure, including household income.
- The taxpayer submits false or misleading information.
- The taxpayer has not fully filed all tax types.
- The taxpayer has repeated noncompliance or attempts to avoid paying tax obligations.

Is professional assistance required to submit a hardship?

Professional assistance is not required, but taxpayers are welcome to seek tax assistance from a tax professional if they choose.

How does the hardship process work?

When you submit a completed application with all necessary supporting documentation, the Department will determine whether you are able to meet all necessary living expenses if the garnishment continues without modification. If you cannot, the Department will notify you of your options.

What happens when a decision has been made?

If the hardship is approved, a modification of garnishment will be mailed to the taxpayer and the garnishee; and will be filed with the Circuit Court Clerk. If the hardship is denied, the Department will contact you to inform you why the hardship is being denied, as well as, mail a letter to the taxpayer's address on file.

Form Instructions

Personal Information

- Print or type your name, social security number, address, best day time contact telephone number, and e-mail address in the spaces provided.
- Print or type the name of all other persons in the house hold including those claimed as a dependent, their age, and their relationship to you in the spaces provided.
- Select "Yes" or "No" if the person can be claimed as a dependent and if they contribute to the household.
- Print or type the name, address, telephone number, and fax number of Tax Representative. Also fill out and attach the Missouri Power of Attorney (Form [2827](#)).

Employment

- Print or type the name of employer, telephone number, length of employment, address, occupation, pay frequency, and average net income in the spaces provided.
- Attach additional pages if needed to list all employers for all person's in the household including those who can be claimed as a dependent and contribute to the household.

Property

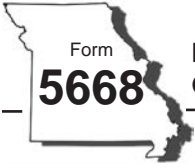
- Print or type the year, make, model, purchase date, loan balance and monthly payment for all automobiles, boats, ATV's, motorcycles, recreational vehicles, airplanes, machinery, etc.
- Print or type the type of dwelling, address, purchase date, loan balance, and monthly payment for all real property owned.

Financial

- Print or type the name of the financial institution, address, account number, and balance for all bank accounts.
- Include IRA's, other retirement plans, certificates of deposit, etc. Attach all pages of the most recent three months bank statements for all accounts of each person in the household. Attach additional pages as needed. If you owe more than \$50,000, six months of bank statements are required.
- Print or type the amount for all applicable other sources of income in the spaces provided. Add up all other sources of income and fill in the space provided.

Signature

- Please sign and date the line applicable to you, after reading and understanding the Certification.
- Using the checklist provided, ensure all required, applicable, documentation is available to be sent in with the application that is completed and signed.



Missouri Department of Revenue
Garnishment Hardship Application

Department Use Only
(MM/DD/YY)

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17359010001

Social Security Number

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Spouse's Social Security Number

--	--	--

Taxpayer Name

--

Spouse's Name

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Current Street Address

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City

--

State

--

ZIP Code

--

County

--

E-mail Address

--

Telephone Number

--	--	--	--	--	--

Secondary Telephone Number

--	--	--	--	--	--	--	--

Payment Plan Agreement Percentage Reduction

Provide information for all other persons in the household including those claimed as a dependent. Attach additional pages as needed.

Personal Information

Name	Age	Relationship	Claimed as a Dependent on your Form 1040?		Contributes to Household Income?	
<input style="width: 270px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input style="width: 270px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input style="width: 270px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input style="width: 270px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Tax Representative (CPA, Attorney, etc.) Attach Form 2827

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Street Address

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City

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State

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ZIP Code

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Telephone Number

--	--	--	--	--	--

Fax Number

--	--	--	--	--	--	--	--

Provide information for all other persons in the household including those claimed as a dependent. Attach additional pages as needed.

Employment

Name of Employer (Taxpayer)

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Telephone Number

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Street Address

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City

--

State

--

ZIP Code

--

Occupation

--

Pay Frequency

--

Average Net Income

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How Long Employed

--	--	--	--	--	--	--	--	--	--	--	--

Years Months

Employment (Continued)

Name of Employer (Spouse) Telephone Number

Street Address City State ZIP Code

Occupation Pay Frequency Average Net Income How Long Employed

Additional Employment

Name of Employer (Taxpayer or Spouse) Telephone Number

Street Address City State ZIP Code

Occupation Pay Frequency Average Net Income How Long Employed

Personal Property: Include automobiles, boats, ATV's, motorcycles, recreational vehicles, airplanes, machinery, etc, not used in your business. Attach additional pages as needed and supporting documentation of payoff.

Year	Make and Model	Purchase Date (MM/DD/YYYY)	Loan Balance	Monthly Payment

Real Property: For each property, include copies supporting documentation of loan balance including monthly payment. Attach additional pages as needed.

Type	Street Address	City	State	ZIP Code

Financial - Bank Accounts

Bank Accounts: Include IRA's, other retirement plans, certificates of deposit, etc. Attach all pages of the most recent three months bank statements for all accounts of each person in the household, Attach additional pages as needed. If you owe more than \$50,000, six months bank statements are required. Provide information for all persons in the household or claimed as a dependent.

Name of Institution	City of Institution	Account Number	Balance as of Date (MM/DD)	Balance

Financial - Other Sources of Income

	Taxpayer		Spouse	
Self-Employment Income	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Pensions, Disability, and Social Security . . .	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Dividends and Interest	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Gift or Loan Proceeds.	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Rental Income	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Estate, Trust and Royalty Income	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Workers' Comp and Unemployment.	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Alimony and Child Support.	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Other (Specify)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Additional Income Total	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
				Additional Income Grand Total
				<input type="text"/>

Signature

Under penalties perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

Taxpayer's Signature	Printed Name	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature	Printed Name	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Power of Attorney Signature	Printed Name	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Hardship Application Checklist

- Hardship Application form filled out completely and signed.
- Attach Missouri Power of Attorney Form 2827 if you want to authorize someone other than you to be able to discuss this application with the Department.
- Three consecutive months of the most current bank statements for all members of the home.
- Include IRA's, other retirement plans, certificates of deposit, etc. Attach all pages of the most recent three months bank statements for all accounts of each person in the household. Attach additional pages as needed. If you owe more than \$50,000, six months bank statements are required.
- Three consecutive months of the most current monthly bills for all members in the home.
- Statements do need to show current amount due, previous balance due, payments made, and cycle date.
- This includes, but is not limited to, utility bills, car payment, insurance, telephone, credit card, and IRS payment plans.
- If you lease or rent and do not get a monthly statement, please include a copy of the lease or rent agreement.
- Three consecutive months of the most current wage statements for all members in the home.
- Must be copy of pay stub, showing pay period and dates, gross income, deductions, and net pay.

Mail to: Taxation Division
P.O. Box 1646
Jefferson City, MO 65105-1646

Phone: (573) 522-6276
Fax: (573) 522-2404
E-mail: collections@dor.mo.gov

