| Form <b>433-D</b><br>(Rev. April 2010)   |  | Insta  | allment A   | Internal Revenue Se<br><b>Greement</b><br>back of this page)                           | rvice   |  |  |  |  |  |
|--|--|--|---|--|---|--|--|--|--|--|
| Name and address of taxpay   | fication number<br>(Spouse)  |  |   |  |   |  |  |  |  |  |
|  |  |  | Your telepho<br>(Home)  | ne numbers (including  | g area code)<br>(Work, cell or bus                              | iness)   |  |  |  |  |
|  |  |  | For assistant   |  | 4 (Individual – Self-Emp  | oloyed/Business Owners), Or  |  |  |  |  |
| Submit a new Form withholding.   | W-4 to your employer   | to increase your   | Or write:   |  | 2 (Individuals – Wage E<br>City, State, and ZIP Co              |  |  |  |  |  |
| Employer (Name, address, and   | telephone number)  |  |   |  |   |  |  |  |  |  |
| Financial Institution (Name and  | d address)   |  |   |  |   |  |  |  |  |  |
| Kinds of taxes (Form numbers)  | 1  | Tax periods  |   |  | Amount owed as<br>\$  | as of  |  |  |  |  |
| I / We agree to pay the fee  | deral taxes shown above,   | PLUS PENALTIES   |   | EST PROVIDED B   | Y LAW, as follow  | 'S:  |  |  |  |  |
| \$   | on   | and \$   |   | on the   | of  | each month thereafter  |  |  |  |  |
| <u>_</u>   | to increase or decrease t  |  |   |  |   |  |  |  |  |  |
| Date of increase (or decreas   | e)   | Amount of increa   | Se (or decrease)  | N  | lew installment pa  | yment amount   |  |  |  |  |
|  |  |  |   |  |   |  |  |  |  |  |
| The terms of this agreen Please initial this   | nent are provided on the box after you've reviewe  |  |   | -  | hly.  |  |  |  |  |  |
| Additional Conditions / Ter  | ms (To be completed by IRS)  |  |   |  |   | venue Service employees<br>parties in order to process<br>agreement. |  |  |  |  |
| <b>DIRECT DEBIT</b> —Attach a<br>back of this page.  | voided check or comple   | te this part only if yo  | ou choose to n  | nake payments by   | direct debit. Rea   | d the instructions on the  |  |  |  |  |
| a. Routing   | g number:  |  |   |  |   |  |  |  |  |  |
| b. Accour  | nt number:   |  |   |  |   |  |  |  |  |  |
| I authorize the U.S. Treas<br>institution account indicate<br>authorization is to remain<br>payment, I must contact th<br>the payment (settlement) do<br>confidential information ne | ed for payments of my Fe<br>in full force and effect un<br>ne U.S. Treasury Financia<br>ate. I also authorize the fi | deral taxes owed, a<br>il I notify the U.S. T<br>al Agent at the appli<br>nancial institutions | and the financi<br>reasury Finan<br>icable toll free<br>involved in the | al institution to deb<br>cial Agent to termi<br>number listed abo<br>processing of the | bit the entry to this<br>nate the authorizative no later than 1 | s account. This<br>ation. To revoke<br>4 business days prior to      |  |  |  |  |
| Your signature   |  | Date   |   |  |   |  |  |  |  |  |
| Spouse's signature (if a join  | t liability)   |  |   |  |   | Date   |  |  |  |  |
| Agreement examined or ap   | Date   |  |   |  |   |  |  |  |  |  |
| FOR IRS USE ONLY   |  |  |   |  |   |  |  |  |  |  |
|  | OR NUMBER:<br>e boxes:   |  |   | A NOTICE OF F  | EDERAL TAX L  | IEN (Check one box below   |  |  |  |  |
| RSI "1" no further re  |  | " Not a PPIA   |   |  | ADY BEEN FILE   |  |  |  |  |  |
| RSI "5" PPIA IMF 2     RSI "6" PPIA BMF 2  |  | " Field Asset PPIA<br>" All other PPIAs  |   |  |   |  |  |  |  |  |
|  | cle:   |  |   | WILL BE FILED WHEN TAX IS ASSESSED MAY BE FILED IF THIS AGREEMENT DEFAUI               |   |  |  |  |  |  |
| Check box if pre-as  | sessed modules included  | l  |   |  |   | ILLIVILIVI DEFAULIS  |  |  |  |  |
|  | -  | :  |   |  |   |  |  |  |  |  |
| Part 1IRS Conv   |  |  | No. 16644M  | www.ire.gov  | Forn  | n <b>433-D</b> (Rev. 4-201)  |  |  |  |  |

## AGREEMENT LOCATOR NUMBER DESIGNATIONS

#### XX Position (the first two numbers) denotes either the Initiator or Type of Agreement. The XX values are:

- Form 433-D initiated by AO on an ACS case 00
- Customer Service Toll-free initiated agreements 01
- 02 AO Field Territory (revenue officer) initiated agreements
- Direct Debit agreements initiated by any function 03
- 06 Exam initiated agreements
- Submission Processing initiated agreements 07
- 80 Agreements initiated by other functions
- Form 2159 agreement initiated by AO, ACS or Customer Service 11
- 12 AO or ACS agreement with multiple conditions
- 20
- Status 22/24 accounts Call Site/CSCO CSCO initiated agreements other than status 22 or 26 90
- Form 2159 agreement initiated by CSCO 91
- CSCO agreement with multiple conditions 92
- Up to 120 days extensions (NOT FOR FIELD) 99

### YY Position (the second two numbers) denotes Conditions Affecting the Agreement. The YY values are:

- 80 Continuous Wage Levy (from ACS and RO)
- All other conditions 09
- 12 Partial Pay Installment Agreement (PPIA) all functions
- In Business Trust Fund (IBTF) monitoring required for all functions 15
- Restricted Interest/Penalty condition present 27
- Unassessed modules to be included in agreement 32
- Streamlined agreements, less than 60 months, up to \$25,000 36
- BMF in Business Deferral Level (CSCO USE ONLY) 41
- 53 Report Currently Not Collectible (CNC) if agreement defaults
- Cross-reference TIN (Status 63) 63
- 66 File lien in event of default
- Secondary TP responsible for Joint Liability 70
- 80 Review and revise payment amount
- Up to 120 days extensions (NOT FOR FIELD) 99

When an agreement has more than one condition, use either 12 or 92 in the "XX" position and assign the primary condition (YY) based on the following priorities:

#### #1-63. #2-12. #3-53. or #4-32

The remaining multiple conditions will be input as a history item on IDRS.

### INSTALLMENT AGREEMENT ORIGINATOR CODES

- 20 Collection field function regular agreement
- Collection field function streamlined agreement 21
- 30 Reserved
- 31 Reserved
- 50 Field assistance counter - regular agreement
- Field assistance counter streamlined agreement 51
- 60 Examination regular agreement
- Examination streamlined agreement 61
- 70 Toll-free regular agreement
- Toll-free streamlined agreement 71
- 72 Paper regular agreement CSCO
- Paper streamlined agreement CSCO 73
- 74 Voice Response Unit (system generated)
- Automated Collection Branch regular 75
- 76 Automated Collection Branch streamlined
- Automated Collection Branch Voice Response Unit regular (system generated) 77
- Automated Collection Branch Voice Response Unit streamlined (system generated) 78
- Other function regular agreement 80
- 81 Other function-streamlined agreement
- Electronic Installment Agreement (e-IA) AM 82
- Electronic Installment Agreement (e-IA) ACS 83
- 90-91 Reserved for vendors – all streamlined agreements

| Form <b>433-D</b>   |  |  |                                       |                                     | Departr  | nent o                             | f the Tr                              | reasury<br>1ent   | – Ini<br>Ac                       | ternal                           | Reve                                 | nue Se                              | ervice                   |                          |                                |   |           |  |
|---|--|--|---------------------------------------|-------------------------------------|--|------------------------------------|---------------------------------------|---|-----------------------------------|----------------------------------|--------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------|---|-----------|--|
| (Rev. April 2010)   | (  | See In   | structic                              | ons on t                            | he ba  | ck of                              | this p                                | age)  |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| Name and address of taxpayer(s)   |  |  |                                       |                                     |  |                                    |                                       | Social security or employer identification number<br>(Taxpayer) (Spouse)        |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
|   |  |  |                                       |                                     |  |                                    |                                       | Your telephone numbers (including area code)<br>(Home) (Work, cell or business) |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
|   |  |  |                                       |                                     |  |                                    | - Fc                                  | or assist   | ance                              | call.                            | 1-800                                | 829-01                              | 15 <i>(</i> Bus          | siness                   | ) or                           |   |           |  |
|   |  |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  | 1-800-                               | 829-837                             | 4 (Indi                  | vidua                    | – Self-Er                      | nployed/Business Owners<br>Earners)                       | ), or     |  |
| Submit a new Form withholding.  | VV-4 to yo   | our empl   | oyer                                  | to in                               | crease   | your                               |                                       | r write:_   |                                   |                                  |                                      | (0                                  | City, St                 | tate, a                  | and ZIP (                      | Code)   |           |  |
| Employer (Name, address, and  | telephone nur  | mber)  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| Financial Institution (Name and   | l address)   |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| Kinds of taxes (Form numbers)     Tax periods   |  |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      | An<br>\$                            | noun                     | t owed                   | as of                          |   |           |  |
| I / We agree to pay the fee   | leral taxes  | shown a  | hove                                  | PI U                                | S PEN  |                                    |                                       |   | RES                               |                                  |                                      |                                     | YIA                      | w                        | as follo                       | ws.   |           |  |
| • • • •   |  |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                | of each month ther  | eafter    |  |
| I / We also agree   |  |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| Date of increase (or decreas  | e)   |  |                                       | An                                  | nount of                                       | fincre                             | ase (oi                               | r decrea  | se)                               |                                  |                                      | Ν                                   | lew ir                   | nstall                   | lment p                        | payment amount  |           |  |
|   |  |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
|   |  |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| The terms of this agreem           Please initial this  | -  |  |                                       |                                     |  | -                                  | -                                     |   |                                   |                                  |                                      | oroug                               | hly.                     |                          |                                |   |           |  |
| Additional Conditions / Ter   | ms (To be co   | ompleted by                                      | (IRS)                                 |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     | Note                     | e: Int                   | ernal R                        | evenue Service empl                                       | oyees     |  |
|   |  |  | ,                                     |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     | may                      | cont                     | act thire                      | d parties in order to p<br>s agreement.                   |           |  |
| DIRECT DEBIT—Attach a back of this page.  | voided ch  | ieck or co                                       | omplet                                | te this                             | s part o                                       | only if                            | you ch                                | noose t   | o ma                              | ike pa                           | ayme                                 | nts by                              |                          |                          |                                | 0   | on the    |  |
| a. Routing  | g number:  |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| b. Accour   | nt number:   |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| I authorize the U.S. Treas<br>institution account indicate<br>authorization is to remain<br>payment, I must contact th<br>the payment <i>(settlement)</i> da<br>confidential information ne | ed for payn<br>in full force<br>ne U.S. Tre<br>ate. I also a | nents of r<br>and effe<br>asury Fir<br>authorize | ny Fe<br>ect unt<br>nancia<br>the fii | deral<br>il I no<br>al Age<br>nanci | taxes o<br>tify the<br>ent at the<br>al instit | owed,<br>U.S.<br>ne app<br>tutions | and th<br>Treas<br>blicable<br>involv | ne finai<br>ury Fin<br>e toll fr<br>ved in                                      | ncial<br>iancia<br>ee nu<br>the p | instit<br>al Ag<br>umbe<br>roces | ution<br>ent to<br>er liste<br>ssing | to del<br>termi<br>ed abc<br>of the | oit the<br>nate<br>we no | e ent<br>the a<br>b late | ry to th<br>authori<br>er than | is account. This<br>zation. To revoke<br>14 business days | prior to  |  |
| Your signature Title (if Corporate Officer or Partner)  |  |  |                                       |                                     |  |                                    |                                       | Date  |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| Spouse's signature (if a joint liability)   |  |  |                                       |                                     |  |                                    |                                       | Date  |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| Agreement examined or ap  | proved by (  | (Signature,                                      | title, fu                             | unctio                              | n)   |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                | Date  |           |  |
| FOR IRS USE ONLY  |  |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| AGREEMENT LOCAT<br>Check the appropriate  |  | ER:  |                                       |                                     |  |                                    |                                       |   |                                   | A NO                             | этіс                                 | E OF I                              | FEDE                     | RA                       | L TAX                          | LIEN (Check one bo  | ox below. |  |
| RSI "1" no further re   | eview  |  |                                       |                                     | a PPIA   |                                    |                                       |   |                                   |                                  | HAS                                  | ALRE                                | ADY                      | BE                       | EN FIL                         | ED  |           |  |
|   |  |  |                                       |                                     | d Asse   |                                    | A                                     |   | WILL BE FILED IMMEDIATELY         |                                  |                                      |                                     |                          |                          |                                |   |           |  |
| RSI "6" PPIA BMF 2<br>Agreement Review Cy   |  |  |                                       |                                     | other P  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          |                                | X IS ASSESSED   |           |  |
| Check box if pre-as   | sessed mo  | dules inc  | luded                                 | l                                   |  |                                    |                                       |   |                                   |                                  | WAY                                  | BEF                                 | ILED                     | 1 <b>-</b> (             | HIS A                          | GREEMENT DEFA   | ULIS      |  |
| Name:   |  |  |                                       |                                     |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          | _                        |                                |   |           |  |
| Best 2 Einen siel heetik  | 1 O  | (5)  |                                       | • •                                 |  |                                    |                                       |   |                                   |                                  |                                      |                                     |                          |                          | Ган                            | m 122 D (Day )  | 0040      |  |

Part 2— Financial Institution Copy (*Direct Debit only*) Catalog No. 16644M www.irs.gov

|  |   |  |                                   | _                                     |  |                                 | _                                 |   | _   |   |                                  | _                                   |                         | _                         | _                            |                           |   |  |
|--|---|--|-----------------------------------|---------------------------------------|--|---------------------------------|-----------------------------------|---|---|---|----------------------------------|-------------------------------------|-------------------------|---------------------------|------------------------------|---------------------------|---|--|
| Form <b>433-D</b><br>(Rev. April 2010)   | Department of the Treasury — Internal Revenue Service<br>Installment Agreement<br>(See Instructions on the back of this page) |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| Name and address of taxpayer(s)  |   |  |                                   |                                       |  |                                 |                                   | Social security or employer identification number<br>(Taxpayer) (Spouse)        |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
|  |   |  |                                   |                                       |  |                                 |                                   | Your telephone numbers (including area code)<br>(Home) (Work, cell or business) |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
|  |   |  |                                   |                                       |  |                                 | .  <br>  -                        | For assistance, call: 1-800-829-0115 (Business), or                             |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
|  |   |  |                                   |                                       |  |                                 |                                   |   |   | ,                                       | 1-80                             | 0-829-                              | 8374                    |                           | ual – Se                     |                           | loyed/Business Owners), or<br>arners)                         |  |
| Submit a new Form withholding.   | W-4 to yo   | our empl   | oyer                              | r to ir                               | crease   | you                             | r d                               | Or write:_  |   |   |                                  |                                     | (Cit                    | y, State                  | e, and 2                     | ZIP Co                    | de)   |  |
| Employer (Name, address, and   | telephone nur   | mber)  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| Financial Institution (Name an   | d address)  |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| Kinds of taxes (Form numbers   | )   |  |                                   | Та                                    | ax period  | s                               |                                   |   |   |   |                                  |                                     |                         | Amo                       | unt ow                       | ed as                     | as of   |  |
|  |   |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         | \$                        |                              |                           |   |  |
| I / We agree to pay the fee  | deral taxes   | shown a  | bove                              | e, PLL                                | JS PEN   | ALTIE                           | ES AN                             | ND INTE   | ERE   | ST PF                                   | ROV                              | IDED                                | ) BY                    | LAW                       | , as fo                      | ollow                     | s:  |  |
|  |   |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              | of                        | each month thereafter   |  |
| I / We also agree  |   | e or decre                                       | ease                              |                                       |  |                                 |                                   |   |   | ollow                                   | 'S:                              |                                     |                         |                           | - 11                         |                           |   |  |
| Date of increase (or decrease  | ie)   |  |                                   | A                                     | mount of   | rincre                          | ease (                            | or decrea   | ise)  |   |                                  |                                     | Ne                      | w inst                    | allme                        | nt pa                     | yment amount  |  |
|  |   |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| The terms of this agreer   | nont ara n  | rovidod  | on th                             | ha ha                                 | ok of th   | io no                           |                                   |   | ovio  | w th                                    |                                  | horo                                |                         | h <i>i</i>                |                              |                           |   |  |
| Please initial this  | -   |  |                                   |                                       |  | -                               | -                                 |   |   |   |                                  | 11010                               | uyn                     | iy.                       |                              |                           |   |  |
|  |   | -  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
|  |   |  |                                   |                                       |  |                                 |                                   | third p   | enue Service employees<br>parties in order to process<br>agreement. |   |                                  |                                     |                         |                           |                              |                           |   |  |
| DIRECT DEBIT—Attach a back of this page.   | a voided ch   | eck or co  | omple                             | ete th                                | is part o  | nly if                          | you c                             | choose t  | to ma   | ake p                                   | aym                              | ients                               | by d                    | irect o                   | debit.                       | Rea                       | d the instructions on the                                     |  |
| a. Routin  | g number:   |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| b. Accou   | nt number:  |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| I authorize the U.S. Treas<br>institution account indicate<br>authorization is to remain<br>payment, I must contact the<br>the payment (settlement) d<br>confidential information ne | ed for payn<br>in full force<br>ne U.S. Tre<br>ate. I also a  | nents of r<br>and effe<br>asury Fir<br>authorize | ny Fe<br>ect ur<br>nanci<br>the f | edera<br>ntil I n<br>ial Ag<br>financ | I taxes of<br>otify the<br>ent at the<br>cial instit | owed<br>U.S.<br>ne ap<br>tution | , and<br>Trea<br>plicat<br>s invo | the fina<br>sury Fir<br>ble toll fr<br>blved in                                 | ncial<br>nanci<br>ree n<br>the p                                    | l insti<br>ial Ag<br>umbe<br>proce      | tutio<br>gent<br>er lis<br>essin | n to d<br>to ter<br>ted a<br>g of t | debit<br>rmina<br>above | the e<br>ate the<br>no la | entry t<br>e auth<br>ater th | o this<br>noriza<br>nan 1 | account. This<br>ation. To revoke<br>4 business days prior to |  |
| Your signature Title (if Corporate Officer or Partner)   |   |  |                                   |                                       |  |                                 |                                   |   | Date  |   |                                  |                                     |                         |                           |                              |                           |   |  |
| Spouse's signature (if a join  | t liability)  |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           | Date  |  |
| Agreement examined or approved by (Signature, title, function)   |   |  |                                   |                                       |  |                                 |                                   |   | Date  |   |                                  |                                     |                         |                           |                              |                           |   |  |
|  |   |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| FOR IRS USE ONLY   |   |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| AGREEMENT LOCAT<br>Check the appropriat  |   | ER:  |                                   |                                       |  |                                 |                                   |   |   | A N                                     | οτισ                             | CE O                                | FFE                     | DER                       |                              | AX L                      | IEN (Check one box below.                                     |  |
| RSI "1" no further r   |   |  | ΔΙ "                              | 0" No                                 | t a PPIA   | 7                               |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| RSI "5" PPIA IMF 2   |   | w 🗆  |                                   |                                       | ld Asse  |                                 | A                                 | HAS ALREADY BEEN FIL  |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| 🗌 RSI "6" PPIA BMF :   | -   |  | AI "                              | 2" All                                | other P  | PIAs                            |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| Agreement Review Cy  | -   |  |                                   | Earli                                 | est CSE  | D:                              |                                   |   |   | MAY BE FILED IF THIS AGREEMENT DEFAULTS |                                  |                                     |                         |                           |                              |                           |   |  |
| Check box if pre-as  |   |  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              | 2                         |   |  |
| Originator's ID #:   |   | Originate  |                                   |                                       |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| Name:  |   |  | _ Titl                            | e:                                    |  |                                 |                                   |   |   |   |                                  |                                     |                         |                           |                              |                           |   |  |
| Part 3— Taxpayer's Co  | ру  |  |                                   |                                       |  | Catal                           | og No                             | . 16644N  | Λ   | www                                     | .irs.c                           | jov                                 |                         |                           |                              | Form                      | n <b>433-D</b> (Rev. 4-2010)                                  |  |

# INSTRUCTIONS TO TAXPAYER

If not already completed by an IRS employee, please fill in the information in the spaces provided on the front of this form for:

- Your name (include spouse's name if a joint return) and current address;
- Your social security number and/or employer identification number (whichever applies to your tax liability);
- Your home and work, cell or business telephone numbers;
- The complete name, address and phone number of your employer and your financial institution;
- The amount you can pay now as a partial payment;
- The amount you can pay each month (or the amount determined by IRS personnel); and
- The date you prefer to make this payment (*This must be the same day for each month, from the 1st to the 28th*). We must receive your payment by this date. If you elect the direct debit option, this is the day you want your payment electronically withdrawn from your financial institution account.

### Review the terms of this agreement.

When you've completed this agreement form, please sign and date it. Then, return Part 1 to IRS at the address on the letter that came with it or the address shown in the "For assistance" box on the front of the form.

## Terms of this agreement

By completing and submitting this agreement, you (the taxpayer) agree to the following terms:

- This agreement will remain in effect until your liabilities (including penalties and interest) are paid in full, the statutory period for collection has expired, or the agreement is terminated.
- You will make each payment so that we (IRS) receive it by the monthly due date stated on the front of this form. If you cannot make a
  scheduled payment, contact us immediately.
- This agreement is based on your current financial condition. We may modify or terminate the agreement if our information shows that your ability to pay has significantly changed. You must provide updated financial information when requested.
- While this agreement is in effect, you must file all federal tax returns and pay any (federal) taxes you owe on time.
- We will apply your federal tax refunds or overpayments (*if any*) to the amount you owe until it is fully paid or the statutory period for collection has expired.
- You must pay a \$105 user fee, which we have authority to deduct from your first payment(s) (\$52 for Direct Debit).
- If you default on your installment agreement, you must pay a \$45 reinstatement fee if we reinstate the agreement. We have the authority to deduct this fee from your first payment(s) after the agreement is reinstated.
- We will apply all payments on this agreement in the best interests of the United States.
- We can terminate your installment agreement if:
  - You do not make monthly installment payments as agreed.
  - You do not pay any other federal tax debt when due.
  - You do not provide financial information when requested.
- If we terminate your agreement, we may collect the entire amount you owe by levy on your income, bank accounts or other assets, or by seizing your property.
- We may terminate this agreement at any time if we find that collection of the tax is in jeopardy.
- This agreement may require managerial approval. We'll notify you when we approve or don't approve the agreement.
- We may file a Federal Tax lien if one has not been filed previously.

## HOW TO PAY BY DIRECT DEBIT

Instead of sending us a check, you can pay by direct debit *(electronic withdrawal)* from your checking account at a financial institution *(such as a bank, mutual fund, brokerage firm, or credit union)*. To do so, fill in Lines a and b. Contact your financial institution to make sure that a direct debit is allowed and to get the correct routing and account numbers.

Line a. The first two digits of the routing number must be 01 through 12 or 21 through 32. Don't use a deposit slip to verify the number because it may contain internal routing numbers that are not part of the actual routing number.

**Line b.** The account number can be up to 17 characters. Include hyphens but omit spaces and special symbols. Enter the number from left to right and leave any unused boxes blank.

**NOTE:** We will bill you for the first payment and the user fee. You must make the first payment by mail. All other payments will be electronically withdrawn on the same day each month from your account. IRS won't send you a reminder about this.

## CHECKLIST FOR MAKING INSTALLMENT PAYMENTS:

- 1. Write your social security or employer identification number on each payment.
- 2. Make your check or money order payable to "United States Treasury."
- 3. Make each payment in an amount at least equal to the amount specified in this agreement.
- 4. Don't double one payment and skip the next without contacting us first.
- 5. Enclose a copy of the reminder notice, if you received one, with each payment using the envelope provided.
  - 6. If you didn't receive an envelope, call the number below.

This agreement will not affect your liability (*if any*) for backup withholding under Public Law 98-67, the Interest and Dividend Compliance Act of 1983.

**QUESTIONS?** — If you have *any* questions about the direct debit process or completing this form, please call the applicable telephone number below for assistance.

1-800-829-0115 (Business) 1-800-829-8374 (Individuals – Self-Employed / Business Owners) 1-800-829-0922 (Individuals – Wage Earners)