

Installment Agreement Request

▶ **If you are filing this form with your tax return, attach it to page 1 of the return. Otherwise, see instructions.**

Caution: Do not file this form if you are currently making payments on an installment agreement. Instead, call 1-800-829-1040.

1 Your first name and initial	Last name	Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Your current address (number and street). If you have a P.O. box and no home delivery, enter your box number.		Apt number
City, town or post office, state, and ZIP code. If a foreign address, enter city, province or state, and country. Follow the country's practice for entering the postal code.		

2 If this address is new since you filed your last tax return, check here. ▶

3 _____ Your home phone number	4 _____ Your work phone number
_____ Best time for us to call	_____ Extension _____ Best time for us to call
5 Name of your bank or other financial institution: _____ Address _____ City State ZIP code	6 Your employer's name: _____ Address _____ City State ZIP code

Tip: If you are filing this form in response to a notice, do not complete lines 7 through 9. Instead, attach the bottom section of the notice to this form and go to line 10.

7 Enter the tax return for which you are making this request (for example, Form 1040). ▶ **7**

8 Enter the tax year for which you are making this request (for example, 2002). ▶ **8**

9 Enter the total amount you owe as shown on your tax return.	9
10 Enter the amount of any payment you are making with your tax return (or notice). See instructions.	10
11 Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. The charges will continue until you pay in full.	11
12 Enter the date you want to make your payment each month. Do not enter a date later than the 28th.	12

13 If you want to make your payments by electronic funds withdrawal, see the instructions and fill in lines 13a, 13b, and 13c.
▶ **a** Routing number _____ ▶ **c** Type: Checking Savings
▶ **b** Account number _____

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH electronic funds withdrawal entry to the financial institution account indicated for payments of my Federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 7 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

Your signature	Date	Spouse's signature. If a joint return, both must sign.	Date
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