



Installment Agreement Request

Complete this form and mail it to the address shown on page 1. Failure to provide complete information will delay the processing of your request. Do not attach this form to your tax return. **Caution: Do not use this form if you are currently making payments on an installment agreement. Instead, call 800.689.4776.**

If you are making this request for a joint liability, print the names and social security numbers (SSNs) in the same order as on your California state tax return.

First name	M.I.	Last name	SSN (required)	
If joint, Spouse's/RDP's ¹ first name	M.I.	Last name	Spouse's/RDP's SSN	
Current home address-number and street, PO Box, or rural route.			Apt. no.	PMB no.
City, town, or post office			State	ZIP Code
Home phone number () _____	Work phone number () _____ Ext. _____		Spouse's/RDP's work phone number () _____ Ext. _____	

If we approve your request, we agree to let you pay the tax you owe in monthly installments instead of immediately paying the amount in full. In return, you agree to make your monthly payments through electronic funds transfer (EFT). We will send additional information and instructions about EFT to you if your installment agreement is approved.

EFT Authorization

I authorize an electronic funds withdrawal for the amount in box 1, from the account identified below, on the _____ (please specify) day of the month. The day must be the 1st through the 28th. If this day falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day.

1. Payment amount	2. Day for monthly EFT withdrawal <small>(Enter the date from above.)</small>	3. Bank routing number <small>(This is the first nine-digit number at the bottom left of your check.)</small>	4. Bank account number <small>(This is the number after the bank routing number.)</small>
5. Bank name and address			Check one: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <small>(This must be a regular checking or savings account.)</small>

I certify that I have the authority to request an electronic funds withdrawal from the account identified above and I authorize the Franchise Tax Board (FTB) to initiate and process electronic funds withdrawal entries to the above account. This authorization remains in effect until: 1) all unpaid tax liabilities due or becoming due during the course of this agreement are paid, 2) FTB cancels the installment agreement, or 3) FTB receives written notice of cancellation of this EFT Authorization within five business days prior to the payment due date.

I request that the payment amount in box 1 be debited from my account each month on the date specified in box 2. If this day falls on a Saturday, Sunday, or state holiday, I authorize the transfer for the next business day.

If FTB cannot deduct the monthly payment from my account because of insufficient funds or because my account is closed, FTB may cancel my installment agreement. In that event, I understand that FTB may charge me a dishonored payment penalty and a collection fee. I will also be responsible for any overdraft fees charged by my bank.

Authorized signature	Signer's name (print)	Daytime telephone number	Date
Spouse/RDP signature	Spouse/RDP name (print)	Daytime telephone number	Date

¹ RDP refers to a registered domestic partner or partnership.