



State of California
Franchise Tax Board

Installment Agreement Request

Complete and sign this page. Mail it to: FRANCHISE TAX BOARD, PO BOX 2952, SACRAMENTO CA 95812-2952. If we approve your request, we agree to accept monthly installment payments instead of immediate payment in full. In return, you agree to the taxpayer installment agreement conditions on PAGE 1 of this form. Failure to provide complete information will delay processing your request. Do not attach this form to your income tax return. Do not submit this form if you have an existing installment agreement or a current wage garnishment (Order to Withhold, Continuous Order to Withhold, or Earnings Withholding Order for Taxes).

If your request is for a joint tax liability, print the names and social security numbers (SSNs) or FTB identification numbers (ID) in the same order as on your California state income tax return.

| | | | |
|---|--------------------------------|---|---|
| First Name: | M.I.: | Last Name: | SSN or FTB ID (required): |
| If Joint, Spouse's/RDP's First Name ¹ : | M.I.: | Last Name: | Spouse's/RDP's SSN or FTB ID: |
| 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. |
| Box 1. Enter Payment Amount You Will Pay Each Month: \$ | | Box 2. Enter a Date (no later than the 28th) You Will Make Each Payment: | |

☐

◀ The tax liability I owe exceeds \$10,000, or the installment period for payment exceeds 36 months, or both. By initialing this box, I certify that I have a financial hardship.

► **Signature Required for Installment Agreement Request:** By my signature, I certify that I have read and agree to the taxpayer installment agreement conditions on PAGE 1.

| | | |
|-------------|---------------|-------|
| Print Name: | Phone Number: | Date: |
|-------------|---------------|-------|

Electronic Funds Transfer (EFT) Authorization

I authorize an electronic funds withdrawal for following:

| | | |
|------------------------|----------------------|--|
| Bank Name and Address: | | |
| Bank Routing Number: | Bank Account Number: | Check One: Checking <input type="checkbox"/> Savings <input type="checkbox"/> |

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 one of the following occurs: 1) All unpaid tax liabilities due or becoming due during the course of this agreement are paid. 2) FTB terminates the installment agreement. 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 above be withdrawn by EFT from my bank account each month on the date specified in Box 2 above. If this date 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 bank account because of insufficient funds or because my account is closed, FTB may terminate my installment agreement. I understand that FTB may charge me a dishonored payment penalty and a collection fee. I will also be responsible for any overdraft fees charges on my account.

► **Signature Required for EFT Authorization:**

X

| | | |
|-------------|---------------|-------|
| Print Name: | Phone Number: | Date: |
|-------------|---------------|-------|

¹ **RDP** refers to a registered domestic partner or partnership.