Form **433-D**
(Rev. January 2015)

Department of the Treasury - Internal Revenue Service

Installment Agreement

(See Instructions on the back of this page)

Name and address of taxpayer(s)

Social Security or Employer Identification Number (SSN/EIN)
(Taxpayer) *(Spouse)*

Your telephone numbers *(including area code)*
(Home) *(Work, cell or business)*

For assistance, call: **1-800-829-0115 (Business), or**
1-800-829-8374 (Individual – Self-Employed/Business Owners), or
1-800-829-0922 (Individuals – Wage Earners)

Or write _____
(City, State, and ZIP Code)

☐ Submit a new Form W-4 to your employer to increase your withholding.

Employer *(Name, address, and telephone number)* _____

Financial Institution *(Name and address)* _____

Kinds of taxes *(Form numbers)*	Tax periods	Amount owed as of _____ $

I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows

$ _____ on _____ and $ _____ on the _____ of each month thereafter

I / We also agree to increase or decrease the above installment payments as follows:

Date of increase *(or decrease)*	Amount of increase *(or decrease)*	New installment payment amount

The terms of this agreement are provided on the back of this page. Please review them thoroughly.

☐ Please initial this box after you've reviewed all terms and any additional conditions.

Additional Conditions / Terms *(To be completed by IRS)*

Note: Internal Revenue Service employees may contact third parties in order to process and maintain this agreement.

DIRECT DEBIT — Attach a voided check or complete this part only if you choose to make payments by direct debit. Read the instructions on the back of this page.

a. Routing number ☐☐☐☐☐☐☐☐☐

b. Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic 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 Internal Revenue Service to terminate the authorization. To revoke payment, I must contact the Internal Revenue Service at the applicable toll free number listed above no later than 14 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	Title *(if Corporate Officer or Partner)*	Date
Spouse's signature *(if a joint liability)*		Date

FOR IRS USE ONLY

AGREEMENT LOCATOR NUMBER: __ __ __ __

Check the appropriate boxes:

☐ RSI "1" no further review
☐ RSI "5" PPIA IMF 2 year review
☐ RSI "6" PPIA BMF 2 year review
☐ AI "0" Not a PPIA
☐ AI "1" Field Asset PPIA
☐ AI "2" All other PPIAs

Agreement Review Cycle __ __ __ __ __ __ Earliest CSED _____

☐ Check box if pre-assessed modules included

Originator's ID number _____ Originator Code _____

Name _____ Title _____

A NOTICE OF FEDERAL TAX LIEN *(Check one box below)*

☐ **HAS ALREADY BEEN FILED**
☐ **WILL BE FILED IMMEDIATELY**
☐ **WILL BE FILED WHEN TAX IS ASSESSED**
☐ **MAY BE FILED IF THIS AGREEMENT DEFAULTS**

NOTE: A NOTICE OF FEDERAL TAX LIEN WILL NOT BE FILED ON ANY PORTION OF YOUR LIABILITY WHICH REPRESENTS AN INDIVIDUAL SHARED RESPONSIBILITY PAYMENT UNDER THE AFFORDABLE CARE ACT.

Agreement examined or approved by *(Signature, title, function)*	Date

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