



1723504014

MAIL TO:

Georgia Department of Revenue  
Processing Center  
PO Box 740396  
Atlanta, GA 30374-0396

Georgia Department of Revenue

**Installment Agreement Request**

<b>1.</b>	If you received a notice showing an amount due, please enter the Letter ID number listed on the notice (if available): L <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span>																													
<b>2.</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>► Check tax type and enter the related tax identification number and tax periods at issue:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Individual Income Tax</p> <p>SSN: <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span></p> <p><input type="checkbox"/> Sales and Use Tax</p> <p>STN: <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span></p> <p><input type="checkbox"/> Withholding Tax</p> <p>WTN: <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span></p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Corporate Income Tax</p> <p>FEIN: <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span></p> <p><input type="checkbox"/> IFTA Fuel Tax</p> <p>IFTA: GA <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span></p> <p><input type="checkbox"/> Other</p> <p>TAX ID: <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span></p> </div> </div> <p><b>► Enter tax periods at issue:</b> <span style="border: 1px solid black; padding: 0 50px;"> </span></p> </div></div>																													
<b>3.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Taxpayer's First Name</td> <td style="width:10%;">Middle Initial</td> <td style="width:33%;">Last Name</td> <td style="width:24%;">Social Security Number</td> </tr> <tr> <td>If a joint liability, Spouse's First Name</td> <td>Middle Initial</td> <td>Last Name</td> <td>Social Security Number</td> </tr> <tr> <td colspan="3">Business Name (use if business is requesting installment payment agreement)</td> <td>Federal Employer Identification No.</td> </tr> <tr> <td>Taxpayer's Mailing Address</td> <td>City</td> <td>State</td> <td>ZIP</td> </tr> <tr> <td colspan="4">Phone Number</td> </tr> </table>										Taxpayer's First Name	Middle Initial	Last Name	Social Security Number	If a joint liability, Spouse's First Name	Middle Initial	Last Name	Social Security Number	Business Name (use if business is requesting installment payment agreement)			Federal Employer Identification No.	Taxpayer's Mailing Address	City	State	ZIP	Phone Number			
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Taxpayer's Mailing Address	City	State	ZIP																											
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<b>4.</b>	Enter the total amount you owe as shown on your tax return or notice: _____																													
<b>5.</b>	Enter the total number of months subject to the installment payment agreement, <b>not to exceed 60 months</b> :																													
<b>6.</b>	Enter the amount you will pay each month (must be at least \$25.00):																													
<b>7.</b>	Enter the day (1 <sup>st</sup> to 28 <sup>th</sup> ) your monthly payment will be debited from your bank account:																													
<b>8.</b>	<p>All payments must be made by electronic funds withdrawal from your checking account. Complete the following information:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name of Financial Institution</td> <td style="width:30%;">Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">ZIP</td> </tr> <tr> <td colspan="5"> <p><b>► a. Routing Number:</b> <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span> <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p><b>► b. Account Number:</b> <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span></p> </td> </tr> </table>										Name of Financial Institution	Address	City	State	ZIP	<p><b>► a. Routing Number:</b> <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span> <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p><b>► b. Account Number:</b> <span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span><span style="border: 1px solid black; padding: 0 5px;"> </span></p>														
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<b>9.</b>	<p>I hereby waive all rights of any additional notice or appeal concerning the assessment and collection of any part or all of the tax liability to be paid by means of this installment payment agreement request. I specifically waive the 30 day period to contest any notice of proposed assessment issued under O.C.G.A. § 48-2-46 and the right to appeal any final assessment notice issued under O.C.G.A § 48-2-47.</p> <p>I authorize the Georgia Department of Revenue and its designated financial agent to initiate a monthly ACH electronic funds withdrawal entry to the financial institution account indicated above for payments of the state taxes owed and the financial institution to debit the entry to this account. I also authorize the financial institutions involved in the processing of electronic payments of taxes to receive confidential information necessary to answer inquires and resolve issues related to those payments. By mutual agreement, it is understood that any tax refund, state or federal, will be applied through offset to the liability included in this payment agreement request until such is fully paid and satisfied. <b>Your signature acknowledges that you have waived all rights of any additional notice, refund, or appeal concerning the assessment and collection of any part or all of the tax liability to be paid by means of this installment payment agreement request.</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Your Signature</td> <td style="width:10%;">Date</td> <td style="width:35%;">Spouse's Signature (if a joint return, both must sign)</td> <td style="width:20%;">Date</td> </tr> </table>										Your Signature	Date	Spouse's Signature (if a joint return, both must sign)	Date																
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