

Installment Agreement Request

▶ Go to www.irs.gov/Form9465 for instructions and the latest information.
 ▶ If you are filing this form with your tax return, attach it to the front of the return.
 ▶ See separate instructions.

Tip: If you owe \$50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to www.irs.gov/opa to apply for an Online Payment Agreement. See the instructions to find out when you are not required to file Form 9465.

Part I

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ _____

Enter tax year(s) or period(s) involved (for example, 2016 and 2017, or January 1, 2017 to June 30, 2017) ▶ _____

1a 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

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, also complete the spaces below (see instructions).

Foreign country name	Foreign province/state/county	Foreign postal code
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1b If this address is new since you filed your last tax return, check here

2 Name of your business (must no longer be operating)	Employer identification number (EIN)
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3 Your home phone number	Best time for us to call	4 Your work phone number	Ext.	Best time for us to call
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5 Enter the total amount you owe as shown on your tax return(s) (or notice(s))	5	
6 If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	6	
7 Add lines 5 and 6 and enter the result	7	
8 Enter the amount of any payment you are making with this request. See instructions	8	
9 Amount owed. Subtract line 8 from line 7 and enter the result	9	
10 Divide the amount on line 9 by 72 and enter the result	10	

11a Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months**

11a \$		
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b If the amount on line 11a is less than the amount on line 10 and you are able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment

11b \$		
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- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, *Collection Information Statement*.
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over \$25,000 but not more than \$50,000, then you do not have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th **12** _____

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

- ▶ **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 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 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.

14 If you want to make your payments by payroll deduction, check this box and attach a completed Form 2159, *Payroll Deduction Agreement*

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

Additional information. Complete this part only if all 3 conditions apply:

- 1. you defaulted on an installment agreement in the past 12 months,
- 2. you owe more than \$25,000 but not more than \$50,000, and
- 3. the amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than \$50,000, complete and attach Form 433-F, *Collection Information Statement*.

15 In which county is your primary residence? _____

16a Marital status:

- Single. Skip question 16b and go to question 17.
- Married. Go to question 16b.

b Do you share household expenses with your spouse?

- Yes.
- No.

17 How many dependents will you be able to claim on this year's tax return? **17** | _____

18 How many people in your household are 65 or older? **18** | _____

19 How often are you paid?

- Once a week.
- Once every two weeks.
- Once a month.
- Twice a month.

20 What is your net income per pay period (take home pay)? **20** | \$ _____

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- Once a week.
- Once every two weeks.
- Once a month.
- Twice a month.

22 What is your spouse's net income per pay period (take home pay)? **22** | \$ _____

23 How many vehicles do you own? **23** | _____

24 How many car payments do you have each month? **24** | _____

25a Do you have health insurance?

- Yes. Go to question 25b.
- No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- Yes. Skip question 25c and go to question 26a.
- No. Go to question 25c.

c How much are your monthly health insurance premiums? **25c** | \$ _____

26a Do you make court-ordered payments?

- Yes. Go to question 26b.
- No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- Yes. Go to question 27.
- No. Go to question 26c.

c How much are your court-ordered payments each month? **26c** | \$ _____

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? **27** | \$ _____