

Form **433-D**  
(Rev. May 1996)

Department of the Treasury — Internal Revenue Service

# Installment Agreement

check box if  
installment agreement  
fee was paid

Name and address of taxpayer(s)   	Social security or employer identification number <i>(primary)</i> _____ <i>(secondary)</i> _____	
	Telephone number <i>(home)</i> _____	<i>(business)</i> _____
	Kinds of taxes <i>(form numbers)</i> _____	Tax periods _____
	Amount owed as of _____ \$ _____	Earliest CSFD _____

Employer <i>(name and address)</i>	Financial institutions <i>(names and addresses)</i>	For assistance: Call 1-800-829-1040 or write: _____ _____ City, State and Zip Code _____
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I/we agree that the federal taxes shown above, PLUS ALL PENALTIES AND INTEREST PROVIDED BY LAW, will be paid as follows:  
\$ \_\_\_\_\_ will be paid on \_\_\_\_\_ and \$ \_\_\_\_\_ will be paid on \_\_\_\_\_

no later than the \_\_\_\_\_ of each month thereafter until the total liability is paid in full. I/we also agree that the installment payment will be increased or decreased as follows:

Date of increase <i>(or decrease)</i>	/ /	/ /	/ /	/ /
Amount of increase <i>(or decrease)</i>	\$			
New installment amount	\$			

AGREEMENT LOCATOR NUMBER: _____ <i>(circle)</i>
0 No future action is required
5 Financial review date: _____ / _____
6 Monitor ES compliance: Indicator: 1st Qtr _____ 2nd Qtr _____ 3rd Qtr _____ ES payment: \$ _____ \$ _____ \$ _____

**Conditions of this agreement:**

- We must receive each payment by the date shown above; if you have a problem, contact us immediately.
- This agreement is based on your current financial condition. We may change or cancel it if our information shows that your ability to pay has changed significantly.
- We may cancel this agreement if you don't give us updated financial information when we ask for it.
- While this agreement is in effect, you must file all federal tax returns and pay any taxes you owe on time.
- We will apply your federal or state tax refunds (if any) to the amount you owe until it is fully paid. (This includes the Alaska Permanent Fund dividend for Alaska residents.)
- You must pay a \$43 installment agreement fee, which we have authority to deduct from the first payment.
- If agreement defaults, you must pay a \$24 reinstatement fee if agreement is reinstated, which we have authority to deduct from the first payment.

- If you don't meet the conditions of this agreement, we cancel it, and may collect the entire amount you owe to us on your income, bank accounts or other assets, or by selling your property.
- We will cancel this agreement at any time if we find collection of the tax is in jeopardy.
- We will apply all payments on this agreement in the interest of the United States.
- This agreement may require managerial approval. If it is not approved, you will be notified.
- **A NOTICE OF FEDERAL TAX LIEN** *(check one)*
  - HAS ALREADY BEEN FILED**
  - WILL BE FILED IMMEDIATELY**
  - WILL BE FILED WHEN TAX IS ASSESSED**
  - MAY BE FILED IF THIS AGREEMENT DEFAULTS**

**Additional Conditions:** (To be completed by IRS)

Your signature _____	Title <i>(if corporate officer or partner)</i> _____	Date _____	Originator's name, title and assignment number <i>(or district)</i>
Spouse's signature <i>(if a joint liability)</i> _____		Date _____	
Agreement examined or approved by <i>(signature, title, function)</i> _____		Date _____	Originator Code: _____

**YOU MAY HAVE YOUR INSTALLMENT AGREEMENT PAYMENT DEDUCTED FROM YOUR CHECKING ACCOUNT EACH MONTH (DIRECT DEBIT); IF YOU CHOOSE THIS OPTION, FOLLOW THE DIRECTIONS ON THE BACK OF YOUR COPY OF THIS FORM.**

- If you agree to Direct Debit, initial here: \_\_\_\_\_ and attach a blank voided check.
- I (we) authorize the IRS and the depository (bank) identified on the attached voided check to deduct payment (debit) from my (our) checking account or correct errors on the account. This authorization remains in effect until I (or either of us) notify IRS in writing to stop or until the liability covered by this agreement is satisfied.
  - I (we) understand that if the depository is unable to honor IRS's request for payment due to insufficient funds in my (our) account on the payment due date I (we) will be charged a penalty of \$15 or two percent of the payment request, whichever is greater. If the payment request is for less than \$15, the penalty is the amount of the request.