Form **433-D**

(November 2013)

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 Emplo (Taxpayer)	Social Security or Employer Identification Number (SSN/EIN) (Taxpayer) (Spouse)		
		Your telephone numbers (Home)	(including area code) (Work, cell or b	ousiness)	
			29-0115 (Business), or 29-8374 (Individual – Self-Empl 29-0922 (Individuals – Wage Ea		
Submit a new Form W-4 to your employer to increase your withholding.		Or write	(City, State, and ZIP Co	nde)	
Employer (Name, address, and telephone number)			(- 3,	,	
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 about			DED BY LAW, as follows		
\$ on		on the	of each month	thereafter	
I / We also agree to increase or decrease the ab		•	NI :	-1	
Date of increase (or decrease)	Amount of increa	ase (or decrease)	New installment payme	New installment payment amount	
The terms of this agreement are provided on	the back of this r	page. Please review them the	 oroughly.		
Please initial this box after you've review	•	_			
Additional Conditions / Terms (To be completed by IR	S)		Note: Internal Revenue Service third parties in order to process agreement.		
DIRECT DEBIT — Attach a voided check or corback of this page.	mplete this part onl	y if you choose to make paym		the instructions on the	
a. Routing number					
b. Account number					
I authorize the U.S. Treasury and its designated institution account indicated for payments of my authorization is to remain in full force and effect must contact the Internal Revenue Service at th (settlement) date. I also authorize the financial information necessary to answer inquiries and respectively.	federal taxes owed until I notify the Int e applicable toll fre astitutions involved	d, and the financial institution the ernal Revenue Service to term e number listed above no late in the processing of the elect	to debit the entry to this ac ninate the authorization. T In than 14 business days p	ccount. This to revoke payment, I brior to the payment	
Your signature Title (if Co		(if Corporate Officer or Partner)	Corporate Officer or Partner)		
Spouse's signature (if a joint liability)				Date	
Agreement examined or approved by (Signature, title, function)				Date	
FOR IRS USE ONLY					
AGREEMENT LOCATOR NUMBER:					
Check the appropriate boxes:		A NOTICE O	F FEDERAL TAX LIEN (C	Check one box below)	
	"0" Not a PPIA		EADY BEEN FILED		
	"1" Field Asset PP	<u>=</u>	WILL BE FILED IMMEDIATELY		
	"2" All other PPIAs	<u> </u>	FILED WHEN TAX IS AS		
Agreement Review Cycle	Earliest CSED		FILED IF THIS AGREEME	:NI DEFAULTS	
Check box if pre-assessed modules include					
	riginator Code				
Name Ti	tle				

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Employer (Name, address, and telephone number)				
Financial Institution (Name and address)			Amount awad on of	
Kinds of taxes (Form numbers)	Tax periods		Amount owed as of\$	
I / We agree to pay the federal taxes shown abo	_ ve, PLUS PENALTIES	S AND INTEREST PROVIDI		
\$ on	and \$	on the	of each month	thereafter
I / We also agree to increase or decrease the ab	ove installment payme	ents as follows:		
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back of this page.				
a. Routing number b. Account number				
I authorize the U.S. Treasury and its designated	Financial Agent to init	iate a monthly ACH debit (e	L lectronic withdrawal) ent	ry to the financial
institution account indicated for payments of my authorization is to remain in full force and effect must contact the Internal Revenue Service at the (settlement) date. I also authorize the financial ir information necessary to answer inquiries and re	federal taxes owed, an until I notify the Interna e applicable toll free no estitutions involved in t	nd the financial institution to al Revenue Service to termi umber listed above no later the processing of the electro	debit the entry to this ac nate the authorization. T than 14 business days p	count. This o revoke payment, I rior to the payment
Your signature	Title (if C	Corporate Officer or Partner)		Date
Spouse's signature (if a joint liability)	I			Date
Agreement examined or approved by (Signature, title,	function)			Date
FOR IRS USE ONLY				
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	"2" All other PPIAs		LED WHEN TAX IS AS	SESSED
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Originator's ID number Originator's ID number	riginator Code			
Name Ti	tle			

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Agreement Review Cycle	Earliest CSED		FILED IF THIS AGREEME	:NI DEFAULTS	
Check box if pre-assessed modules include					
	riginator Code				
Name Ti	tle				

INSTRUCTIONS TO TAXPAYER

If not already completed by an IRS employee, please fill in the information in the spaces provided on the front of this form for:

- Your name (include spouse's name if a joint return) and current address:
- Your social security number and/or employer identification number (whichever applies to your tax liability);
- Your home and work, cell or business telephone numbers;
- The complete name, address and phone number of your employer and your financial institution;
- The amount you can pay now as a partial payment;
- The amount you can pay each month (or the amount determined by IRS personnel); and
- The date you prefer to make this payment (*This must be the same day for each month, from the 1st to the 28th*). We must receive your payment by this date. If you elect the direct debit option, this is the day you want your payment electronically withdrawn from your financial institution account.

Review the terms of this agreement.

When you've completed this agreement form, please sign and date it. Then, return Part 1 to IRS at the address on the letter that came with it or the address shown in the "For assistance" box on the front of the form.

Terms of this agreement

By completing and submitting this agreement, you (the taxpayer) agree to the following terms:

- This agreement will remain in effect until your liabilities (including penalties and interest) are paid in full, the statutory period for collection has expired, or the agreement is terminated. You will receive a notice from us prior to termination of your agreement.
- You will make each payment so that we (IRS) receive it by the monthly due date stated on the front of this form. If you cannot make a scheduled
 payment, contact us immediately.
- This agreement is based on your current financial condition. We may modify or terminate the agreement if our information shows that your ability to pay has significantly changed. You must provide updated financial information when requested.
- · While this agreement is in effect, you must file all federal tax returns and pay any (federal) taxes you owe on time.
- We will apply your federal tax refunds or overpayments (if any) to the amount you owe until it is fully paid or the statutory period for collection has expired.
- You must pay a \$120 user fee, which we have authority to deduct from your first payment(s) (\$52 for Direct Debit).
- If you default on your installment agreement, you must pay a \$50 reinstatement fee if we reinstate the agreement. We have the authority to deduct this fee from your first payment(s) after the agreement is reinstated.
- We will apply all payments on this agreement in the best interests of the United States. Generally we will apply the payment to the oldest collection statute, which is normally the oldest tax year or period.
- · We can terminate your installment agreement if:
 - You do not make monthly installment payments as agreed.
 - You do not pay any other federal tax debt when due.
- You do not provide financial information when requested.
- If we terminate your agreement, we may collect the entire amount you owe by levy on your income, bank accounts or other assets, or by seizing
 your property.
- We may terminate this agreement at any time if we find that collection of the tax is in jeopardy.
- · This agreement may require managerial approval. We'll notify you when we approve or don't approve the agreement.
- We may file a Notice of Federal Tax Lien if one has not been filed previously which may negatively impact your credit rating.

HOW TO PAY BY DIRECT DEBIT

Instead of sending us a check, you can pay by direct debit (electronic withdrawal) from your checking account at a financial institution (such as a bank, mutual fund, brokerage firm, or credit union). To do so, fill in Lines a and b. Contact your financial institution to make sure that a direct debit is allowed and to get the correct routing and account numbers.

Line a. The first two digits of the routing number must be 01 through 12 or 21 through 32. Don't use a deposit slip to verify the number because it may contain internal routing numbers that are not part of the actual routing number.

Line b. The account number can be up to 17 characters. Include hyphens but omit spaces and special symbols. Enter the number from left to right and leave any unused boxes blank.

CHECKLIST FOR MAKING INSTALLMENT PAYMENTS:

- 1. Write your social security or employer identification number on each payment.
- 2. Make your check or money order payable to "United States Treasury."
- 3. Make each payment in an amount at least equal to the amount specified in this agreement.
- 4. Don't double one payment and skip the next without contacting us first.
- 5. Enclose a copy of the reminder notice, if you received one, with each payment using the envelope provided. Make a payment even if you do not receive a reminder notice. Mail the payment to the IRS address indicated on the front of this form.
- 6. If you didn't receive an envelope, call the number below.

This agreement will not affect your liability (if any) for backup withholding under Public Law 98-67, the Interest and Dividend Compliance Act of 1983

QUESTIONS? — If you have **any** questions about the direct debit process or completing this form, please call the applicable telephone number below for assistance.

1-800-829-0115 (Business)

1-800-829-8374 (Individuals - Self-Employed / Business Owners)

1-800-829-0922 (Individuals – Wage Earners)