Form **433-D**

(July 2020)

Department of the Treasury - Internal Revenue Service

Installment Agreement (See Instructions on the back of this page)

				(occ II	131140	200113	on the	buch of	uns pag	(0)					
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)								
Submit a new Form W-4 to your employer to increase your withholding.								Or write(City, State, and 7/B Code)								
Kinds of taxes (form numbers)			(City, State, and ZIP Code) Amount owed as of													
Trinds of taxes (form nambers)			Amount owed as of													
											\$					
I / We agree to pay the federal																
											_ of eac	h month there	after			
I / We also agree to increase or decrease the above installment payme																
Date of increase (or decrease)			Amo	ount of incr	(or dec	crease)			New ins	New installment payment amount						
The terms of this agreement	are pro	vided on	the b	ack of thi	s pag	e. Ple	ase re	view t	hem tho	roughly.						
By initialing here and my	signature	e below, I a	gree to	the terms o	f this a	greem	ent, as	provide	d in this fo	orm, if it is a	approved l	by the Internal R	evenue Service.			
Additional Conditions / Terms (To be completed by IRS)										By signin	By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax					
										information to third parties in order to process and administer this agreement over its duration.						
DIRECT DEBIT — Attach a void	ed chec	k or compl	ete this	s part only	if you	choos	e to ma	ake pay	ments by							
this page.					\neg											
a. Routing number	+			+		1 1										
b. Account number			<u></u>	-:	4 - 1 - 14			-1 4 01	1 -1 - 1- 1- 1- / -		:41	1\44	. <i>6</i> :			
I authorize the U.S. Treasury a institution account indicated for																
authorization is to remain in ful	I force a	and effect	until l	notify the	Interna	al Rev	/enue	Service	to term	inate the a	authoriza	tion. To revoke	e payment, I			
must contact the Internal Reve (settlement) date. I also author																
information necessary to answ									ic cicciii	onic payin	ichts of te	ands to receive	Commential			
Debit Payments Self-Identified If you are unable to make elect above, please check the box b	tronic pa	ayments tl	nrough	n a debit in	ıstrum	ent (d	lebit pa	ayment	s) by pro	oviding yo	ur bankin	ng information	in a. and b.			
I am unable to make debit	payme	nts														
Note: Not checking this box indica	tes that y	you are able	e but ch	noosing not	to mal	ke deb	it paym	ents. Se	ee Instruc	tions to Ta	xpayer be	low for more de	tails.			
Your signature Date Title (if Corporate						e Offic	cer or P	artner)	Spous	se's signature (if a joint liability)			Date			
FOR IRS USE ONLY																
AGREEMENT LOCATOR NUM	ИBER:															
Check the appropriate boxes:				_				A NOT	ICE OF	FEDERA	L TAX L	IEN (Check o	ne box below)			
RSI "1" no further review AI "0" Not a PPIA							HAS ALREADY BEEN FILED									
RSI "5" PPIA IMF 2 year review AI "1" Field Asset PPIA							☐ WILL BE FILED IMMEDIATELY									
RSI "6" PPIA BMF 2 year review AI "2" All other PPIAs							☐ WILL BE FILED WHEN TAX IS ASSESSED									
Agreement Review Cycle Earliest CSED						☐ MAY BE FILED IF THIS AGREEMENT DEFAULTS										
Check box if pre-assessed	 d modul	es include	 d		_			NOTE	A NOT	ICE OF FI	EDERAL	TAX LIEN WI	LL NOT BE			
Originator's ID number		or Code			FILED ON ANY PORTION OF YOUR LIABILITY WHICH REPRESENTS AN INDIVIDUAL SHARED RESPONSIBILIT											
Name Originator Code Title												SHARED RES DABLE CARE				
Agreement examined or appro	ved by	(Signature,	title, fu	nction)				. ,			- / / O/(Date				

Form **433-D**

(July 2020)

Department of the Treasury - Internal Revenue Service

Installment Agreement (See Instructions on the back of this page)

				(occ n	131140	110113	on the	buch of	uns 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)								
Submit a new Form W-4 to your employer to increase your withholding.								Or write(City, State, and ZIR Code)								
Kinds of taxes (form numbers)				(City, State, and ZIP Code) Amount owed as of												
Trinds of taxes (form numbers)			Amount owed as of													
											\$					
I / We agree to pay the federal													_			
											of each mo	nth therea	fter			
I / We also agree to increase o	r decre	ase the ab	1							1						
Date of increase (or decrease)			Amo	ount of inc	(or dec	crease)			New inst	allment paym	ent amour	11				
The terms of this agreement	are pro	ovided on	the b	ack of thi	s pag	e. Ple	ase re	view t	hem tho	∟ roughly.						
By initialing here and my	ignatur	e below, I a	gree to	the terms of	of this a	greem	ent, as	provide	d in this fo	orm, if it is a	pproved by the	Internal Re	venue Service.			
Additional Conditions / Terms (To be completed by IRS)										By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax						
										l informatio	itact third partien to third partien this agreemer	s in order to	p process and			
DIRECT DEBIT — Attach a void	ed chec	k or compl	ete thi	s part only	if you	choos	e to ma	ake pay	ments by	direct deb	it. Read the in	structions	on the back of			
this page. a. Routing number																
b. Account number																
I authorize the U.S. Treasury a	nd its d	lesignated	Finan	icial Agent	t to init	iate a	month	nlv ACE	dehit (e	LLLI electronic v	vithdrawal) er	ntry to the	financial			
institution account indicated for	payme	ents of my	federa	al taxes ov	wed, a	nd the	financ	cial inst	itution to	debit the	entry to this a	account. Th	nis			
authorization is to remain in ful must contact the Internal Reve																
(settlement) date. I also author																
information necessary to answ	er inqui	ries and re	esolve	issues re	lated to	o the p	payme	nts.								
Debit Payments Self-Identifie																
If you are unable to make elect above, please check the box b		ayments ti	nrough	n a debit ir	nstrum	ent (d	ebit pa	ayment	s) by pro	viding you	r banking info	ormation in	a. and b.			
I am unable to make debit		nts														
Note: Not checking this box indica			e but cl	hoosing not	t to mal	ke debi	it paym	ents. Se	ee Instruc	tions to Tax	payer below fo	r more deta	ils.			
						ate Officer or Partner) Spou				se's signature (if a joint liability)			Date			
FOR IRS USE ONLY																
AGREEMENT LOCATOR NUM	IBER:			_												
Check the appropriate boxes:			"O" N								-	Check on	e box below)			
RSI "1" no further review Al "0" Not a PPIA						HAS ALREADY BEEN FILED										
RSI "5" PPIA IMF 2 year review AI "1" Field Asset PPIA						WILL BE FILED IMMEDIATELY										
RSI "6" PPIA BMF 2 year review Al "2" All other PPIAs							WILL BE FILED WHEN TAX IS ASSESSED									
Agreement Review Cycle Earliest CSED _						MAY BE FILED IF THIS AGREEMENT DEFAULTS										
Check box if pre-assessed modules included						NOTE: A NOTICE OF FEDERAL TAX LIEN WILL NOT BE FILED ON ANY PORTION OF YOUR LIABILITY WHICH										
Originator's ID number Originator C Name Title										PONSIBILITY						
Name			и е _					PAYM	ENT UN	DER THE	AFFORDABL	E CARE	ACT.			
Agreement examined or appro-	ved by	(Signature,	title, fu	ınction)								Date				

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 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 entire amount you owe, including the shared responsibility payment under the Affordable Care Act, until it is fully paid or the statutory period for collection has expired.
- You must pay a \$225 user fee, which we have authority to deduct from your first payment(s) (\$107 for Direct Debit). For low-income taxpayers (at or below 250% of Federal poverty guidelines), the user fee is reduced to \$43. The reduced user fee will be waived if you agree to make electronic payments through a debit instrument by providing your banking information in the Direct Debit section of this Form. For low-income taxpayers, unable to make electronic payments through a debit instrument, the reduced user fee will be reimbursed upon completion of the installment agreement. See Debit Payment Self-Identifier on page 1 and Form 13844 for qualifications and instructions.
- If you default on your installment agreement, you must pay a \$89 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. For low-income taxpayers (at or below 250% of Federal poverty guidelines), the reinstatement fee is reduced to \$43. The reduced reinstatement fee will be waived if you agree to make electronic payments through a debit instrument. For low-income taxpayers, unable to make electronic payments through a debit instrument, the reduced reinstatement fee will be reimbursed upon completion of the installment agreement.
- 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, EXCEPT the Individual Shared Responsibility Payment under the Affordable Care Act, 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, but we will not file a Notice of Federal Tax Lien with respect to the individual shared responsibility payment under the Affordable Care Act.
- You authorize the IRS to contact third parties and to disclose your tax information to third parties in order to process and administer this agreement over its
 duration.

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, write the type of tax, the tax period and "Installment Agreement" on your payment. For example, "1040, 12/31/2014, Installment Agreement". You should choose the oldest unpaid tax period on your agreement. 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.

NOTE: If you are unable to make your monthly payments or if you accrue additional liability, please contact us immediately.

1-800-829-0115 (Business)

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

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