

TO: (Employer name and address)

Regarding: (Taxpayer name and address)

Contact Person's Name

Telephone (Include area code)

Social security or employer identification number
(Taxpayer) (Spouse)

EMPLOYER—See the instructions on the back of Part 2. The taxpayer identified above on the right named you as an employer. Please read and sign the following statement to agree to withhold amount(s) from the taxpayer's (employee's) wages or salary to apply to taxes owed.

I agree to participate in this payroll deduction agreement and will withhold the amount shown below from each wage or salary payment due this employee. I will send the money to the Internal Revenue Service every: (Check one box.)

WEEK TWO WEEKS MONTH OTHER (Specify) _____

Signed: _____

Title: _____ Date: _____

Your telephone number (Include area code)
(Home) (Work 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)

Or write: _____ **Campus**
(City, State, and ZIP Code)

Financial Institution(s) (Name and address)

Kinds of taxes (Form numbers)

Tax Periods

Amount owed as of _____
\$ _____, plus all penalties and interest provided by law.

I am paid every: (Check one): WEEK TWO WEEKS MONTH OTHER (Specify) _____

I agree to have \$ _____ deducted from my wage or salary payment beginning _____ until the total liability is paid in full. I also agree and authorize this deduction to be increased or decreased as follows: _____

Date of increase (or decrease)	Amount of increase (or decrease)	New installment payment amount

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

- 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.
- You must pay a \$105 user fee, which we have authority to deduct from your first payment(s).
- If you default on your installment agreement, you must pay a \$45 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.
- 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.

Additional Terms (To be completed by IRS)

Note: Internal Revenue Service employees may contact third parties in order to process and maintain this agreement.

Your signature

Title (If Corporate Officer or Partner)

Date

Spouse's signature (If a joint liability)

Date

Agreement examined or approved by (Signature, title, function)

Date

FOR IRS USE ONLY:	FOR IRS USE ONLY	Originator's ID #: _____	Originator Code: _____
	AGREEMENT LOCATOR NUMBER: _____	Name: _____	Title: _____
	Check the appropriate boxes:	A NOTICE OF FEDERAL TAX LIEN (Check one box.) <input type="checkbox"/> HAS ALREADY BEEN FILED <input type="checkbox"/> WILL BE FILED IMMEDIATELY <input type="checkbox"/> WILL BE FILED WHEN TAX IS ASSESSED <input type="checkbox"/> MAY BE FILED IF THIS AGREEMENT DEFAULTS	
	<input type="checkbox"/> RSI "1" no further review <input type="checkbox"/> RSI "5" PPIA IMF 2 year review <input type="checkbox"/> RSI "6" PPIA BMF 2 year review Agreement Review Cycle: _____ Earliest CSED: _____ <input type="checkbox"/> Check box if pre-assessed modules included	<input type="checkbox"/> AI "0" Not a PPIA <input type="checkbox"/> AI "1" Field Asset PPIA <input type="checkbox"/> AI "2" All other PPIAs	

Agreement Locator Number Designations

XX Position (the first two numbers) denotes either the Initiator or Type of Agreement. The XX values are:

- 00 Form 433-D initiated by AO on an ACS case
- 01 Service Center and Toll-free initiated agreements
- 02 AO Field Territory (*revenue officer*) initiated agreements
- 03 Direct Debit agreements initiated by any function
- 06 Exam initiated agreements
- 07 Submission Processing initiated agreements
- 08 Agreements initiated by other functions
- 11 Form 2159 agreement initiated by AO or ACS
- 12 AO or ACS agreement with multiple conditions
- 20 Status 22/24 accounts – Call Site/SCCB
- 90 SCCB initiated agreements – other than status 22 or 26
- 91 Form 2159 agreement initiated by SCCB
- 92 SCCB agreement with multiple conditions
- 99 Up to 120 days extensions

YY Position (the second two numbers) denotes Conditions Affecting the Agreement. The YY values are:

- 08 Continuous Wage Levy (*from ACS and RO*)
- 09 All other conditions
- 12 One year rule (*use for specific BAL DUE module agreements*)
- 15 In Business Trust Fund (*IBTF*) monitoring required
- 27 Restricted Interest/Penalty condition present
- 32 Unassessed modules to be included in agreement
- 36 Streamlined agreements, less than 60 months, up to \$25,000
- 41 BMF in Business Deferral Level (*SCCB USE ONLY*)
- 53 *Report Currently Not Collectible (CNC)* if agreement defaults
- 63 Cross-reference TIN (*Status 63*)
- 66 File lien in event of default
- 70 Secondary TP responsible for Joint Liability
- 80 Review and revise payment amount
- 99 Up to 120 days extensions

When an agreement has more than one condition, use either 12 or 92 in the “XX” position and assign the primary condition (YY) based on the following priorities:

#1-53, #2-08, #3-27, or #4-15

The remaining multiple conditions will be input as a history item on IDRS by SCCB. For example, to construct a history item to record an unassessed module, use the following format:

UM309312 (*Unassessed module, MFT 30, 9312 Tax Period*); or
UMFILE LIEN (*Unassessed module, file Lien, if appropriate*)

Installment Agreement Originator Codes

- 20 Collection field function regular agreement
- 21 Collection field function streamlined agreement
- 30 Reserved
- 31 Reserved
- 50 Field assistance regular agreement
- 51 Field assistance streamlined agreement
- 58 Field Assistance ICS – regular agreement
- 59 Field Assistance ICS – streamlined agreement
- 60 Examination regular agreement
- 61 Examination streamlined agreement
- 70 Toll-free regular agreement
- 71 Toll-free streamlined agreement
- 72 Paper regular agreement
- 73 Paper streamlined agreement
- 74 Voice Response Unit (system generated)
- 75 Automated Collection Branch regular
- 76 Automated Collection Branch streamlined
- 77 Automated Collection Branch Voice Response Unit regular (*system generated*)
- 78 Automated Collection Branch Voice Response Unit streamlined (*system generated*)
- 80 Other function regular agreement
- 81 Other function-streamlined agreement
- 90-91 Reserved for vendors – all streamlined agreements

TO: (Employer name and address)	Regarding: (Taxpayer name and address)
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Contact Person's Name	Telephone (Include area code)	Social security or employer identification number (Taxpayer) (Spouse)
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WEEK TWO WEEKS MONTH OTHER (Specify) _____

Signed: _____

Title: _____ Date: _____

Your telephone number (Include area code)
(Home) (Work or business)

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Financial Institution(s) (Name and address)

Kinds of taxes (Form numbers)	Tax Periods	Amount owed as of _____ \$ _____, plus all penalties and interest provided by law.
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Date of increase (or decrease)	Amount of increase (or decrease)	New installment payment amount

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Additional Terms (To be completed by IRS)	Note: Internal Revenue Service employees may contact third parties in order to process and maintain this agreement.
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Your signature	Title (If Corporate Officer or Partner)	Date
Spouse's signature (If a joint liability)		Date
Agreement examined or approved by (Signature, title, function)		Date

FOR IRS USE ONLY:	<p>FOR IRS USE ONLY</p> <p>AGREEMENT LOCATOR NUMBER: _____</p> <p>Check the appropriate boxes:</p> <p><input type="checkbox"/> RSI "1" no further review <input type="checkbox"/> AI "0" Not a PPIA</p> <p><input type="checkbox"/> RSI "5" PPIA IMF 2 year review <input type="checkbox"/> AI "1" Field Asset PPIA</p> <p><input type="checkbox"/> RSI "6" PPIA BMF 2 year review <input type="checkbox"/> AI "2" All other PPIAs</p> <p>Agreement Review Cycle: _____</p> <p>Earliest CSED: _____</p> <p><input type="checkbox"/> Check box if pre-assessed modules included</p>	<p>Originator's ID #: _____ Originator Code: _____</p> <p>Name: _____ Title: _____</p> <p>A NOTICE OF FEDERAL TAX LIEN (Check one box.)</p> <p><input type="checkbox"/> HAS ALREADY BEEN FILED</p> <p><input type="checkbox"/> WILL BE FILED IMMEDIATELY</p> <p><input type="checkbox"/> WILL BE FILED WHEN TAX IS ASSESSED</p> <p><input type="checkbox"/> MAY BE FILED IF THIS AGREEMENT DEFAULTS</p>
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INSTRUCTIONS TO EMPLOYER

This payroll deduction agreement requires your approval. If you agree to participate, please complete the spaces provided under the employer section on the front of this form.

WHAT YOU SHOULD DO

- Enter the name and telephone number of a contact person. *(This will allow us to contact you if your employee's liability is satisfied ahead of time.)*
- Indicate when you will forward payments to IRS.
- Sign and date the form.
- After you and your employee have completed and signed the form, please return it *(all parts)* to IRS. Use the IRS address on the letter the employee received with the form or the address shown on the front of the form.

HOW TO MAKE PAYMENTS

- Please deduct the amount your employee agreed with the IRS to have deducted from each wage or salary payment due the employee.
- Make your check payable to the "United States Treasury." To insure proper credit, please write your employee's name and social security number on each payment.
- Send the money to the IRS mailing address printed on the letter that came with the agreement. Your employee should give you a copy of this letter. If there is no letter, use the IRS address shown on the front of the form.

Note: The amount of the liability shown on the form may not include all penalties and interest provided by law. Please continue to make payments unless IRS notifies you that the liability has been satisfied. When the amount owed, as shown on the form, is paid in full and IRS hasn't notified you that the liability has been satisfied, please call the appropriate telephone number below to request the final balance due.

If you need assistance, please call the telephone number on the letter that came with the agreement or write to the address shown on the letter. If there's no letter, please call the appropriate telephone number below or write IRS at the address shown on the front of the form.

For assistance, call: 1-800-829-0115 *(Business)*, or
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1-800-829-0922 *(Individuals – Wage Earners)*

THANK YOU FOR YOUR COOPERATION

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Spouse's signature (If a joint liability)		Date
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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 the following items:

- Your employer's name and address
- Your name(s) *(plus spouse's name if the amount owed is for a joint return)* and current address.
- Your social security number or employer identification number. *(Use the number that appears on the notice(s) you received.)* Also, enter your spouse's social security number if this is a joint liability.
- Your home and work telephone number(s)
- The complete name and address of your financial institution(s)
- The kind of taxes you owe *(form numbers)* and the tax periods
- The amount you owe as of the date you spoke to IRS
- When you are paid
- The amount you agreed to have deducted from your pay when you spoke to IRS
- The date the deduction is to begin
- The amount of any increase or decrease in the deduction amount, if you agreed to this with IRS; otherwise, leave BLANK

After you complete, sign *(along with your spouse if this is a joint liability)*, and date this agreement form, give it to your participating employer. If you received the form by mail, please give the employer a copy of the letter that came with it.

Your employer should mark the payment frequency on the form and sign it. Then the employer should return all parts of the form to the IRS address on your letter or the address shown in the "For assistance" box on the front of the form.

If you need assistance, please call the appropriate telephone number below or write IRS at the address shown on the form. However, if you received this agreement by mail, please call the telephone number on the letter that came with it or write IRS at the address shown on the letter.

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)*

Note: 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.