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.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if y	/ou
haven't yet received a tax bill. Go to www.irs.gov/OPA to apply for an Online Payment Agreement. If you establish your installm	ent
agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 946	35.

Part	Installment Agreement Reque	st										
This ree	quest is for Form(s) (for example, Form 1040 or	Form 9	41) ▶									
Enter ta	x year(s) or period(s) involved (for example, 2018 a	and 201	9, or January 1,	2019, to June 30, 2	019) 🕨							
1 a	Your first name and initial					You	Your social security number					
	If a joint return, spouse's first name and initial	Last r	Last name Sr					Spouse's social security number				
	Current address (number and street). If you ha	ave a P.	e 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					
1b	If this address is new since you filed your	r last ta	ax return, cheo	k here								
2	Name of your business (must no longer be op								ion number (EIN)			
3			4									
•	Your home phone number Best time	for us t		Your work pho	ne number F	Ext.	Be	st tim	e for us to call			
5	Enter the total amount you owe as shown						5					
6	If you have any additional balances due t	•		, , , , , , , , , , , , , , , , , , , ,								
•	the amounts are included in an existing in						6					
7	Add lines 5 and 6 and enter the result						7					
8	Enter the amount of any payment you're						8					
9	Amount owed. Subtract line 8 from line 7						9					
10	Divide the amount on line 9 by 72.0 and 6											
11a	Enter the amount you can pay each mon						10					
	and penalty charges, as these charges											
	an existing installment agreement, this											
	payment amount for all your liabilities. If											
	be determined for you by dividing the l	balanc	e due on line	9 by 72 months	s	•	11a	\$				
b		ne amount on line 11a is less than the amount on line 10 and you're able to increase your paymen an amount that is equal to or greater than the amount on line 10, enter your <i>revised</i> monthly paymen										
	• 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. Al 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 amoun over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't c 433-F, then you must complete either line 13 or 14. 											
	 If the amount on line 9 is greater than \$ 											
12	Enter the date you want to make your pa	yment	each month.	Don't enter a da	te later than the 2	8th	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 Acc	ount number								
	I authorize the U.S. Treasury and its designated Fina indicated for payments of my federal taxes owed, an	d the fin	ancial institution t	o debit the entry to the	nis account. This autho	rization is	s to rema	ain in fu	ull force and			
	effect until I notify the U.S. Treasury Financial Agent 1-800-829-1040 no later than 14 business days prior electronic payments of taxes to receive confidential i	r to the p	ayment (settleme	nt) date. I also author	rize the financial institut	tions invo	olved in t					
с	Low-income taxpayers only. If you're	unable	e to make ele	ectronic paymer	nts through a deb	oit instr	rument	by p	providing your			
	banking information on lines 13a and 13b, check this box and your user fee will be reimbursed											
	installment agreement. See instructions											
14	If you want to make payments by payroll	deduc	tion, check th	is box and attac	h a completed Fo	rm 215	9		🗍			
, ,	ing and submitting this form, I authorize the IRS and administer the agreement over its duration.		•			•			•			
	gnature		Date		ire. If a joint return, k				Date			

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Part		1
Com	blete this Part only if all three conditions below apply:	
	 You defaulted on an installment agreement in the past 12 months; 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, also complete and attach Form 433-F.	
15	In which county is your primary residence?	
10		
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?	
	No.	
17	How many dependents will you be able to claim on this year's tax return?	17
17		
18	How many people in your household are 65 or older?	18
19	How often are you paid?	
	Once a week.	
	Once every 2 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 instrue	ctions) If you don't
	a spouse, go to line 23.	
	· ·	
21	How often is your spouse paid?	
	Once every 2 weeks. Once a month.	
	Twice a month.	
22	What is your spouse's net income per pay period (take home pay)?	22 \$
00	How many vehicles do you own?	23
23		23
24	How many car payments do you have each month?	24
0E -	De veu have health insurance?	
25a	Do you have health insurance? □ Yes. Go to question 25b. □ No. Skip question 25b and go to question 2	26a
		-04.
b	Are your health insurance premiums deducted from your paycheck?	
	☐ Yes. Skip question 25c and go to question 26a. ☐ No. Go to question 25c.	
С	How much are your monthly health insurance premiums?	25c \$
26a	Do you make court-ordered payments?	
200	□ Yes. Go to question 26b. □ No. Go to question 27.	
Ŀ		
D	Are your court-ordered payments deducted from your paycheck?	
С	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	
21	for child or dependent care each month?	27 \$
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