Form 9465

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

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.

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 you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement. If you establish your installment

| | ement using the Online Payment Agreeme | | cation, the user | iee mai you pay will be lowe | ı man ı | i would be | with Form | 9400. | |
|--|--|--|---------------------------------------|--|-----------------------|----------------------------------|-----------------------------|--------|--|
| Par | iniotalinione / tgi comione / toqu | | | | | | | | |
| This | request is for Form(s) (for example, Form 1040 o | r Form 94 | ¥1 } - | | | | | | |
| Enter | tax year(s) or period(s) involved (for example, 2 | | | , 2019 to June 30, 2019) > | | | | | |
| 18 | 1a Your first name and initial Last name | | me | | | | Your social security number | | |
| | | | | | | | | | |
| | If a joint return, spouse's first name and initial | me | S | | | pouse's social security number | | | |
| | | | | | | | | | |
| | Current address (number and street). If you have a P.O. be | ome delivery, enter your | oox number. | | | Apt. number | | | |
| | City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). | | | | | | | | |
| ony, town or post onice, state, and zir tode. If a foreign address, also complete the spaces below (see institutions). | | | | | | | | | |
| | Foreign country name | | | Foreign province/state/county | | | Foreign postal code | | |
| | To legit country name | | | | i orongir pootai oodo | | | | |
| 41 | If this address is now since you filed your look to | -11- 1 | | | | | | | |
| 1b | If this address is new since you filed your last ta Name of your business (must no longer be operating) | cneck nere | | | | oyer identification number (EIN) | | | |
| 2 | realine of your business (must no longer be operating) | | | | -" | ipioyer identific | ation number (E) | 14) | |
| _ | | | 4 | | | | | | |
| 3 | Your home phone number Best time | Your work phone number | | Best time for us to call | | | | | |
| 5 | · | | | <u> </u> | | 5 | t time for do to o | | |
| 6 | Enter the total amount you owe as shown on your tax return(s) (or notice(s)) | | | | | 3 | | | |
| | If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement) | | | | | 6 | | | |
| 7 | | | · · · · · · · · · · · · · · · · · · · | | | 7 | | | |
| 8 | Add lines 5 and 6 and enter the result | | | | | | | | |
| 9 | Amount owed. Subtract line 8 from line 7 and enter the result | | | | | | | | |
| 10 | | ne amount on line 9 by 72.0 and enter the result | | | | | | | |
| 11a | Enter the amount you can pay each month. Make your payment as large as possible to limit interest | | | | | | | | |
| | and penalty charges, as these charges will continue to accrue until you pay in full. If you have | | | | | | | | |
| | | reement, this amount should represent your total proposed monthly our liabilities. If no payment amount is listed on line 11a, a payment will | | | | | | | |
| | | | | | | | | | |
| be determined for you by dividing the balance due on line 9 by 72 months | | | | | | | \$ | | |
| | | | | | | | , | | |
| | to an amount that is equal to or greater than the amount on line 10, enter your <i>revised</i> monthly payment | | | | | | 11b \$ | | |
| | • 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. Also, | | | | | | | | |
| | 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 amount you owe is over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't complete Form | | | | | | | | |
| | | | | | | | | | |
| 433-F, then you must complete either line 13 or 14. | | | | | | | | | |
| | • If the amount on line 9 is greater than \$50,00 | 00, comple | ete and attach For | n 433-F. | | | | | |
| 12 | Enter the date you want to make your paymen | t each mo | onth. Don't enter a | a date later than the 28th | | 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. | | | | | | | | |
| а | Routing number | > | b Account number | er | | | | | |
| | I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and | | | | | | | | |
| | effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at | | | | | | | | |
| | -800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the | | | | | | | | |
| С | . , | onic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments. income taxpayers only. If you're unable to make electronic payments through a debit instrument by providing your | | | | | | | |
| Ü | anking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your | | | | | | | | |
| | installment agreement. See instructions | | | | | | | Н | |
| 14 | If you want to make your payments by payroll d | | | | | | | 🗀 | |
| By si | gning and submitting this form, I authorize the IR | S to conta | act third parties an | d to disclose my tax information | to third p | arties in or | der to proces | s this | |
| | est and administer the agreement over its duration ignature | n. ı also a | gree to the terms of Date | this agreement, as provided in the instructions, if it's approved by Spouse's signature. If a joint return, both must sign. | | | by the IRS. | | |
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