Form **9465**(Rev. December 2011) Department of the Treasury

Internal Revenue Service

Installment Agreement Request

► 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

Caution: Do not file this form if you are currently making payments on an installment agreement or can pay your balance in full within 120 days. Instead, call 1-800-829-1040. If you are in bankruptcy or we have accepted your offer-in-compromise, see Bankruptcy or offer-in-compromise, in the instructions.

This req	uest is for Form(s) (for example, Form 1040 or Form 1040EZ) ▶		and for tax year(s) (for exa	ample, 2010 and 2011) >				
1	Your first name and initial				Yo	Your social security number			
	If a joint return, spouse's first name and initial				pouse's social security number				
	Current address (number and street). If you have a P	C.O. box and no hom	e delivery, enter your bo	ox number.			Apt. number		
	City, town or post office, state, and ZIP code. If a foreign address, enter city, province or state, and country. Follow the country's practice for entering the postal code.								
2	If this address is new since you filed you	r last tax return,	check here					 	
3			4						
	Your home phone number Best time	for us to call	Your work p	hone number	Ext.	-	Best time for us	s to call	
5	Name of your bank or other financial institution:	6 Your employer'	s name:						
	Address	Address							
	City, state, and ZIP code		City, state, and	ZIP code					
7 8 9	Enter the total amount you owe as shown on your tax return(s) (or notice(s))								
	Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions					8			
	Enter the amount you can pay each month. Make your payments as large as possible to limit								
	interest and penalty charges. The charges will continue until you pay in full. If a payment amount is not shown on line 0, one will be determined for you by dividing the belonge due by 72 months.								
10	is not shown on line 9, one will be determined for you by dividing the balance due by 72 months. Enter the date you want to make your payment each month. Do not enter a date later than the 28th					9			
11	If you want to make your payments by e lines 11a and 11b. This is the most conve	electronic funds	withdrawal from y	our checking a	ccount, see				
>	a Routing number								
>	b Account number								
	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 1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.								
Your si	gnature	Date	Spouse's signat	ure. If a joint return,	both must sign	l.	Date		
For Pi	rivacy Act and Paperwork Reduction Act Noti	ons.	Cat. No. 14842Y			Form 9465 (Rev. 12-2011)			