## Form **433-D**

(July 2024)

### Department of the Treasury - Internal Revenue Service

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

Name and address of taxpayer(s)		Social Security or Em	· ·	•	N/EIN)
	<u> </u>	(Taxpayer)	•	pouse)	
		Your telephone numb (Home)		code) /ork, cell or business)	
	1	or assistance, call: 1-800-829-3903 (Individ 1-800-829-7650 (Individ	lual - Self-Employed	d/Business Owners, B	usinesses), or
— Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to your employer to  — Submit a new Form W-4 to  — Submit a		Or write	_	5)	
withholding.	, moreage year		(City, State	, and ZIP Code)	
Kinds of taxes (form numbers) Tax periods				Amount owed as of	
				\$	
I / We agree to pay the federal taxes shown abo	ve, PLUS PENALTIES A	AND INTEREST PRO	OVIDED BY LAW,	as follows	
	and \$			f each month therea	fter
I / We also agree to increase or decrease the ab					
Date of increase (or decrease)	Amount of increase (or	r decrease)	New installn	nent payment amour	nt
The terms of this agreement are provided on	. •		-		
By initialing here and my signature below, I ag		eement, as provided in t			
Additional Conditions / Terms (To be completed by	riks)		IRS to contaction to	d submitting this form, t third parties and to di third parties in order to s agreement over its d	sclose my tax o process and
DIRECT DEBIT — Attach a voided check or comple	ete this part only if you ch	oose to make paymer			
this page.					
a. Routing number b. Account number					
I authorize the U.S. Treasury and its designated Finan	cial Agent to initiate a mont	thly ACH debit (electron	ic withdrawal) entry	to the financial instituti	on account
indicated for payments of my federal taxes owed, and until I notify the Internal Revenue Service to terminate contacting my financial institution either orally or in writare at least fourteen (14) business days before the nexnumber listed above. I also authorize the financial instinecessary to answer inquiries and resolve issues related.	the financial institution to do the authorization. If I wish to ing at least three (3) busing at scheduled electronic fund tutions involved in the proc	ebit the entry to this acc to stop payment under r ess days before the nex ds transfer, I may conta	count. This authoriza my direct debit instal kt scheduled electror ct the Internal Rever	tion is to remain in full Iment agreement, I ma nic funds transfer. Alter nue Service at the appl	force and effect y do so by natively, if there icable toll-free
Debit Payments Self-Identifier					
If you are unable to make electronic payments the	rough a debit instrumer	nt (debit payments) by	y providing your b	anking information ir	a. and b.
above, check the box below:  I am unable to make debit payments.					
Note: Not checking this box indicates that you are able	but choosing not to make	debit payments. Refer	to the Instructions to	Taxpayer below for de	etails on
understanding user fees.					T_
Your signature Date	Title (if Corporate	Officer or Partner) S	spouse's signature	(if a joint liability)	Date
FOR IRS USE ONLY					
AGREEMENT LOCATOR NUMBER:					
Check the appropriate boxes:		A NOTICE	OF FEDERAL TA	AX LIEN (Check on	e box below)
RSI "1" no further review	'0" Not a PPIA	☐ HAS A	LREADY BEEN F	FILED	
RSI "5" PPIA IMF 2 year review AI	'1" Field Asset PPIA	☐ WILL E	BE FILED IMMED	IATELY	
RSI "6" PPIA BMF 2 year review AI	'2" All other PPIAs	WILL E	BE FILED WHEN	TAX IS ASSESSED	
Agreement Review Cycle	Earliest CSED	MAY B	BE FILED IF THIS	AGREEMENT DEF	AULTS
Check box if pre-assessed modules include	d.			RAL TAX LIEN WIL	
Originator's ID number Or	riginator Code			OF YOUR LIABILITY UAL SHARED RESI	
Name Tit	tle			FORDABLE CARE	
Agreement examined or approved by (Signature,	title, function)			Date	

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(July 2024)

Department of the Treasury - Internal Revenue Service

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

Name and address of towns (a)								
Name and address of taxpayer(s)				-	nployer Ide		on Number (SSN/ITI	N/EIN)
			(Taxpayer				pouse)	
			— Your tele	phone numl	bers (includ	•	code) Vork, cell or business)	
						,		
			For assista 1-800-829- 1-800-829-	ance, call: •3903 (Individ •7650 (Individ	dual - Self-I duals - Wag	Employe je Earne	d/Business Owners, E rs)	Businesses), or
Submit a new Form W-4 to your en	mployer to	increase your	Or write					
withholding.						ity, State	, and ZIP Code)	
Kinds of taxes (form numbers) Tax pe	riods						Amount owed as of	· 
							\$	
/ We agree to pay the federal taxes sl	nown abo	ve, PLUS PENAL	TIES AND INTI	EREST PRO	OVIDED B	Y LAW,	as follows	
\$ on		and \$		on the		c	of each month therea	ıfter
/ We also agree to increase or decrea								
Date of increase (or decrease)	Amount of increa	mount of increase (or decrease)			New installment payment amount			
The terms of this agreement are pro	vided on	the back of this	page. Review	them thoro	oughly.			
By initialing here and my signature			this agreement, a	s provided in				
Additional Conditions / Terms (To be completed by IRS)				By signing and submitting this form, I authorize IRS to contact third parties and to disclose my information to third parties in order to process administer this agreement over its duration.			o process and	
DIRECT DEBIT — Attach a voided check	c or comple	ete this part only if	you choose to n	nake payme				
this page.		. ,	1	. ,	,			
a. Routing number								
b. Account number								
authorize the U.S. Treasury and its design ndicated for payments of my federal taxes ountil I notify the Internal Revenue Service to contacting my financial institution either oral are at least fourteen (14) business days bef	owed, and terminate lly or in writ ore the ne	the financial institution the authorization. If the authorization if the authorization if the authorization in the	on to debit the er I wish to stop pa ) business days t	ntry to this ac yment under pefore the ne	count. This my direct de ext schedule	authoriza ebit insta d electron nal Reven	ition is to remain in full Ilment agreement, I ma nic funds transfer. Alter nue Service at the appl	force and effect by do so by natively, if there
number listed above. I also authorize the fir necessary to answer inquiries and resolve i	ssues relat	tutions involved in the	he processing of			or taxes	o receive confidential i	
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#### INSTRUCTIONS TO TAXPAYER

If not already completed by an IRS employee, 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, 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.

#### Understanding user fees

- You must pay a \$178 user fee if you enter into a non-Direct Debit agreement.
- You must pay a \$107 user fee if you enter into a Direct Debit agreement. Your first draft will be the cost of the user fee or your agreed upon monthly payment, whichever is more.
- 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.
- · Lower user fees may be available through our online system. To determine if your agreement qualifies, visit www.IRS.gov/your-account.
- 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, 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, 12/31/2022, 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 at the top of Part 2.
- 7. In the event that the payment withdrawal doesn't occur as scheduled, allow one additional month before contacting us to report any issues.
- 8. To make voluntary payments electronically, go to www.IRS.gov/Payments for payment options.

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, call the applicable telephone number on your notice or the telephone number at the top of this form for assistance.