

Installment Agreement Request

G If you are filing this form with your tax return, attach it to page 1 of the return. Otherwise, see instructions.

Caution: Do not file this form if you are currently making payments on an installment agreement or can pay your balance due 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 request is for Form(s) (for example, Form 1040) G		and for tax year(s) (for example, 2007 and 2008) G	
1 Your first name and initial	Last name	Your social security number	
If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number.		Apartment 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 your last tax return, check here. **G**

3 Your home phone number	4 Your work phone number
Best time for us to call	Extension Best time for us to call
5 Name of your bank or other financial institution:	
Address	
City State ZIP code	
6 Your employer's name:	
Address	
City State ZIP code	

7 Enter the total amount you owe as shown on your tax return(s) (or notice(s)).	7	
8 Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions.	8	
9 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.	9	
10 Enter the day you want to make your payment each month. Do not enter a day later than the 28th. G		

11 If you want to make your payments by electronic funds withdrawal from your checking account, see the instructions and fill in lines 11a and 11b. This is the most convenient way to make your payments and it will ensure that they are made on time.

G a Routing number

G b Account number

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH electronic funds 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 9 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 signature	Date	Spouse's signature. If a joint return, both must sign.	Date
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Installment Agreement Request

Complete this form and mail it to the address shown above. Failure to provide complete information will delay the processing of your request. Do not attach this form to your tax return. Caution: Do not use this form if you are currently making payments on an installment agreement. Instead, call 1-800-689-4776.

If you are making this request for a joint liability, show the names and social security numbers (SSN) in the same order as on your California state tax return. For Privacy Act Notice, get form FTB 1131.

Print your first name		M.I.	Print last name		Your SSN (required)
If joint, print spouse's first name		M.I.	Print last name		Spouse's SSN
Current home address ' number and street, PO Box, or rural route				Apt. No.	PMB No.
City, town, or post office			State	ZIP Code	
Your home phone number	Your work phone number		Your spouse's work phone number		
	Ext		Ext		

If we approve your request, we agree to let you pay the tax you owe in monthly installments. In return, you agree to make your monthly installments by a direct transfer from your bank account once a month.

Enter your total account balance for all years \$

Enter the amount you can pay each month.
 Make your payments as large as possible to limit interest charges.
 The charges will continue to accrue until the balance is paid in full
 In addition, a fee will be charged for establishing the Amnesty Installment Agreement 1 \$

Enter the date of the month you want your bank to transfer funds to the Franchise Tax Board.
 Please enter a date from the 1st through the 28th only 2
1st-28th only

See - TIP in Installment Agreement Information for assistance in completing this section.

3 Bank Routing Number ' This is the first nine-digit number at the bottom of your check.	4 Bank account number ' This must be a regular checking or savings account.	
5 Bank name and address		Please check one: Checking <input type="checkbox"/> Savings <input type="checkbox"/>

I certify that I have the authority to request an electronic debit from the account identified above and I authorize the Franchise Tax Board to initiate and process debit entries to the above account. This authorization will remain in effect until the balance due has been paid, the Franchise Tax Board cancels the installment agreement, or I notify the Franchise Tax Board at 1-800-689-4776 no later than 5 business days prior to the payment date to stop the debit entries.

I request that the amount in box 1 be debited from my account each month on the date specified in box 2. The transfer is authorized for the next business day if this day falls on a Saturday, Sunday, or a holiday.

If the Franchise Tax Board cannot deduct the monthly payment from my account because of insufficient funds or because the account is closed, the Franchise Tax Board may cancel the installment agreement. The Franchise Tax Board will charge me a dishonored payment penalty and possibly a collection fee. I will be responsible for any overdraft fees charged by my bank.

Your Authorized Signature (Required)	Signer's Name ' Please Print	Date
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Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments, please call TTY/TDD (800) 822-6268.