## 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.

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 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 agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request								
This red	quest is for Form(s) (for example, Form 1040 or	Form 941) ►						
	x year(s) or period(s) involved (for example, 2018 a	nd 2019, or Janu	ary 1, 2	019, to June 30, 2019) ►				
1a	Your first name and initial	Last name				Your social security number		
	16 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
	If a joint return, spouse's first name and initial	Last name		5	Spouse's social security number			
	Current address (number and street). If you ha	ve a P.O. box and no home delivery, enter your box number			er.	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 last tax return, check here							
2	Name of your business (must no longer be ope		nployer identification number (EIN)					
3			4					
		for us to call		Your work phone number	Ext.		est tim	e for us to call
5	Enter the total amount you owe as shown	•	•			5		
6	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)							
7	Add lines 5 and 6 and enter the result					7		
8						8		
9	Enter the amount of any payment you're making with this request. See instructions							
10	Divide the 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							
	an existing installment agreement, this amount should represent your total proposed monthly							
	payment amount for all your liabilities. If no payment amount is listed on line 11a, a payment w be determined for you by dividing the balance due on line 9 by 72 months						e	
b	If the amount on line 11a is less than the						Ψ	
D							\$	
	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,							hox 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 \$50,000, complete and attach Form 433-F.							
12	<u> </u>	•			28th	12		
13	Enter the date you want to make your payment each month. <b>Don't</b> enter a date later than the 28th    f you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and							
10	13b. This is the most convenient way to make your payments and it will ensure that they are made on time.							
<b>▶</b> a	Routing number	<del></del>		ount number	T		П	
	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 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 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								
_	electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.							
С	<b>Low-income taxpayers only.</b> If you're unable to make electronic payments through a debit instrument by providing banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of							
	installment agreement. See instructions							
14	If you want to make payments by payroll				orm 2	2159		
By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this								
request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.								
Your si	gnature	Date		Spouse's signature. If a joint return	, both	must sign		Date

Form 9465 (Rev. 9-2020) Page 2 **Additional Information** Part II Complete this Part only if all three conditions below apply: 1. You defaulted on an installment agreement in the past 12 months; 2. 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. In which county is your primary residence? 15 16a Marital status: ☐ Single. Skip question 16b and go to question 17. ☐ Married. Go to question 16b. Do you share household expenses with your spouse? ☐ Yes. ☐ No. 17 How many dependents will you be able to claim on this year's tax return?. . . . . 17 18 18 19 How often are you paid? Once a week.

Once every 2 weeks. Once a month. ☐ Twice a month. 20 \$ 20 Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23. 21 How often is your spouse paid? Once a week. Once every 2 weeks. Once a month. Twice a month. 22 \$ 22 What is your spouse's net income per pay period (take home pay)? . . . . . . . 23 23 How many vehicles do you own? . . . . . . . 24 How many car payments do you have each month? . . . . . . . . . . . . . . . 24 Do you have health insurance? 25a ☐ Yes. Go to question 25b. ☐ No. Skip question 25b and go to question 26a. **b** Are your health insurance premiums deducted from your paycheck? Yes. Skip question 25c and go to question 26a. ☐ No. Go to question 25c. 25c \$ How much are your monthly health insurance premiums? . . . . . . . .

☐ No. Go to question 27.

No. Go to guestion 26c.

Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month?

26a Do you make court-ordered payments?Yes. Go to question 26b.

☐ Yes. Go to question 27.

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**b** Are your court-ordered payments deducted from your paycheck?

**c** How much are your court-ordered payments each month?

26c \$