



Payment and Authorization Agreement for Electronic Funds Transfer (EFT) of Tax Payments

FORM
27D

•Read instructions on reverse side.

BUSINESS NAME AND LOCATION ADDRESS (if applicable)			TAXPAYER NAME AND ADDRESS		
Name			Name		
Street Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code
Nebraska ID Number	Federal ID Number		Daytime Phone	Home Phone	
Social Security Number	Spouse's Social Security Number		Nebraska Department of Revenue Agent Name/Phone Number		

Delinquent Tax Programs:

22 — Individual 21 — Withholding 24 — Corporation 01 — Sales and Use Tax Other: _____

Purpose of This Form:

Set Up EFT Account Change EFT Account Information Terminate EFT Authorization

Total Liability \$	Tax Periods of Delinquency	Date Interest Computed Through
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SECTION I — Income

Name of Your Employer	Length of Employment	Date Paid	Gross Monthly Wages \$	Net Monthly Wages \$
Name of Spouse's Employer	Length of Employment	Date Paid	Gross Monthly Wages \$	Net Monthly Wages \$

Other income (include child support, alimony, interest, etc.). Specify sources.

Amount \$

Total Monthly Net Income \$

SECTION II — Payment Proposal

I/we propose to make payments as follows: \$ _____ starting _____.

Payments will be made: Weekly Bi-Weekly 1st & 15th Monthly Last Day of Month

If this agreement is approved, payments will be made using EFT. All state taxes and returns will be filed and paid in a timely manner during the terms of this agreement. Any overpayment that might otherwise be refunded will be applied to this liability until the liability is paid in full.

SECTION III — Financial Institution Account Information

I/we authorize and direct the Nebraska Department of Revenue, to initiate a withdrawal from my/our account, described as follows:

Financial Institution Name and Address		Routing Transit Number	
Names on Account		Account Number	Type of Account
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

A VOIDED CHECK MUST BE ATTACHED FOR CHECKING ACCOUNTS.

This authorization will remain in effect until cancellation, in writing, to the Nebraska Department of Revenue.

If a withdrawal cannot be completed because funds are unavailable in the account, I/we will be subject to any overdraft fees that the financial institution may charge. See instructions on reverse side for important information.

SECTION IV — Authorization

I/we hereby authorize the Nebraska Department of Revenue (Department), upon my/our initiation only, to accept Automated Clearing House (ACH) transactions as payment on this account. I/we also authorize the Department to release any of the above taxpayer and financial institution information, as deemed necessary, to enable payment by EFT. This authorization is to remain in full force and effect until the Department has received written notification from the taxpayer of its termination. The Department reserves the right to terminate this agreement at its sole discretion.

sign here

Authorized Signature _____ Title _____ Date _____

Authorized Signature (Spouse) _____ Title _____ Date _____

E-Mail Address _____

APPROVED

Authorized Signature — Department of Revenue _____ Title _____ Date _____

ATTACH CHECK OR DEPOSIT SLIP HERE

INSTRUCTIONS

PURPOSE. The Payment and Authorization Agreement, Form 27D, is to be used when entering into a payment agreement with the Nebraska Department of Revenue (Department). Your signature authorizes the Department to obtain agreed upon payments through an electronic funds transfer (EFT) from your financial institution. With certain exceptions, this is the only acceptable form of agreement the Department will allow for delinquent taxes.

WHO MUST FILE. This payment and authorization agreement must be completed by any taxpayer who wishes to enter into a payment agreement with the Department, or by anyone who wishes to change or terminate an existing agreement.

WHEN AND WHERE TO FILE. This agreement must be received by the Department at least ten days prior to the due date of the first installment. Send this agreement to: Nebraska Department of Revenue, P.O. Box 94609, Lincoln, Nebraska 68509-4609. If you are in bankruptcy, do not file this form. Instead, call 402-595-2069 or 402-595-2070.

SPECIFIC INSTRUCTIONS. Business name and location address should be completed if this agreement is to resolve any tax other than individual income taxes. Enter the name and address under which you do business.

Taxpayer name (name of corporation, partnership; if sole proprietorship or individual income tax, enter your full name) and address must be completed by every taxpayer.

Complete your Nebraska Business Identification Number if you have been assigned one. Enter the federal identification number if you have been assigned one. If no federal identification number is held, enter your social security number.

Check the appropriate boxes for the delinquent tax programs this agreement will resolve. Enter the total amount due, the periods of delinquency, and the date interest has been computed through (refer to your most recent Balance Due Notice from the Department).

SECTION I — INCOME

Complete this section and list the sources and amount of any income you or this business receives. Please list this income in monthly figures. Attach additional sheets if necessary.

SECTION II — PAYMENT PROPOSAL

Enter the amount you will pay on a regular basis. These payments, if accepted, will be automatically deducted from your account based on your authorization. Be sure the Department has this agreement at least ten days prior to your starting date for these payments.

If the Department does not accept this proposal, a new proposal and a more detailed financial statement will be sent to you.

SECTION III — FINANCIAL INSTITUTION ACCOUNT INFORMATION

(See diagrams in next column.)

Enter: (1) the name and address of the financial institution from which you want these payments deducted; (2) the exact name shown on your account; (3) the account number from which these payments will be transferred; and (4) the routing transit number. Also check the appropriate box for the type of account — checking or savings.

The diagram shows a check stub for 'Tom and Mary Somebody' at '5432 Sameday Lane, Anywhere, NE 68000'. The check is payable to 'Our Financial Institution'. Below the check, callouts 1, 2, 3, and 4 point to the account name, address, routing number, and account number fields respectively.

The diagram shows a 'DEPOSIT TICKET' for 'Tom and Mary Somebody' at '5432 Sameday Lane, Anywhere, NE 68000'. The ticket is from 'Our Financial Institution'. Below the ticket, callouts 1, 2, 3, and 4 point to the account name, address, routing number, and account number fields respectively.

Attach a VOIDED check for this checking account or a VOIDED deposit slip for this savings account.

SECTION IV — AUTHORIZATION

This completed and signed form authorizes the Department to make automatic withdrawals from your checking or savings account. An account owner, or other individuals authorized to make withdrawals, MUST sign this form.

PAYMENT DATE. The financial institution will transfer the amount of your payment automatically on the date specified in Section II. However, because these transactions are not processed on Saturdays, Sundays, or financial institution holidays, your actual payment date may be delayed to the next business day.

If this agreement will be used to pay more than one type of tax, or for more than one tax year, there will be occasions when this will appear as two withdrawals on the same day. They will still total the amount of payment as specified in Section II.

If your financial institution notifies you that its ownership has changed, please contact the Department. A new Form 27D may be needed.

If you make any additional payments, or have had refunds transferred to this balance, you must notify the agent referenced on this form to discuss how this agreement will be affected.

IMPORTANT NOTICE: You will be assessed a \$20 fee for any EFT payment from your account that is returned without payment by your financial institution.