

Payment and Authorization Agreement for Electronic Funds Transfer (EFT) of Tax Payments •Read instructions on reverse side.

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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	raska ID Number Federal ID Number		Daytime Phone Home		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 — Co	rporation	01 — Sale	es and Use Tax	Other:
Purpose of This Form: Set Up EFT Account	Change	EET Accou	nt Information		Terminate EFT Authorization
Total Liability Tax Perio	ods of Delinquency	EFT ACCOU	nt information		Date Interest Computed Through
\$	0	FOTION			
Name of Your Employer	Length of Employment	Date Pa	I — Income	Gross Monthly Wages	Net Monthly Wages
Name of four Employer	Length of Employment	Baicia	iu	\$	\$
Name of Spouse's Employer	Length of Employment	yment Date Paid		Gross Monthly Wages	Net Monthly Wages \$
Other income (include child support, alimony, interest, etc.). Specify sources.					Amount \$
Total Monthly Net Income					\$
	SECTIO	ON II — P	ayment Proposal		
,	night otherwise be refunded will be	state taxes e applied	and returns will b to this liability until	e filed and paid in a tir the liability is paid in f	st Day of Month mely manner during the terms of this 'ull.
	SECTION III — Fina	ancial Ins	stitution Account	Information	
I/we authorize and direct the Nebras	ka Department of Revenue, to ini	itiate a wit	thdrawal from my/o		
Financial Institution Name and Address			Routing Transit Number		
Names on Account A			count Number		Type of Account Checking Savings
	A VOIDED CHECK MUST	BE ATTAC	CHED FOR CHECK	(ING ACCOUNTS.	,
Names on Account This authorization will remain in effe	ct until cancellation, in writing, to	the Nebra	aska Department o	f Revenue.	
If a withdrawal cannot be completed charge. See instructions on reverse		in the acc	ount, I/we will be s	subject to any overdra	ft fees that the financial institution ma
	SECT	ΓΙΟΝ IV –	- Authorization		
Clearing House (ACL and financial instituti effect until the Depa	thorize the Nebraska Departmer 1) transactions as payment on this on information, as deemed neces rtment has received written notification.	account. ssary, to e	I/we also authorize nable payment by	the Department to rele EFT. This authorization	ease any of the above taxpayer n is to remain in full force and
here Authorized Signature			Title		Date
Authorized Signature (Spouse)			Title		Date
E-Mail Address					
APPROVED Authorized Signature —	- Department of Revenue				

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.

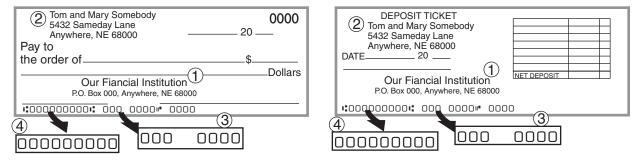
SECTION II — PAYMENT PROPOSAL

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.



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.