

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

FORM

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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	City State			Zip Code			
Nebraska ID Number Federal ID Number			Daytime Phone Hor			ome Phone			
Social Security Number	Social Security Number Spouse's Social Security Number		Nebraska Department of Revenue Agent Name/Pl			Phone Number			
Delinquent Tax Programs:	Withholding 24 — Corp	oration		s and Use Tax	Other:				
Purpose of This Form:									
Set Up EFT Account	Change EF	T Accou	nt Information		Terminate	EFT Authorization			
Total Liability Tax Periods	of Delinquency				Da	te Interest Computed	l Through		
	Se	ection I	— Income						
Name of Your Employer	Length of Employment	Date Pai	id	Gross Monthly Wag	ges Net	Monthly Wages			
Name of Spouse's Employer	Length of Employment	Date Pai	id	Gross Monthly Wag	ges Net	Monthly Wages			
Other income (include child support, alimony, interest, etc.). Specify sources.						Amount			
Total Monthly Net Income									
	Section	II — Pa	ayment Proposal						
I/we propose to make payn	nents as follows:			starting					
Payments will be made: Wee				onthly	Last Day of N				
If this agreement is approved, payment agreement. Any overpayment that migh	ts will be made using EFT. All sta	ate taxes	s and returns will be	e filed and paid in	a timely mann		s of this		
	Section III — Finan	cial Inst	titution Account In	formation					
I/we authorize and direct the Nebraska	Department of Revenue, to initia	ate a wit	hdrawal from my/ou	ır account, descril	bed as follows	::			
Financial Institution Name and Address					Routing Transit	Number			
Names on Account		Aco	count Number	I		Type of Account Checking	Savings		
	A voided check must be at	tached	for checking ac	counts payme	nts.	1			
This authorization will remain in effect			•						
If a withdrawal cannot be completed b charge. See instructions on reverse sid		the acc	count, I/we will be s	ubject to any over	rdraft fees tha	t the financial insti	tution may		
	Sectio	on IV —	Authorization						
House (ACH) transaction financial institution infor amount of delinquent N This authorization is to termination. The Depar	ize the Nebraska Department of F ons as payment on this account. rmation, as deemed necessary, lebraska and local tax in the tax of remain in full force and effect of tment reserves the right to termi	I/we als to enab categorie until the	so authorize the De le payment by EFT es listed above for u Department has re	partment to releas I/we acknowled to one year afte eceived written no	se any of the a ge that a lien r the expiration	above taxpayer an may be filed for th n of this agreemen	id ie it.		
Authorized Signature			Title			Date			
Authorized Signature (Spo	use)		Title			Date			
E-Mail Address									
Approved Authorized Signature - No	ebraska Department of Revenue		Title			Date			
	Mail this form with		ed check or depo		3509-4609.		996 Rev. 7-2014 996 Rev. 4-2013		

Instructions

Purpose. The Payment and Authorization Agreement, Form 27D, should 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, PO Box 94609, Lincoln, Nebraska 68509-4609. If you are in bankruptcy, do not file this form. Instead, speak with someone in our Bankruptcy Unit by calling 402-595-2069 or 402-595-2070.

Specific Instructions. Business name and location address should be completed if this agreement involves any tax other than individual income tax. 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 ID Number if you have been assigned one. Enter the federal ID number if you have been assigned one. If you do not have a federal ID number, 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.

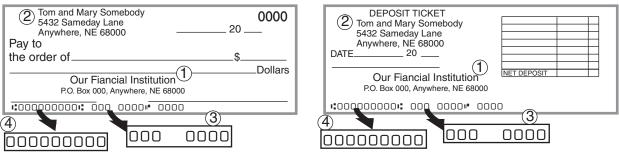
Section II — Payment Proposal

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

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 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 that is returned without payment by your financial institution (including situations where the taxpayer has provided the Department with incorrect account information). The Department can collect against a tax delinquency without filing a lien against your property for one year after the expiration of this payment agreement if the delinquency is not satisfied.