Form **9465**

(Rev. December 2013) Department of the Treasury Internal Revenue Service

Installment Agreement Request

▶ Information about Form 9465 and its separate instructions is at www.irs.gov/form9465.
 ▶ 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 establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to IRS.gov to apply to pay online. **Caution:** *Do not file this form if you are currently making payments on an installment agreement or can pay your balance in full within 120 days. Instead, call 1-800-829-1040. Do not file if your business is still operating and owes employment or unemployment taxes. Instead, call the telephone number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise*, see **Bankruptcy or offer-in-compromise**, in the instructions.

Par									
	uest is for Form(s) (for example, Form 1040 or Form 941) ▶	T	and fo	r tax year(s) (for example, 2012 and 2013)					
1a	Your first name and initial Last name						Your social security number		
	If a joint return, spouse's first name and initial	Last name			S	Spouse's social security number			
	Current address (number and street). If you have a P.O. box and no hor			rery, enter your box number.			Apt. number		
	City, town or post office, state, and ZIP code. If a foreig	mplete ti	ne spaces below (see instructions)						
	Foreign country name			Foreign province/state/county			Foreign postal code		
1b	If this address is new since you filed your	n, ched	ck here				. ▶ 🔲		
2	Name of your business (must be no longer operating			Emplo	oyer iden	tification numb	per (EIN)		
3			4		'				
	Your home phone number Best time	for us to call		Your work phone number	Ext.		Best time for u	s to call	
5	Name of your bank or other financial institution:			Your employer's name:					
	Address			Address					
	City, state, and ZIP code			City, state, and ZIP code					
7	Enter the total amount you owe as shown	on your tax r	eturn(s) (or notice(s))		7			
8	Enter the amount of any payment you are	-	-	7 77		8			
9	Subtract line 8 from line 7 and enter the r				9				
10	Enter the amount you can pay each mont and penalty charges. The charges will co on line 10, a payment will be determined	ntinue until yo	ou pay	in full. If no payment amount					
11	Divide the amount on line 9 by 72 and enter the result • If the amount on line 10 is less than the amount on line			nd you are unable to increase	 your pay	11 ment to	the amou	nt on line	
	 11, complete and attach Form 433-F, Collection Information Statement. If the amount on line 10 is equal to or greater than the amount on line 11 but the amount you owe is greater than \$25,000 but not more than \$50,000, you must complete either line 13 or 14, if you do not wish to complete Form 433-F. 								
12	• If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F, Collection Information Statement. Enter the date you want to make your payment each month. Do not enter a date later than the 28th ▶								
13	If you want to make your payments by of 13b. This is the most convenient way to r				fill in lines	13a and			
>	a Routing number								
•	b Account number								
	I authorize the U.S. Treasury and its designary institution account indicated for payments or authorization is to remain in full force and e payment, I must contact the U.S. Treasury Findate. I also authorize the financial institutions necessary to answer inquiries and resolve issue.	to debit the terminatess davs pri	ne entry the au or to the	to this acc thorization. payment (s	ount. This To revoke settlement				
14	If you want to make your payments by pa	•		•					
Your si	gnature	Date		Spouse's signature. If a joint return, be			Date		
							0465 (5)		

Form 9465 (Rev. 12-2013)

Part II

Part	Additional information. Complete this part only if you have defaulted on an installment past 12 months and the amount you owe is greater than \$25,000 but not more \$50,000 line 10 is equal to or greater than the amount on line 11. If you owe more than \$50,000 Form 433-F, Collection Information Statement.	and)	the amount o	n
15	In which county is your primary residence?			
16a b	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	1	
18	How many people in your household are 65 or older?	18		
19	How often are you paid? Once a week. Once every two weeks. Once a month. Twice a month.			
20	What is your net income per pay period (take home pay)?	20	\$	
21	How often is your spouse paid? Once a week. Once every two weeks. Once a month. Twice a month.			
22	What is your spouse's net income per pay period (take home pay)?	22	\$	
23	How many vehicles do you own?	23		
24	How many car payments do you have each month?	24		
	Do you have health insurance? Yes. Go to question 25b. No. Skip question 25b and go to question 26a. Are your premiums deducted from your paycheck? Yes. Skip question 25c and go to question 26a. No. Go to question 25c.			
С	How much are your monthly premiums?	25c	\$	
26a b	Do you make court-ordered payments? Yes. Go to question 26b. No. Go to question 27. Are your court-ordered payments deducted from your paycheck? Yes. Go to question 27. No. Go to question 26c.			
С	How much are your court-ordered payments each month?	26c	\$	
27	Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month?	27	\$	