

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

FORM

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	deral ID Number		Daytime Phone		Home Phone	
Social Security Number	Spouse's Social Security Number		Nebraska Department of Revenue Agent Name/Phor			e 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						te EFT Authorization	
Total Liability Tax Periods of Delinquency Date Interest Computed T						Date Interest Computed Through	
	Se	ection I	— Income				
Name of Your Employer	Length of Employment	Date Pai	d	Gross Monthly Wages	s N	Net Monthly Wages	
Name of Spouse's Employer	Length of Employment	Length of Employment Date Pai		Gross Monthly Wages		Net Monthly Wages	
Other income (include child support, alimony, interest, etc.). Specify sources.						mount	
Total Monthly Net Income							
Section II — Payment Proposal							
I/we propose to make payments as follows: starting							
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 Ac			count Number			Type of Account Checking Savings	
A voided check must be attached for checking accounts payments.							
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	on IV —	Authorization				
House (ACH) transaction financial institution information amount of delinquent N This authorization is to termination. The Depart	ize the Nebraska Department of Fons as payment on this account. It is account, as deemed necessary, ebraska and local tax in the tax of remain in full force and effect of the trest reserves the right to terminate the serves the right to terminate the serves the right to terminate reserves the right to terminate reser	. I/we als to enable categorie until the	so authorize the De le payment by EFT es listed above for u Department has re	epartment to release I/we acknowledge up to one year after t eceived written notif	any of the that a lie he expirati	e above taxpayer and n may be filed for the ion of this agreement.	
sign here Authorized Signature			Title			Date	
Authorized Signature (Spouse)			Title			Date	
E-Mail Address							
Approved Authorized Signature — No	ebraska Department of Revenue		Title			Date	

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.

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.

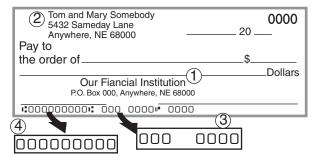
Section II — Payment Proposal

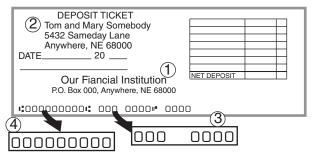
Enter the amount you will pay on a regular basis. These payments, if accepted, will be automatically deducted from your account based on your authorization. Be sure the Department has this agreement at least ten days prior to your starting date for these payments.

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.