

**DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU
APPLICATION FOR INSTALLMENT AGREEMENT**

SECTION I - FINANCIAL OBLIGATION(S)

1. NAME & ADDRESS TAXPAYER/OBLIGOR	2. TAXPAYER/OBLIGOR IDENTIFICATION NO.	3. PERMIT, LICENSE OR REGISTRY NO.
	4. TAX LIABILITY DUE	5. TAX PERIOD ENDING DATE
	6. KIND OF TAX	7. DATE OF REQUEST

8. THE FOLLOWING FACTS ARE SUBMITTED AS REASONS FOR THE INSTALLMENT AGREEMENT.

SECTION II - TERMS OF INSTALLMENT AGREEMENT (Select only one)

9. **Extension Agreement.** I agree that the amount shown in Section I, plus any interest and penalties provided by law, will be paid as follows:
 An initial payment of _____ to be paid on _____ and the remaining balance of _____ to be paid by _____.
10. **Installment Agreement.** I agree that the amount shown in Section I, plus any interest and penalties provided by law, will be paid as follows:
 An initial payment of _____ to be paid on _____ and payments in the amount of _____ to be paid on the _____ of each _____ thereafter until the liability is paid in full.

SECTION III - GENERAL INFORMATION AND TAXPAYER/OBLIGOR APPLICATION FOR APPROVAL

11. POINT OF CONTACT NAME/TITLE	12. POINT OF CONTACT TELEPHONE NUMBER
13. FINANCIAL INSTITUTION (Name and address)	14. EMPLOYER (Name and address)

SECTION IV - CONDITIONS OF AGREEMENT

15. 1. This agreement is based on your current financial circumstances and is subject to revision or cancellation if subsequent financial information required by TTB reflects a change in your ability to pay.
2. At any time during the terms of this agreement, your financial circumstances may be re-evaluated. The agreement may be changed or canceled at that time.
3. All Federal taxes or other obligations that become due during the term of this agreement will be paid on time.
4. All Federal tax returns that become due during the term of this agreement will be filed on time.
5. Interest and penalties will accrue until the liability is fully satisfied.
6. Permission to make installment payments may be withdrawn, and the entire financial obligation may be collected by levy on income or by seizure of property if the conditions of this agreement are not met, or if it is determined that collection of these financial obligations is endangered.
7. This agreement requires managerial approval. If it is not approved, you will be so notified.
8. If the installment agreement is longer than 12 months, it must be accompanied with a signed **TTB F 5600.18, Collection Information Statement for Businesses**, or **TTB F 5600.17, Collection Information Statement for Individuals**, as appropriate. Please see TTB guidance document TTB G 20XX-XX for additional information that TTB may request in support of this agreement.
9. Additional Conditions:

16. TAXPAYER'S/OBLIGOR SIGNATURE	17. NAME/TITLE	18. DATE
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SECTION V - TTB REVIEW AND APPROVAL

19. AGREEMENT CONTROL NUMBER	20. EARLIEST CSED	
21. LIEN FILING DETERMINATION (Check one):		
<input type="checkbox"/> Notice of tax lien filed	<input type="checkbox"/> Notice of tax lien to be filed (taxpayer/obligor notified)	
<input type="checkbox"/> Notice of tax lien not required	<input type="checkbox"/> Notice of tax lien not filed (reason)	
22. TTB ORIGINATOR'S NAME AND LOCATION (City & State)	23. OFFICE	24. DATE
25. TTB APPROVING OFFICIAL'S NAME	26. TTB APPROVING OFFICIAL'S TITLE	27. DATE

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The purpose of this information collection is to execute an installment agreement between the respondent taxpayer and the Alcohol and Tobacco Tax and Trade Bureau (TTB), as authorized by statute at 26 U.S.C. 6159.

The estimated average burden associated with this collection of information is 2 hours per respondent. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Paperwork Reduction Act Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, 1310 G Street, NW., Box 12, Washington, DC 20005. (Please do not send completed forms to that address; see the instructions below for this form's mailing address.)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.

PRIVACY ACT INFORMATION

The following information is provided pursuant to Section 3 of the Privacy Act of 1974 (5 U.S.C. 522a(e)(3)):

1. **AUTHORITY.** Solicitation of this information is made pursuant to 26 U.S.C. 6159. Disclosure of this information by the respondent taxpayer is necessary to obtain a benefit.
2. **PURPOSE.** This collection of information is necessary to execute an installment agreement between the respondent taxpayer and the Alcohol and Tobacco Tax and Trade Bureau (TTB).
3. **ROUTINE USES.** TTB will use the collected information for the purpose set forth in paragraph 2. In addition, TTB may disclose the collected information to other Federal, State, foreign, and local law enforcement and regulatory agency personnel to verify information on the form where such disclosure is not prohibited by law. The information may further be disclosed to the Justice Department if it appears that the furnishing of false information may constitute a violation of Federal law. Finally, the information may be disclosed to members of the public when authorized by statute or regulations.
4. **EFFECT OF NOT SUPPLYING INFORMATION REQUESTED.** Failure to supply complete information may prevent TTB from approving the requested installment agreement.

INSTRUCTIONS

SECTION I - FINANCIAL OBLIGATION(S)

- ITEM 1.** Enter the NAME AND ADDRESS TAXPAYER/OBLIGOR (telephone number and email address are optional).
- ITEM 2.** Enter the TAXPAYER/OBLIGOR IDENTIFICATION NO.
- ITEM 3.** Enter the permit, license, or registry number.
- ITEM 4.** Enter the total amount of tax liability due.
- ITEM 5.** Enter the tax period end date (enter in mm/dd/yyyy format).
- ITEM 6.** Enter the kind of tax (excise, special occupational, floor stocks, or Non-tax).
- ITEM 7.** Enter the date the taxpayer's request is made (enter in mm/dd/yyyy format).
- ITEM 8.** Submit the necessary facts and circumstances prompting the installment agreement request. If additional space is required, please identify the additional documents and include with this submission.

SECTION II - TERMS OF INSTALLMENT AGREEMENT (Select only one)

- ITEM 9. EXTENSION AGREEMENT** – An extension agreement enables the taxpayer to submit a good faith deposit on the total liability and propose a date in the future that the lump sum balance will be paid. The taxpayer acknowledges that penalties and interest will continue to accrue until the date the liability is paid.
Note: this type of extension agreement is used when the liability has already been assessed.
- ITEM 10. INSTALLMENT AGREEMENT** – An installment agreement allows the taxpayer to make partial payments towards their liability across multiple periods (commonly in monthly segments). The taxpayer acknowledges that penalties and interest will continue to accrue until the final payment is made.
Note: It is the taxpayer's responsibility to contact TTB to request the final payment payoff amount.

SECTION III - GENERAL INFORMATION AND TAXPAYER/OBLIGOR APPLICATION FOR APPROVAL

- ITEM 11.** Enter the title and name of the primary person authorized to sign on behalf of the company/taxpayer.
Note: Primary contact must have authorized power of attorney on file with decision making authority for tax related items concerning the taxpayer.
- ITEM 12.** Enter the primary point of contact's telephone number.
- ITEM 13.** Enter the name(s) and address for the taxpayer's primary banking institution(s).
- ITEM 14.** Employer name and address.

SECTION IV - CONDITIONS OF AGREEMENT

- ITEM 15. CONDITIONS OF AGREEMENT** – Note: this proposal is based on current financial conditions and your position may be re-evaluated at any time. Maintaining compliance in current obligations including the approved agreement is required. Additional conditions may apply.
- ITEM 16.** Enter the signature of the primary person authorized to sign on behalf of the company/taxpayer.
- ITEM 17.** Enter the name and title of the signer.
- ITEM 18.** Enter the date of signature (enter in mm/dd/yyyy format).

MAILING INSTRUCTIONS: Mail this completed form and the applicable additional information to:

Alcohol and Tobacco Tax and Trade Bureau
National Revenue Center
550 Main Street
Suite 8002
Cincinnati, OH 45202-5215