Form **9465**(Rev. September 2020) Department of the Treasury Internal Revenue Service

Installment Agreement Request

▶ Go to www.irs.gov/Form9465 for instructions and the latest information.
 ▶ 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 avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

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Part	<u> </u>									
	quest is for Form(s) (for example, Form 1040 or	· -								
	x year(s) or period(s) involved (for example, 2018 a		ary 1, 20	019, to June 30, 2019) ►						
1a	Your first name and initial	name and initial Last name Y				Your social security number				
	If a joint return, spouse's first name and initial	Last name				Spouse's social security number				
	Current address (number and street). If you have	ve a P.O. box an	id no ho	ome delivery, enter your box numb	er.		Ap	ot. number		
	City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions).									
	Foreign country name	Foreign province/state/county				Foreign postal code		reign postal code		
1b	If this address is new since you filed your		, checl	k here						
2	Name of your business (must no longer be ope	erating)			Er	nployer	identifi	cation number (EIN)		
3			4							
	Your home phone number Best time	for us to call		Your work phone number	Ext.		Best t	time for us to call		
5	Enter the total amount you owe as shown	n on your tax re	eturn(s)	(or notice(s))			5			
6	If you have any additional balances due t									
	the amounts are included in an existing in	istallment agre	ement)		. (6			
7	Add lines 5 and 6 and enter the result .						7			
8	Enter the amount of any payment you're	making with th	is requ				3			
9	Amount owed. Subtract line 8 from line 7	nt owed. Subtract line 8 from line 7 and enter the result								
10	Divide the amount on line 9 by 72.0 and 6						0			
11a	Enter the amount you can pay each month									
	and penalty charges, as these charges will continue to accrue until you pay in full. If you have									
	an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. If no payment amount is listed on line 11a, a payment will									
	be determined for you by dividing the b						1a \$			
h	If the amount on line 11a is less than the					_	Ιάψ			
b	to an amount that is equal to or greater that						1h &			
	 If you can't increase your payment on lin 				-			ho hoy Aloo		
	complete and attach Form 433-F, Collect							TIE DOX. AISO,		
	• If the amount on line 11a (or 11b, if app							t vou owe is		
	over \$25,000 but not more than \$50,000,	then you don't								
	433-F, then you must complete either line									
	• If the amount on line 9 is greater than \$5	50,000, comple	ete and	d attach Form 433-F.						
12	Enter the date you want to make your pay	yment each mo	onth. D	on't enter a date later than the	28th	<u> </u>	2			
13	If you want to make your payments by o							in lines 13a and		
	13b. This is the most convenient way to r	nake your payr	ments	and it will ensure that they are	made	on tin	ie.			
► a	Routing number	▶ b	Acco	ount number						
	I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for narrowers of my foderal taxes and the financial institution to debit the entry to the ground. This authorization is to remain in full force and									
	indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at									
	1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.									
^	' '		,	•				v providing vous		
C	Low-income taxpayers only. If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your									
	installment agreement. See instructions.			•				·		
14	If you want to make payments by payroll									
	ing and submitting this form, I authorize the IRS			· · · · · · · · · · · · · · · · · · ·						
	and administer the agreement over its duration. I									
•	gnature	Date		Spouse's signature. If a joint return				Date		
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Form 9465 (Rev. 9-2020)

Part II Additional Information

Part									
Comp	plete this Part only if all three conditions below apply:								
	1. You defaulted on an installment agreement in the past 12 months;								
	2. You owe more than \$25,000 but not more than \$50,000; and								
	3. The amount on line 11a (or 11b, if applicable) is less than line 10.								
Note:	Note: If you owe more than \$50,000, also complete and attach Form 433-F.								
15 In which county is your primary residence?									
13	In which county is your primary residence:								
16a	Marital status:								
ioa	☐ Single. Skip question 16b and go to question 17.								
	Married. Go to question 16b.								
b	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							
18	How many people in your household are 65 or older?	18							
19	How often are you paid?								
	Once a week.								
	☐ Once every 2 weeks.								
	Once a month.								
	Twice a month.								
	☐ Twice a month.								
20	What is your not income now now navied (take home now)?	20 \$							
20	What is your net income per pay period (take home pay)?	20 \$							
Note	: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instru	ctions) If you don't							
	a spouse, go to line 23.	otionoj. ii you don t							
	a opodos, go to iii o 20.								
21	How often is your spouse paid?								
	Once a week.								
	☐ Once every 2 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							
25a	Do you have health insurance?								
	☐ Yes. Go to question 25b. ☐ No. Skip question 25b and go to question	26a.							
b	Are your health insurance 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 health insurance premiums?	25c \$							
·	The mach are year menting near meanines promisines.	200 0							
26a	Do you make court-ordered payments?								
_54	☐ Yes. Go to question 26b. ☐ No. Go to question 27.								
b	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?								
~ =	Mich brokedten and another depend a companie for all 9.1.								
27	Not including any court-ordered payments for child and dependent support, how much do you pay	07 6							
	for child or dependent care each month?	27 \$							