

TO: (Employer—name and address)

REGARDING: (Taxpayer—name and address)

**I DO NOT CONSENT**

Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
For: Employer: \_\_\_\_\_

The taxpayer named on the right above owes federal taxes. This individual has named you as an employer and requests that a fixed amount be withheld from each wage or salary payment to be applied to the balance due. This payment arrangement is called a payroll deduction agreement and requires your approval. If you agree to participate, please read and sign the following statement:

I agree to participate in this payroll deduction agreement and will withhold the amount shown below from each wage or salary payment due this employee (taxpayer).

IRS  
Use  $\rightarrow$   
Only

I will send the money to the Internal Revenue Service every (circle one):

WEEK TWO-WEEKS MONTH Other: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Social security or employer identification number: \_\_\_\_\_

(taxpayer) (spouse)

Kinds of taxes (Form numbers)

Tax periods

As of \_\_\_\_\_, this taxpayer owes  
\$ \_\_\_\_\_, PLUS ALL PENALTIES AND INTEREST PROVIDED BY LAW

Telephone:  
(Home)  
(Work)

Banks (Names and addresses)

AGREEMENT LOCATOR NUMBER: \_\_\_\_\_  
(circle)

Check box if  
Pre-assessed   
Modules Included

0 No future action is required

5 Financial review date: \_\_\_\_ / \_\_\_\_

6 Monitor ES compliance: \_\_\_\_\_ Earliest CS ED  
Indicator: 1st Qtr \_\_\_\_ 2nd Qtr \_\_\_\_ 3rd Qtr \_\_\_\_  
ES payment: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

I am paid every (circle one)

WEEK TWO WEEKS MONTH Other: \_\_\_\_\_

I agree to have \$ \_\_\_\_\_ deducted from  
each pay beginning \_\_\_\_\_

I also agree and authorize this deduction to be increased or  
decreased as follows:

Date of increase (or decrease)	/ /	/ /
Amount of increase (or decrease)	\$	
New deduction amount	\$	

For assistance:

Call: 1-800-829-1040

or write: \_\_\_\_\_ Service Ctr.

City, State, Zip Code

**Conditions of this agreement** (applies to taxpayer):

- We must receive each payment by the date shown above; if you have a problem, contact us immediately.
- This agreement is based on your current financial condition. We may change or cancel it if our information shows that your ability to pay has changed significantly.
- We may cancel this agreement if you don't give us updated financial information when we ask for it.
- While this agreement is in effect, you must file all federal tax returns and pay any taxes you owe on time.
- We will apply your federal or state tax refunds (if any) to the amount you owe until it is fully paid. (This includes the Alaska Permanent Fund dividend for Alaska residents.)
- You must pay a \$43 installment agreement fee, which we have the authority to deduct from the first payment.
- If agreement defaults, you must pay a \$24 reinstatement fee if agreement is reinstated, which we have the authority to deduct from the first payment.

- If you don't meet the conditions of this agreement, we will cancel it, and may collect the entire amount you owe by levy on your income, bank accounts or other assets, or by seizing your property.
- We will cancel this agreement at any time if we find that collection of the tax is in jeopardy.
- We will apply all payments on this agreement in the best interest of the United States.
- This agreement may require managerial approval. If it is not approved, you will be notified.

To be filled in by IRS

**A NOTICE OF FEDERAL TAX LIEN** (check one)

- HAS ALREADY BEEN FILED
- WILL BE FILED IMMEDIATELY
- WILL BE FILED WHEN TAX IS ASSESSED
- MAY BE FILED IF THIS AGREEMENT DEFAULTS

**Additional Conditions:** (To be completed by IRS)

Taxpayer's signature \_\_\_\_\_

**I DO NOT CONSENT**

Date \_\_\_\_\_

IRS originator, title and IDRS number \_\_\_\_\_

Originator  
Code: \_\_\_\_\_

Agreement examined or approved by (Signature, title  
and function) \_\_\_\_\_

Date: \_\_\_\_\_