

Payroll Deduction Tax Installment Agreement

This agreement authorizes the employer named below to deduct specified tax installment payments from the employee's payroll and remit them directly to the designated tax authority.

1. Employee Information (Debtor)

Full Name:	<input type="text"/>
Employee ID / SSN:	<input type="text"/>
Street Address:	<input type="text"/>
City, State, ZIP:	<input type="text"/>
Phone Number:	<input type="text"/>

2. Employer Information

Company Name:	<input type="text"/>
Payroll Contact Person:	<input type="text"/>
Employer Identification Number (EIN):	<input type="text"/>
Mailing Address:	<input type="text"/>

3. Tax Agency & Tax Liability Information

Taxing Authority / Agency:	<input type="text"/>
Tax Period(s) / Year(s):	<input type="text"/>
Agreement / Case Number:	<input type="text"/>
Total Outstanding Tax Liability:	<input type="text"/>

4. Payroll Deduction Terms

Deduction Amount Per Pay Period:	<input type="text"/>
Pay Period Frequency (e.g., Weekly, Bi-weekly, Monthly):	<input type="text"/>
Deduction Start Date:	<input type="text" value="MM/DD/YYYY"/>
Deduction End Date (or "Until Paid in Full"):	<input type="text" value="MM/DD/YYYY or Until Paid in Full"/>

5. Authorization and Signatures

I, the Employee, hereby authorize my Employer to deduct the amount specified above from each of my paychecks and remit this amount to the designated Taxing Authority. This authorization will remain in effect until the specified total tax liability is paid in full or until a written termination of this agreement is provided by the Taxing Authority.

I, the Employer, agree to process these payroll deductions and remit the funds to the designated Taxing Authority in accordance with the schedule outlined above.

Employee Signature:	<input type="text" value="Sign on printed copy"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
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Authorized Employer Representative Signature:

Sign on printed copy

Date:

MM/DD/YYYY