

# Joint Taxpayer Installment Payment Agreement Form

Instructions: Complete this form to request a monthly installment payment agreement if you are joint taxpayers who owe federal or state taxes and cannot pay the full amount immediately.

## Section 1: Primary Taxpayer Information

First Name and Middle Initial:  Last Name:   
Social Security Number (SSN):  Current Occupation:   
Home Phone Number:  Work Phone Number:

## Section 2: Secondary Taxpayer (Spouse) Information

First Name and Middle Initial:  Last Name:   
Social Security Number (SSN):  Current Occupation:   
Home Phone Number:  Work Phone Number:

## Section 3: Joint Contact Information

Street Address:   
City:  State:  ZIP Code:

## Section 4: Tax Liability and Payment Proposal

Tax Year(s) Owed:   
Total Amount Owed:   
Proposed Monthly Payment Amount:   
Preferred Payment Due Date (Each Month):   
Payment Method (e.g., Direct Debit, Check, Payroll Deduction):

## Section 5: Bank Account Information (For Direct Debit Payments Only)

Bank Name:   
Routing Number:   
Account Number:   
Account Type (Checking or Savings):

## Section 6: Signatures and Agreement

By signing below, both taxpayers agree to make the monthly payments proposed above until the total tax liability, including interest and penalties, is paid in full. Both taxpayers authorize the tax agency to verify any financial information provided.

Primary Taxpayer Signature: \_\_\_\_\_ Date:   
Secondary Taxpayer Signature: \_\_\_\_\_ Date: