

Simplified Taxpayer Payment Agreement Request Form

Please fill out this form digitally or print it and complete it by hand to request a monthly payment agreement. Once completed, print this document for your records and submission.

Section 1: Taxpayer Information

Full Name:

Social Security Number (SSN) or ITIN:

Street Address:

City, State, and ZIP Code:

Primary Phone Number:

Section 2: Payment Proposal

Tax Year(s) Owed:

Total Amount Owed:

Proposed Monthly Payment Amount:

Preferred Payment Day of the Month (e.g., 1st to 28th):

Section 3: Electronic Funds Withdrawal (Optional)

Complete this section if you want your monthly payments automatically deducted from your bank account.

Bank Routing Number (9 digits):

Bank Account Number:

Account Type (Checking or Savings):

Section 4: Agreement and Signature

By signing below, you agree to make the proposed monthly payments until your tax liability is paid in full, including any penalties and interest that continue to accrue. You authorize the tax agency to process these payments as described.

Printed Name:

Signature (Sign here after printing):

Date (MM/DD/YYYY):

