



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
PO BOX 942867  
SACRAMENTO CA 94267-0011

## INSTALLMENT AGREEMENT REQUEST

Complete this form and mail it to the address shown above. Failure to provide complete information will delay processing of your request. **Do not attach this form to your tax return.**

1. Your first name	Initial	Last name	
If joint, spouse's first name	Initial	Last name	
Present home address-number and street, PO Box or rural route.		Apt. No.	PMB No.
City, town, or post office		State	Zip Code
Your social security number (Required)			Spouse's social security number
2. Your home phone number (include area code)	3. Your work phone number		4. Your spouse's work phone number

5. Enter your total account balance for all years.....

\$

6. Enter the amount you can pay each month. Interest and penalty charges will continue until you pay your balance in full, so it is important to make your payments as large as possible.....

\$


7. If we approve your request, we agree to let you pay the tax you owe in monthly installments. In return, you agree to make your monthly installments by a direct transfer from your bank account.

Enter the date of the month you want your bank to transfer funds to the Franchise Tax Board. **Please enter a date from the 1<sup>st</sup> through the 28<sup>th</sup> only.**.....

1st-28th only

8. Name and address of your bank

9. Bank Routing Number

This is the nine digit number at the bottom left of your check. See  in Installment Agreement Information. Your bank can tell you what your routing number is.

10. Bank account number-This must be a regular checking or savings account

**Please check one:**

Checking ☐

Savings ☐

I certify that I have the authority to request an electronic debit from the account identified above and I authorize the Franchise Tax Board to initiate and process debit entries to the above account. This authorization will remain in effect until the balance due has been paid, the Franchise Tax Board cancels the installment agreement, or the Franchise Tax Board has received and processed a written notification from me to stop the debit entries.

I request that the amount in box 6 be debited from my account each month on the date specified in box 7. If this day falls on a Saturday, Sunday, or a holiday, the transfer is authorized for the next business day.

If the Franchise Tax Board cannot deduct the monthly payment from my account because of insufficient funds or because the account is closed, the Franchise Tax Board may cancel my installment agreement. The Franchise Tax Board will charge me a dishonored payment penalty and may charge me a collection fee. I will be responsible for any overdraft fees charged by my bank.

Your signature

Date

If you have any questions about your installment agreement, please call (800) 689-4776. An Interactive Voice Response system is available seven days a week, 24 hours a day. Our representatives are available Monday through Friday 7:30 a.m. to 5:00 p.m. If you are hearing impaired, TTY/TDD services are available at (800)-822-6268. For Privacy Act Notice, get form FTB 1131.