



1323504013

MAIL TO:

Georgia Department of Revenue
Processing Center
PO Box 740396
Atlanta, GA 30374-0396

Georgia Department of Revenue

Installment Agreement Request

1.	If you received a notice showing an amount due, please enter the Letter ID number listed on the notice (if available): L 																													
2.	► Check tax type and enter the related tax identification number and tax periods at issue: ☐ Individual Income Tax SSN: ☐ Sales and Use Tax STN: ☐ Withholding Tax WTN: ☐ Corporate Income Tax FEIN: ☐ IFTA Fuel Tax IFTA: GA ☐ Other TAX ID: ► Enter tax periods at issue: 																													
3.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Taxpayer's First Name</td> <td style="width:10%;">Middle Initial</td> <td style="width:33%;">Last Name</td> <td style="width:24%;">Social Security Number</td> </tr> <tr> <td>If a joint liability, Spouse's First Name</td> <td>Middle Initial</td> <td>Last Name</td> <td>Social Security Number</td> </tr> <tr> <td colspan="3">Business Name (use if business is requesting installment payment agreement)</td> <td>Federal Employer Identification No.</td> </tr> <tr> <td>Taxpayer's Mailing Address</td> <td>City</td> <td>State</td> <td>ZIP</td> </tr> <tr> <td colspan="4">Phone Number</td> </tr> </table>										Taxpayer's First Name	Middle Initial	Last Name	Social Security Number	If a joint liability, Spouse's First Name	Middle Initial	Last Name	Social Security Number	Business Name (use if business is requesting installment payment agreement)			Federal Employer Identification No.	Taxpayer's Mailing Address	City	State	ZIP	Phone Number			
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Taxpayer's Mailing Address	City	State	ZIP																											
Phone Number																														
4.	Enter the total amount you owe as shown on your tax return or notice: _____																													
5.	Enter the total number of months subject to the installment payment agreement, not to exceed 36 months : _____																													
6.	Enter the amount you will pay each month: _____																													
7.	Enter the day (1 st to 28 th) your monthly payment will be debited from your bank account: _____																													
8.	All payments must be made by electronic funds withdrawal from your checking account. Complete the following information: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name of Financial Institution</td> <td style="width:30%;">Address</td> <td style="width:15%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">ZIP</td> </tr> <tr> <td colspan="5"> ► a. Routing Number: ☐ Checking ☐ Savings ► b. Account Number: </td> </tr> </table>										Name of Financial Institution	Address	City	State	ZIP	► a. Routing Number: ☐ Checking ☐ Savings ► b. Account Number: 														
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- 9. I hereby waive all rights of any additional notice or appeal concerning the assessment and collection of any part or all of the tax liability to be paid by means of this installment payment agreement request. I specifically waive the 30 day period to contest any notice of proposed assessment issued under O.C.G.A. § 48-2-46 and the right to appeal any final assessment notice issued under O.C.G.A. § 48-2-47.**
- I authorize the Georgia Department of Revenue and its designated financial agent to initiate a monthly ACH electronic funds withdrawal entry to the financial institution account indicated above for payments of the state taxes owed and the financial institution to debit the entry to this account. I also authorize the financial institutions involved in the processing of electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to those payments. By mutual agreement, it is understood that any tax refund, state or federal, will be applied through offset to the liability included in this payment agreement request until such is fully paid and satisfied. **Your signature acknowledges that you have waived all rights of any additional notice, refund, or appeal concerning the assessment and collection of any part or all of the tax liability to be paid by means of this installment payment agreement request.**

Your Signature

Date

Spouse's Signature (if a joint return, both must sign)

Date