IIIStallinen	t Agreemen	IL .				
MUST BE ATTACHE	D TO FRONT OF	RETURN				
DO NOT file this form if you are currently making payments on	an installment ag	reement. If you	ı are in bankrup	tcy, see	instruc	tions.
axpayer First Name Initial Last Name		SSN	9999999	99		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX					
pouse First Name Initial Last Name		Spouse SSN	9999999	99		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX					
ailing Address (Number and Street, Including Rural Route)						
[9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9] ity	X9X9X9X9X County Code		is new since you		X	
	1	your last tax	return, check he	re.		
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	070707070					
999)999-9999 9999	9,5,5,5,5,5,5					
Banking Information	Employer In	formation				
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Name of your bank or other financial institution	Your employer's	name				
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City, State, Zip Code	City, State, Zip C					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXX	XXXXXXX	XX	999	99
Payment Information						
Enter the tax year for which you are making this request			1		99	99
Enter the total amount you owe (as shown on your return)			2	999	9999	999
Enter the amount of any payment you are making with your tax return	(see instructions)		3	999	9999	999
				000	0000	
Enter the amount due each month (interest will continue until you p	ay in full)		4	999	9999	1999
Instructions						
n installment agreement is available to taxpayers that have a tax liability						
n installment agreement is available to taxpayers that have a tax liability just be filed on or before the due date, or any extensions allowed, and th	is request form mu	ıst be submitted	with the return.	You (and	your sp	ouse if
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