



State of California
Franchise Tax Board

3561 BOOKLET

INSTALLMENT AGREEMENT

You may be eligible to make monthly installment payments, if you have a financial hardship and cannot pay your tax amount in full. If we approve your request, we agree to let you pay the tax amount you owe in monthly installments instead of immediately paying the amount in full. You must make your monthly payments through electronic funds transfer (EFT). EFT allows you to automatically make payments to the Franchise Tax Board by a direct transfer of funds from your checking or savings bank account.

When you request an installment agreement, you agree to meet all future tax liabilities. You must file your future returns timely and have enough withholding or estimated tax payments to pay your tax liability in full for future years. You will be in default on your agreement, if you do not make your payments on time or if you have an outstanding past due amount in a future year. We may take enforcement actions to collect the entire amount you owe. Please, check your W-4 or DE-4 on file with your employer to be sure that your withholding rate is correct. If you have income from other sources, be sure that your estimate payments are adequate.

WHAT YOU SHOULD KNOW IF YOU ARE APPROVED FOR AN INSTALLMENT AGREEMENT

- Your payment will be automatically deducted from your bank account.
- Additional interest and some penalties will continue to accrue while you make your scheduled payments.
- You must contact your employer to adjust your W-4 form to ensure that your tax is covered each year. You may need to change your W-4 form to ensure enough money is being withheld to pay any future tax.
- We will keep any state tax refund you are due and deduct it from the total amount you owe, but **will not** replace your monthly payment.
- We can file a state tax lien to protect the state's interest until you pay off your balance (Government Code Section 7170-7173). Your credit record might reflect the lien.

State of California – Franchise Tax Board Installment Agreement Financial Statement

Please furnish the information requested on this form. It is important that all questions are answered. If you run out of space, please attach additional pages (write your name and social security number on all additional pages). All information will be verified.

1. TAXPAYER INFORMATION

Name	Home Telephone Number () -	Work Telephone Number () -
Address	Spouse's Work Phone Number () -	Personal Fax Number () -
	Taxpayer's Social Security Number - -	Spouse's Social Security Number - -
City, State, ZIP	Taxpayer's Date of Birth / /	Spouse's Date of Birth / /

2. LIST ALL DEPENDENTS AND NON-RELATIVES LIVING WITH YOU

Name	Age	Relationship	Name	Age	Relationship

3. EMPLOYMENT INFORMATION

TAXPAYER	SPOUSE
Employer/ Business Name: _____	Employer/ Business Name: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Employer/Business Tel Number: () -	Employer/Business Tel Number: () -
Employer/Business Fax Number: () -	Employer/Business Fax Number: () -
Occupation/Profession: _____	Occupation/Profession: _____
How long employed: _____	How long employed: _____
Marital Status on your W-4: _____	Marital Status on your W-4: _____
Number of exemptions you claim: _____	Number of exemptions you claim: _____

4. BANK ACCOUNTS (Includes Savings & Loans, Credit Unions, IRA's)

Name of Institution	Address	Type of Account (Checking/Savings) (Joint/Separate)	Account Number	Balance
				\$
				\$
				\$
Total ▶				\$

5. REAL ESTATE

Address/County of Property	Date Purchased	Current Value	Mortgage Balance	Paid to: (Lender Name)
	/ /	\$	\$	
	/ /	\$	\$	
	/ /	\$	\$	
Total ▶		\$	\$	

6. MOTOR VEHICLES

Year, Make, and License Number	Date Purchased	Current Value	Loan Balance	Date Loan Will Be Paid Off
	/ /	\$	\$	/ /
	/ /	\$	\$	/ /
	/ /	\$	\$	/ /
Total ▶		\$	\$	

7. LIFE INSURANCE

Name of Company	Amount You Can Borrow on Policy	Name of Company	Amount You Can Borrow on Policy
	\$		\$

8. OTHER ASSETS (Stocks, Bonds, Boats, etc.)

Description	Current Value	Loan Balance	Date Loan Will Be Paid Off
	\$	\$	/ /
	\$	\$	/ /
	\$	\$	/ /
	\$	\$	/ /
Total ▶		\$	\$

9a. MONTHLY INCOME AND EXPENSES (Based on all members of the household)

MONTHLY INCOME

Item	Amount	FTB Use Only
Net Pay (amount you take home from wages and/or self employment)	\$	
Spouses Net pay (amount spouse takes home from wages and/or self employment. If self employed, see Page 6)	\$	
Rents Received	\$	
Pensions	\$	
Disability/Social Security	\$	
Commissions	\$	
Other Income:	\$	
Dividends	\$	
Interest	\$	
Child Support	\$	
Royalties	\$	
Alimony	\$	
Other (list) _____	\$	
Income contributed from other people living in your home	\$	
TOTAL MONTHLY INCOME ▶		\$

9b. MONTHLY INCOME AND EXPENSES (Expense must be reasonable for the size of your family, location, and circumstances).

MONTHLY EXPENSES

Item	Amount	FTB Use Only
Homeowner <input type="checkbox"/> Enter Monthly mortgage payment ▶	\$	
Renter <input type="checkbox"/> Enter Monthly rent payment ▶	\$	
Payments made to: _____ _____ Address: _____ _____ City/State/ZIP: _____ Telephone Number: (____) ____ - _____		
Alimony/Child Support (If payroll deduction, do not enter)	\$	
Groceries	\$	
Childcare/Daycare	\$	
Utilities:		
Electricity	\$	
Heat	\$	
Water	\$	
Sewer	\$	
Telephone	\$	
Transportation (Number of miles to and from work _____)		
Doctor and medial bills not paid by insurance	\$	
Insurance (not paid through payroll deductions):		
Vehicle	\$	
Health	\$	
Life	\$	
Homeowners/Renters	\$	
IRS Installment Agreement – Enter Total Amount Due	\$	
Quarterly Estimate Income Tax Payments		
Federal	\$	
State	\$	
Vehicle Payments (List Lien Holder below)		
1.	\$	
2.	\$	
3.	\$	

CREDIT OBLIGATIONS

Name of Creditor/Card	Credit Limit	Amount Owed	Available Cash Advance
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
7.	\$	\$	\$

OTHER EXPENSES (List all other personal obligations not included above)

1.	AMOUNT	\$
2.		\$
3.		\$
TOTAL MONTHLY EXPENSES ▶		\$
MONTHLY PAYMENT PROPOSAL ▶		\$
(Begin making payments NOW. You will be notified of our decision.)		\$

10. Do you expect changes to income or health that may change your monthly expenses? If yes, explain:

Have you filed bankruptcy? Yes No If yes, complete the following:

District: _____

Case Number: _____

Judge's Name: _____

Petition Date: ____ / ____ / ____ Discharge Date: ____ / ____ / ____

Attorney's Name: _____

Attorney's Telephone Number: (____) ____ - _____

DOCUMENTATION

You must submit the following documentation with your financial statement. **An installment agreement may be delayed if all required documentation is not included.**

1. Verification of income and expenses **for the past three months:**

- Copies of all pay stubs and statements of any other income.
- Copies of IRS tax payments for delinquent taxes and estimated payments.
- Copies of alimony and child support payments.

In addition, **if self employed:**

- Current balance sheet and income statements.
- Annual balance sheets and income/expense statements for the last two years (such as IRS FORM 1040 Schedule C).
- Current list of accounts receivable (names, addresses, and balance due statements).
- Current list of notes receivable (names, addresses, and balance due statements).

2. Bank information **for the past three months:**

- Bank statements for all personal and business accounts.

3. Tax Returns:

- We cannot process the installment agreement until all past due returns are filed.

4. Other:

- Documentation and explanation of other household expenses that may exceed a reasonable amount.

If we approve your request, we agree to let you pay the tax you owe in monthly installments instead of immediately paying the amount in full. In return, you agree to make your monthly payments through electronic funds transfer (EFT). Additional information and instructions about EFT will be sent to you if your installment agreement is approved. In addition, you agree to pay a fee for establishing this installment agreement.

Under penalty of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete. I understand that a state tax lien may be filed (Government Code Section 7170-7173), I also understand that future state income tax returns must be filed when due and the tax liability paid in full or my installment agreement will be cancelled.

TAXPAYER'S SIGNATURE	SPOUSE'S SIGNATURE	DATE

For Privacy Notice, see page 7.

Mail the completed financial statement to:

**Franchise Tax Board
PO Box 942867
Sacramento CA 94267-0041**

NOTES

FRANCHISE TAX BOARD PRIVACY NOTICE

The privacy of your tax information is of the utmost importance to us.

Your Rights

You have a right to see our records that contain your personal information. We must tell you why we ask for your income tax information and to whom we provide it. You also have the right to question the accuracy of the information contained within your file.

Your Responsibilities

If you meet certain income requirements, you must file a return on the forms we prescribe. When you file the return and related documents, you must include your social security number for identification and return processing. (R&TC Sections 18501, 18621, and 18624)

Reasons for Information Requests

We ask for return information so that we can administer the tax laws fairly and correctly. We may request additional information to resolve audit or collection issues. You must furnish all requested information.

Consequences of Noncompliance

We charge penalties and interest if you meet income requirements but do not file a return or do not provide the information we ask for, or if you provide fraudulent information. In certain cases, if you provide fraudulent information, we may pursue criminal prosecution. We may also disallow your claimed exemptions, exclusions, credits, deductions, or adjustments. This could increase your tax liability, or delay or reduce any refund.

Information Disclosure

We may disclose your tax information to:

- The Internal Revenue Service.
- Other states' income tax officials.
- The Multistate Tax Commission.
- Appropriate California government agencies and officials.
- Third parties when necessary to determine or collect on your tax liabilities.

If you owe us money, we can disclose

the amount due to employers, financial institutions, county recorders, vacation trust funds, process agents, or others who may hold assets belonging to you.

Responsibility for the Records

The director of the Processing Services Bureau is responsible for maintaining Franchise Tax Board's records. You can obtain information about your records by:

Telephone:

(800) 852-5711

(within the United States)

(916) 845-6500

(outside of the United States)

(not toll-free)

Mail:

DISCLOSURE OFFICER MS A181

FRANCHISE TAX BOARD

PO BOX 1468

SACRAMENTO CA 95812-1468

TAXPAYERS' BILL OF RIGHTS

The California Taxpayers' Bill of Rights ensures that we adequately protect the rights, privacy, and property of all California taxpayers during the process of assessing and collecting taxes. The following information may be helpful to you if we begin collection actions on your tax liability.

Alternatives to Collection Actions

If you contact us, you can prevent collection actions by doing any of the following:

- Paying your tax liability in full.
- Making an installment agreement.
- Filing any required returns or providing proof that no return is due.
- Making an Offer in Compromise that we accept.
- Establishing that your financial hardship prevents you from paying this liability.

Laws Regarding Collection Actions

Third Party Contacts: We may contact third parties to determine or collect your tax liabilities. To the extent the law allows, we will provide you, upon your request, a list of individuals or organizations we contacted during the 12-month period following the date of the enclosed notice. We must receive your request no later than 60 days after the 12-month period has ended. (R&TC Section 19504.7)

Installment Agreement Cancellation: If we cancel your installment agreement, we will notify you in writing 30 days prior to the cancellation. (R&TC Section 19008)

Tax Liens: If we file a tax lien, you can get it released by paying the total tax liability (including any penalties and accrued interest) for the tax years represented by the lien. We will record a certificate of release in the office of the county recorder where we filed the tax lien and/or with the California Secretary of State no later than 40 days after you pay the liability. If you pay by check, the 40-day period does not begin until your financial institution honors the check. (R&TC Section 19206)
Unfortunately, we sometimes file a tax lien in error. If this happens to you, please write to us and tell us why you think we are wrong. If we agree with you, we will send a notice to the applicable county recorder's office and to credit reporting companies in that county stating that we filed the tax lien in error. (R&TC Section 21019)

Bank, Wage, or Other Levies: If we take your property and you believe our action is improper, you have the right to a hearing. At the hearing, you should provide information that demonstrates to us the need to change or withdraw our levy or stop the sale of your property.

If we seize your bank account in error, and you did not contribute to that error, we may reimburse you for related bank charges. You must file your reimbursement claim within 90 days of the levy. (R&TC Section 21018)

The California Code of Civil Procedure Sections 700.010 through 704.995, and the California Revenue and Taxation Code Sections 18670 and 18671 govern the seizure and sale of real and personal property. The California Code of Civil Procedure Sections 706.020 through 706.154 govern wage garnishment.

You can contact the **Taxpayer Advocate** by:

MAIL: TAXPAYER ADVOCATE BUREAU
PO BOX 157
RANCHO CORDOVA CA 95741-0157
TELEPHONE: (800) 883-5910
WEBSITE: www.ftb.ca.gov

TELEPHONE AND INTERNET ASSISTANCE

From within the United States, call (800) 852-5711
From outside the United States, call (not toll-free) (916) 845-6500
Website. www.ftb.ca.gov

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call TTY/TDD (800) 822-6268.