

ATS Test Scenario 15
Taxpayer: Mark Blackberry
SSN: 400-00-1044

Test Scenario 15 includes the following form:

- **Form 9465**

Additional Information:

Taxpayer made a payment of \$1,260.00 with Form 9465

Installment Agreement Request

▶ Go to www.irs.gov/Form9465 for instructions and the latest information.
 ▶ If you are filing this form with your tax return, attach it to the front of the return.
 ▶ See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to www.irs.gov/OPA to apply for an Online Payment Agreement.

Part I

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ 1040
 Enter tax year(s) or period(s) involved (for example, 2016 and 2017, or January 1, 2017 to June 30, 2017) ▶ 2018

1a Your first name and initial <u>Mark</u>	Last name <u>Blackberry</u>	Your social security number <u>400-00-1044</u>
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. <u>1111 Sunset Boulevard</u>		Apt. number
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). <u>Beverly Hills, CA 90210</u>		
Foreign country name	Foreign province/state/county	Foreign postal code

1b If this address is new since you filed your last tax return, check here

2 Name of your business (must no longer be operating)	Employer identification number (EIN)
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3 <u>888-555-1234</u> Your home phone number	<u>6:00 pm</u> Best time for us to call	4 <u>888-555-5678</u> Your work phone number	<u>9:00 am</u> Ext. Best time for us to call
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5 Enter the total amount you owe as shown on your tax return(s) (or notice(s))	5 <u>8,260</u>
6 If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	6
7 Add lines 5 and 6 and enter the result	7
8 Enter the amount of any payment you're making with this request. See instructions	8
9 Amount owed. Subtract line 8 from line 7 and enter the result	9
10 Divide the amount on line 9 by 72 and enter the result	10

11a Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months** 120

b If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment 120

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th 12 20

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

▶ **a** Routing number

1	0	1	1	1	0	2	7	1
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▶ **b** Account number

9	8	7	6	5	4	3													
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I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c Low-income taxpayers only. If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159.

Your signature	Date	Spouse's signature. If a joint return, both must sign.	Date
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Part II

Additional information. Complete this part only if all three conditions apply:

- 1. you defaulted on an installment agreement in the past 12 months,
- 2. you owe more than \$25,000 but not more than \$50,000, and
- 3. the amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than \$50,000, complete and attach Form 433-F, Collection Information Statement.

- 15** In which county is your primary residence? _____
- 16a** Marital status:
 Single. Skip question 16b and go to question 17.
 Married. Go to question 16b.
- b** Do you share household expenses with your spouse?
 Yes.
 No.
- 17** How many dependents will you be able to claim on this year's tax return? **17** | _____
- 18** How many people in your household are 65 or older? **18** | _____
- 19** How often are you paid?
 Once a week.
 Once every two weeks.
 Once a month.
 Twice a month.
- 20** What is your net income per pay period (take home pay)? **20** | \$ _____

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

- 21** How often is your spouse paid?
 Once a week.
 Once every two weeks.
 Once a month.
 Twice a month.
- 22** What is your spouse's net income per pay period (take home pay)? **22** | \$ _____
- 23** How many vehicles do you own? **23** | _____
- 24** How many car payments do you have each month? **24** | _____
- 25a** Do you have health insurance?
 Yes. Go to question 25b. No. Skip question 25b and go to question 26a.
- b** Are your health insurance premiums deducted from your paycheck?
 Yes. Skip question 25c and go to question 26a. No. Go to question 25c.
- c** How much are your monthly health insurance premiums? **25c** | \$ _____
- 26a** Do you make court-ordered payments?
 Yes. Go to question 26b. No. Go to question 27.
- b** Are your court-ordered payments deducted from your paycheck?
 Yes. Go to question 27. No. Go to question 26c.
- c** How much are your court-ordered payments each month? **26c** | \$ _____
- 27** Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? **27** | \$ _____