



**State of California
Franchise Tax Board**

**INSTALLMENT
AGREEMENT REQUEST**

FTB 3567 (REV 12-2009)

**INSTALLMENT
AGREEMENT REQUEST
PLACE ADDRESS
LABEL HERE**



State of California
Franchise Tax Board

Installment Agreement Request

The Franchise Tax Board will always request taxpayers to pay in full immediately if they have the financial ability to do so. Prior to granting an installment agreement, we will request taxpayers to borrow from a private source of funds to enable immediate payment in full. You may be eligible to make monthly installment payments if you cannot pay your tax liability in full. If you qualify for an installment agreement, you must pay a set amount on a specific day each month, and you must agree to the taxpayer installment agreement conditions.

Taxpayer Installment Agreement Conditions

You agree to:

- Make your monthly payments on the date you specify.
- Maintain adequate funds in your bank account.
- File all required income tax returns timely.
- Pay all future income tax balances timely.
- Pay a \$20 installment agreement fee, which we will add to your balance due. This fee amount may change without further notice based on legislative requirements.

Depending on your Financial Situation, you may Qualify if you:

- Owe a balance of \$25,000 or less.
- Agree to pay your account in 60 months or less.
- Have filed all required personal income tax returns.

Approval will be based on ability to pay and compliance history. A lien may be filed, and/or a financial statement requested, as a condition for approval. Failure to prove, or misrepresentation of financial condition, may result in a denial of your installment agreement. You must certify you have a financial hardship if your tax liability is greater than \$10,000 and your installment agreement exceeds 36 months by initialing the box on PAGE 2.

How to Request an Installment Agreement

Online

Go to **ftb.ca.gov** and search for **installment agreement**, and then select **apply online**. Only newly assessed liabilities may qualify for an online installment agreement.

By Mail

Complete the enclosed FTB 3567, *Installment Agreement Request*, on PAGE 2 and mail it to us at:

FRANCHISE TAX BOARD
PO BOX 2952
SACRAMENTO CA 95812-2952



Installment Agreement Request

Complete this form and mail it to the address shown on PAGE 1. Failure to provide complete information will delay the processing of your request. Do not attach this form to your tax return. **Caution: Do not use this form if you are currently making payments on an installment agreement. Instead, call 800.689.4776.**

If you are making this request for a joint liability, print the names and social security numbers (SSNs) or FTB IDs in the same order as on your California state tax return.

First Name	M.I.	Last Name	SSN or FTB ID (required)	
If Joint, Spouse's/RDP's ¹ First Name	M.I.	Last Name	Spouse's/RDP's SSN or FTB ID	
Current Home Address-Number and Street, PO Box, or Rural Route.			Apt. No.	PMB No.
City, Town, or Post Office			State	ZIP Code
Home Phone Number () _____	Work Phone Number () _____ Ext. _____		Spouse's/RDP's Work Phone Number () _____ Ext. _____	

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 timely.

EFT Authorization

I authorize an electronic funds withdrawal for the amount in box 1, from the account identified below, on the _____ (please specify) day of the month. The day must be the 1st through the 28th. If this day falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day.

1. Payment Amount	2. Day for Monthly EFT Withdrawal (Enter the date from above.)	3. Bank Routing Number (This is the first nine-digit number at the bottom left of your check.)	4. Bank Account Number (This is the number after the bank routing number.)
5. Bank Name and Address			Check One: Checking <input type="checkbox"/> Savings <input type="checkbox"/> (This must be a regular checking or savings account.)

I certify that I have the authority to request an electronic funds withdrawal from the bank account identified above and I authorize the Franchise Tax Board (FTB) to initiate and process electronic funds withdrawal entries to the above account. This authorization remains in effect until: 1) all unpaid tax liabilities due or becoming due during the course of this agreement are paid, 2) FTB cancels the installment agreement, or 3) FTB receives written notice of cancellation of this EFT Authorization within five business days prior to the payment due date.

I request that the payment amount in box 1 be debited from my bank account each month on the date specified in box 2. If this day falls on a Saturday, Sunday, or state holiday, I authorize the transfer for the next business day.

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

Authorized Signature	Signer's Name (print)	Daytime Telephone Number and Ext.	Date
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By initialing the box below you agree to the following statement:

I have read and agree to the taxpayer installment agreement conditions on PAGE 1 and if my balance is greater than \$10,000 or payment is over 36 months, I certify I have a financial hardship.

¹ RDP refers to a registered domestic partner or partnership.

Additional Information

Where Do I Find my Bank Information?

The illustration below shows where your bank routing and account numbers are on your check. You need these numbers to answer Questions 3 and 4 on the installment agreement form. Do not use a deposit slip to find the bank numbers. If you need help locating your bank numbers, contact your financial institution.

You must use a regular checking or savings account.

The diagram shows a check with the following fields and markings:

- Your Name:** 1234 Main Street, Anytown, CA 99999
- Postmark:** 20
- Check Number:** 0001
- Bank Identification Number (BIN):** 15-00000000
- PAY TO THE ORDER OF:** A blank line for the payee's name.
- Amount:** A box for the dollar amount, followed by "DOLLARS".
- ANYTOWN BANK:** Anytown, CA 99999
- FOR:** A blank line for the purpose of the check.
- Routing and Account Numbers:** 1:250250025 1:202020 • 1234

Labels with arrows point to the routing number (1:250250025), account number (1:202020), and check number (1234).

Future State and Federal Refunds, and Interagency Intercept Collections

We will keep any state tax refund you are due and apply it towards your balance. This action does not replace your monthly payment. FTB may also submit your account to the Federal Treasury Offset Program. An offset is when the federal tax refund you would have received is used to pay all or a portion of a state income tax debt you owe. If the full amount owed is not collected in one year, we may offset future federal payments to satisfy your tax debt. FTB may also intercept any funds due to you from another state agency.

State Tax Liens

We may file a state tax lien to protect the state's interest until you pay off your balance (Government Code Section 7170-7173). This can affect your credit report.

Insufficient Funds

To avoid cancellation of your installment agreement and a dishonored payment penalty, make sure you have enough funds in your bank account to cover your monthly payment. If we cancel your installment agreement, we will send you an FTB 4021, *Notice of Intent to Cancel*, and we may require that you pay your balance in full within 30 days. If we agree to reestablish your installment agreement, we require another installment agreement fee.

If your Installment Agreement is Denied

You may file a request for a review. You must send us your written request within 30 days from the date you receive a denial notice or collection actions will resume. Please send your request, along with any supporting documents to: FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO, CA 94257-9954.

Collection Contact Center

Call 800.689.4776, Monday - Friday, 8 a.m. to 5 p.m., except on state holidays.

Franchise Tax Board Privacy Notice

Get FTB 1131, *Franchise Tax Board Privacy Notice*, at ftb.ca.gov or call us at 800.338.0505. If outside the United States, call 916.845.6500.