## **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. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part										
This red	quest is for Form(s) (for example, Form 1040 or	Form	941) ► FORM	1	040					
Enter ta	x year(s) or period(s) involved (for example, 2018 a	and 20 <sup>-</sup>	19, or January 1,	20	19, to June 30, 2019) ► 2020					
1a	Your first name and initial	Last	name			Υοι	ır socia	al secu	rity number	
	SUDHEER KUMAR	SUDHEER KUMAR NANDAGIRI 22						223-91-5810		
	If a joint return, spouse's first name and initial	Last	name			Spo	use's s	social s	ecurity number	
	JYOTHIPRIYA	NAK	KA			27	8-43	-916	9	
	Current address (number and street). If you ha	ive a P	.O. box and no	ho	me delivery, enter your box number.			Apt. r	number	
	3335 Scotch Creek Rd									
	City, town or post office, state, and ZIP code.	lf a for	eign address, a	Iso	complete the spaces below (see ins	structio	ns).			
	Irving TX 75063									
	Foreign country name				Foreign province/state/county			Forei	gn postal code	
	If this address is new since you filed your			ck	here				🕨 🗌	
2	Name of your business (must no longer be ope	erating	)			Emplo	oyer ide	ntificat	on number (EIN)	
3	(201)890-9502		4							
	Your home phone number Best time					Ext.	-	est tim	e for us to call	
5	Enter the total amount you owe as shown	-					5		11,210.	
6	If you have any additional balances due t									
	the amounts are included in an existing in						6			
7							7		11,210.	
8	Enter the amount of any payment you're		•				8		0.	
9	Amount owed. Subtract line 8 from line 7						9		11,210.	
10 11a	Divide the amount on line 9 by 72.0 and e Enter the amount you can pay each mon				· · · · · · · · · · · · · · ·		10		156.	
па	and penalty charges, as these charges									
	an existing installment agreement, this									
	payment amount for all your liabilities. If	no pa	yment amou	nt	is listed on line 11a, a paymer	nt will				
	be determined for you by dividing the b	balan	ce due on line	e 9	by 72 months		11a	\$	467.	
b	If the amount on line 11a is less than the									
	to an amount that is equal to or greater that					-				
	If you can't increase your payment on li								box. Also,	
	complete and attach Form 433-F, Collect								L	
	• If the amount on line 11a (or 11b, if app over \$25,000 but not more than \$50,000,									
	433-F, then you must complete either line				p	o., j				
	• If the amount on line 9 is greater than \$									
12	Enter the date you want to make your part	yment	t each month.	Do	on't enter a date later than the 2	8th	12		16	
13	If you want to make your payments by o	direct	debit from yo	bur	checking account, see the inst	ructior	ns and	fill in	lines 13a and	
	13b. This is the most convenient way to r	nake	your payment	s a	and it will ensure that they are ma	ade or	time.			
► a	Routing number 0 2 1 2 0 0 3 3				unt number 3 8 1 0 4 3 5					
	I authorize the U.S. Treasury and its designated Final indicated for payments of my federal taxes owed, an									
	effect until I notify the U.S. Treasury Financial Agent	to term	inate the authoriza	atio	n. To revoke payment, I must contact the	U.S. Tre	easury Fi	inancial	Agent at	
	1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions invo electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the pay								cessing of the	
с	Low-income taxpayers only. If you're		5			•	, ,	t hv r	providina vour	
Ŭ	banking information on lines 13a and 1								•••	
	installment agreement. See instructions .				5				· ·	
14	If you want to make payments by payroll									
By sign	ing and submitting this form, I authorize the IRS	s to co	ntact third partie	es a	and to disclose my tax information to	third p	oarties i	n orde	r to process this	
	and administer the agreement over its duration.									
Your sig	gnature		Date	S	Spouse's signature. If a joint return, <b>t</b>	ooth m	ust sign	ı.	Date	

BAA

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Part		
Comp	blete this Part only if all three conditions below apply:	
	<ol> <li>You defaulted on an installment agreement in the past 12 months;</li> <li>You owe more than \$25,000 but not more than \$50,000; and</li> </ol>	
	<b>3.</b> The amount on line 11a (or 11b, if applicable) is less than line 10.	
Note	If you owe more than \$50,000, also complete and attach Form 433-F.	
15	In which county is your primary residence?	
40		
16a	Marital status:	
	<ul> <li>Single. Skip question 16b and go to question 17.</li> <li>Married. Go to question 16b.</li> </ul>	
b	Do you share household expenses with your spouse?	
	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?	
10	□ Once a week.	
	Once every 2 weeks.	
	Once a month.	
	Twice a month.	
20	What is your net income per pay period (take home pay)?	20 \$
Noto	Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instru-	ations) If you don't
	a spouse, go to line 23.	ctions). If you don't
21	How often is your spouse paid?	
	Once a week.	
	Once every 2 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 2	26a.
h		
a	Are your health insurance premiums deducted from your paycheck?	
С	How much are your monthly health insurance premiums?	25c \$
26a	Do you make court-ordered payments?	
200	□ 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.	
с	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 \$

## Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: Form 9465: Installment Agreement Request

Filing Address Smart Worksheet						
Mail Form 9465 separ	Mail Form 9465 separately <b>only</b> if you are not filing a current year return.					
Send Form 9465 to:	Department of the Treasury					
	Internal Revenue Service					
	P.O. Box 69					
	Stop 811					
	Memphis, TN 38101-0069					