



Form 433I-Payment Agreement Application

Payment Agreement Details

Read this information carefully as it contains the terms of any payment agreement approved by DOR. You must respond in a timely manner and substantiate all claimed expenses with documentation. A payment agreement is subject to the discretion and approval of DOR. DOR reserves the right to deny your proposal for any reason. **Note:** You are subject to the tax collection activity listed below until your payment agreement is accepted. If your case is assigned to a Collections examiner, you must adhere to the deadline that was provided by the examiner. If you have any questions, call 617-887-6400.

If your payment proposal is approved:

- ▶ You will receive a written confirmation from DOR.
- ▶ DOR will forego certain collection actions against you for the taxes covered by the payment agreement while the agreement is in effect, except for:
 - Filing tax lien notices against your property.
 - Intercepting certain federal and state payments, tax refunds and/or insurance payouts (see below for details).
- ▶ By entering into a payment agreement with DOR, you agree to:
 - Submit your required payments in full and on time.
 - File and pay all tax returns on time.
 - Pay all other tax liabilities in full and on time, unless under appeal.
 - Extend the statute of limitations on collection of the taxes covered by the payment agreement by the length of time the agreement is in effect.
 - Provide information to DOR upon request as part of any periodic review of your agreement.
 - Notify DOR within 30 days of any significant increase in income (pay raises, inheritance, lottery winnings, asset appreciation, etc).

If DOR denies your payment proposal, or you breach your approved agreement, DOR will provide written notice of such denial/breach and resume all applicable tax collection activity including but not limited to:

- ▶ Filing tax liens against your property.
- ▶ Levying your bank account(s).
- ▶ Seizing your property.
- ▶ Garnishing your wages.
- ▶ Suspending your driver's license and/or vehicle registration(s).
- ▶ Intercepting your state/federal government payments and/or refunds.
- ▶ Assigning your tax liabilities to an outside collection agency.

Payment agreement approval DOES NOT:

- ▶ Eliminate your tax liability.
- ▶ Stop the accrual of penalties and interest.
- ▶ Prevent DOR from filing tax lien notices against your property.
- ▶ Remove or invalidate tax liens.
- ▶ Stop the intercept/offset program: Lottery Intercepts, Casino Intercepts, Insurance Intercepts, State/Federal Tax Refund Intercepts, and other government payment intercepts will continue to be paid towards the liability covered by the agreement and any other active liability.
- ▶ Prevent DOR from pursuing other people who might owe the taxes (other responsible persons, business entities, joint obligors, etc.).

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights. Register on MassTaxConnect to access your tax account online mass.gov/masstaxconnect.com.

- ▶ Review and update your account
- ▶ Make online payments
- ▶ Contact us using e-message



Massachusetts Department of Revenue

Form M-433I

Statement of Financial Condition for Individuals
Financial Statement for Payment Agreement

Fill out this application completely by following instructions provided. If additional information is needed to accurately process your application an agent may contact you. The Department of Revenue (DOR) retains the right to require documentation providing proof of claims made below. If you have any questions, contact the Collections Bureau at 617-887-6400 for assistance.

Payment proposal

Proposed payment: Preferred date of first payment

Fill in one of the following: Weekly Bi-Weekly Monthly

Note: A Notice of Tax Lien may still be filed against your property. Penalty and interest will continue to accrue until paid in full.

Fill out and attach the Electronic Funds Transfer Authorization Form (EFT) included in this application. If you are unable to complete the EFT form, see instructions.

Taxpayer information

Taxpayer's name Social Security number E-mail address

Spouse's name Social Security number E-mail address

Mailing address Phone number

Dependents and household members List the name, date of birth, and relationship of all individuals who live with you.

Name Date of birth Relationship

Employment

Employer's name Taxpayer's occupation Annual salary Hourly rate

Spouse's employer name Spouse's occupation Annual salary Hourly rate



Monthly income

Table with 11 rows for income categories: 1 Applicant net income, 2 Spouse net income, 3 Rental income, 4 Business net income, 5 Pension, 6 SSI, 7 Alimony, 8 Child support, 9 Unemployment, 10 Other, 11 Total monthly income.

Monthly expenses. See instructions

Table with 12 rows for expense categories: 12 Food, 13 Personal, 14 Rent/Mortgage, 15 Insurance, 16 Transportation, 17 Loan/credit card minimum payments, 18 Utilities, 19 Internet and cell phone services, 20 Medical expenses, 21 Child care, 22 Other (secondary expenses), 23 Total monthly expenses, 24 Discretionary income.

Debt Obligations

Table with 3 columns: Name, Minimum monthly payment, Remaining balance. Rows include Credit card, IRS, Student loans, Dependent care, Child support, and Other.

Under penalties of perjury, I declare that the statement of income, assets, expenses, and other information in this document, or attached hereto, are true and correct to the best of my knowledge and belief. I authorize the Massachusetts Department of Revenue to verify any and all information included in this document. I understand that any deceptive or intentionally inaccurate entries will result in the rejection of my application.

Your signature Date
Spouse's signature Date

Form M-433I Instructions

When to Use This Form

Use this form when requesting a Payment Agreement from the Massachusetts Department of Revenue. Call the Collections Bureau at 617-887-6400 with any questions. You must complete all pages of this application.

Payment Proposal

Use this section to indicate a proposed payment. Enter your preferred date of payment. Designate payment frequency by checking the appropriate box. Attach the Electronic Funds Transfer Authorization Form (EFT Form) included in this application. If you do not have a bank account call the Collections Bureau at 617-887-6400 to discuss your payment options.

Taxpayer Information

Enter your name, social security number, current mailing address, telephone number and email address. Complete spouse information if applicable.

Dependents and Household Members

List the name, age and relationship of all individuals who live with you.

Employment

Enter your employer, occupation, and income. Complete spouse information if applicable.

Property Details

List the full address of all residential or rental property owned in the appropriate box. Enter the current assessed value for each property. Include any property partially owned or in a trust. Use additional sheets if necessary.

Power of Attorney

If you wish to have a representative act on your behalf, you must complete Form M-2848 and attach it to this application.

Signatures

If submitting electronically you must e-sign and date by typing your name where applicable.

If submitting by mail you must sign the application.

Right to Require Documentation

Massachusetts Department of Revenue and its agents may require you to provide verification of the information in this application.

Required Documents

Your payment plan application will be reviewed for completeness and accuracy. All applicants must provide the following information to verify your monthly income and expenses.

You must provide the following information for all applicants:

Payment proposal letter

- An explanation of how you proposed this total

Proof of income

- Most recent pay stub
- Proof of other income
- Last filed federal tax return

Proof of expenses

- Bank statements (last three months personal and business bank statements for all deposit accounts including e-payment services such as Venmo and Paypal.)

Self-employed taxpayers

- Latest profit/loss statement
- Most recent filed federal tax return
- Most recent credit card statement
- Proof of estimated tax payments

Where to Submit This Form

Mail this application to Massachusetts Department of Revenue, Collections Bureau, PO Box 7021, Boston, MA 02204 or fax to 617-660-3995.

Use Our Website to Manage Your Account

You can manage your Payment Agreement online through MassTaxConnect at <https://mtc.dor.state.ma.us/>.



Electronic Funds Transfer Authorization Form

Massachusetts
Department of
Revenue

Visit MassTaxConnect at mass.gov/masstaxconnect to enroll in the Department of Revenue's (DOR's) EFT program for your payment agreement. Once enrolled in EFT, your payments will be deducted automatically from your bank account and submitted to DOR for the duration of the payment agreement. If you are unable to activate your EFT enrollment in MassTaxConnect, complete and mail this form to Massachusetts DOR, Collections Bureau, PO Box 7021, Boston, MA 02204. Call the Collections Bureau at 617-887-6400 with any questions.

Step 1. Complete Requested Information

Reason for submission:

New enrollment Change enrollment

Taxpayer name

Taxpayer Identification number

Spouse name / Responsible person name

Spouse SSN / Responsible person SSN

Name as appears on check/bank statement

SSN or FID (if different)

I (we) hereby authorize DOR to initiate debit entries from my (our) checking/savings account indicated below and the Depository named below to debit the same from such account.

Depository name (Your bank name)

Transit/ ABA number ("Routing #")

Account number

Indicate below the type of bank account (checking or savings), installment amount, frequency (weekly, bi-weekly or monthly) and date you would like payments debited from your account:

Checking account Savings account

\$ _____
Payment plan installment amount

Weekly _____ Bi-weekly _____ Monthly _____
First date to debit First date to debit First date to debit

Note: This authority is to remain in full force and effect until DOR and the Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford DOR and the Depository a reasonable opportunity to act on it.

Name(s) on account (print)

ID numbers on account

Date

Signature

Spouse's signature

Step 2. Attach Depository Information:

Enclose a copy of your voided check or pre-printed savings deposit slip with banking numbers printed on the bottom. Or, enclose a copy of a letter from your depository that verifies your banking information (i.e., name, account number, routing number).