

Department Use Only			
(MM/DD/YY)			

Social Security Number			Spouse's Social Security Number								
				_	_						
ахра	ayer Name	Spouse's Name									
	e event that you are unable to pay the en				nent may be i	equested by	y submitting this				
Pleas aym the	se specify the requested amount of monthly tent may be required. We encourage you to be front of your tax return. Our office will notiful this form if you are currently making p	payments. Payment agr make your payments as y you within 90 days if y	reement, if approve s large as possible rour request was a	ed, will be for no lo	erest you must	pay. Please	attach this form				
	Address	City		State	ZIP Code	÷					
Taxpayer Information	Daytime Telephone Number	Tax Years Total Amount			Shown On Your Tax Return(s) or Notice(s)						
	Requested Down Payment	Requested Monthly Payment Requester			nthly Payment Due Date (MM/DD/YYYY)						
	Name of Your Bank or Other Financial Institution										
_	Bank Address	City	State	ZIP Code							
Electronic Payment	Complete the following checking acco	unt information if you Account Number	would like to m	ake your paymei	nts by electro	onic funds v	withdrawal.				
Signature	Under penalties of perjury, I declare that Missouri Department of Revenue and its account for payments of state taxes owed authorization. To terminate this authorizations business days prior to the payment date. I confidential information necessary to ans be charged for each EFT transaction and payment due to insufficient funds an additional whatever charges my bank may assess.	designated financial ago d. This authorization is to tion I must contact the also authorize the finan wer inquiries and resol- current fees can be fou	ent to initiate Electo remain in full for Taxation Division cial institutions invue issues related and at the website	ctronic Funds Tran orce and effect unto n at phone number volved in the proces to the payments. e provided. I under	sfer (EFT) pa il I notify the er listed on th ssing of the el I understand stand in the e it by the proce	yments from Department is form no I ectronic pays that a conv vent that my essor (JetPa	the designated to terminate the later than seven ments to receive tenience fee with bank returns and the contents of the conte				
	Signature		Date (MM/DD/YYYY)								
	Spouse's Signature (If Joint Return, Both I			Date (MM/DD/YYYY)							

Form 4338 (Revised 08-2017)

Mail To: Taxation Division P.O. Box 385

Jefferson City, MO 65105-0385

Phone: (573) 751-7200 **Fax:** (573) 522-1271

E-mail: income@dor.mo.gov

17356010001