

Department Use Only  
(MM/DD/YY)



Spouse's Social Security Number

$$\boxed{\phantom{000}} - \boxed{\phantom{000}} = \boxed{\phantom{000}}$$

$$\boxed{\phantom{000}} - \boxed{\phantom{000}} = \boxed{\phantom{000}}$$

Spouse's Name

\_\_\_\_\_

Payment agreement, if approved, will be for no longer than a 24-month term and a down payment may be required. We encourage you to make your payments as large as possible to reduce the interest you must pay.

Do not file this form if you are currently making payments on an installment agreement.

## Taxpayer Information

Address										City										State					ZIP Code																			
Daytime Telephone Number ( ) - - - - -															Tax Years										Total Amount Shown On Your Tax Return(s) or Notice(s)																			
Requested Down Payment															Requested Monthly Payment										Requested Monthly Payment Due Date (MM/DD/YYYY) / /																			

## Electronic Payment

Complete the following checking account information if you would like to make your payments by electronic funds withdrawal.

[illegible]

## Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I authorize the Missouri Department of Revenue and its designated financial agent to initiate Electronic Funds Transfer (EFT) payments from the designated account for payments of state taxes owed. This authorization is to remain in full force and effect until I notify the Department to terminate the authorization. To terminate this authorization I must contact the Taxation Division at phone number listed on this form no later than seven business days prior to the payment date. I also authorize the financial institutions involved in the processing of the electronic payments to receive confidential information necessary to answer inquiries and resolve issues related to the payments. I understand that a convenience fee will be charged for each EFT transaction and current fees can be found at the website provided. I understand in the event that my bank returns a payment due to insufficient funds an additional charge will be electronically debited from my account by the processor (JetPay) in addition to whatever charges my bank may assess.

Signature	Date (MM/DD/YYYY)
	____/____/____

Form 4338 (Revised 01-2019)

**Mail To:** Taxation Division  
P.O. Box 1002  
Jefferson City, MO 65105-1002

**Phone:** (573) 751-7200  
**Fax:** (573) 522-1271  
**E-mail:** [paymentplan@dor.mo.gov](mailto:paymentplan@dor.mo.gov)



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