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Form **4338**

MISSOURI DEPARTMENT OF REVENUE

Tax Payment Installment Agreement Request

Department Use Only (MM/DD/YY)

Select One : ☐ Income Tax ☐ Business Tax

Social Security Number

Missourri Tax ID Number

Taxpayer Name

Business Name

Spouse's Social Security Number

Federal Employer ID Number

Spouse's Name

Authorized Representative

In the event that you are unable to pay the entire tax amount due in full, a tax payment installment agreement may be requested online at **dor.mo.gov/taxation/payment-options/** or by submitting this completed form. Before a payment agreement can be considered, all tax returns must be filed. Visit our website at **dor.mo.gov/forms/** to obtain forms. Returns can be attached to this request.

A payment plan can be established for no longer than 36 months and the monthly amount cannot be less than $50. All delinquencies on your account must be included in the installment agreement. We encourage you to make your payments as large as possible as interest continues to accrue for the length of the agreement.

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 Year(s)/Period(s)	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.

Name of Your Bank or Other Financial Institution	
Routing Number	Account Number

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)
	___ ___ /___ ___ /___ ___ ___ ___

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

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