**NAME**

Tax Defense Network Affiliated Partner

**ADDRESS**

**DATE**

RE: **CLIENT NAME** – SSN: **XXX-XX-XXXX**

**SPOUSE NAME** – SSN: **XXX-XX-XXXX**

Dear Reviewing Agent,

Please find the enclosed information. It has been submitted in request of an installment agreement with the following terms:

* Monthly payments of \_\_\_ paid on the \_\_\_\_ of the month by check via mail. *Then, payments could increase to \_\_\_\_ per month to repay the balances in full within 72 months.*
* Please consider the one year rule per IRM 5.19.1.6.6.

Enclosed are the following documents:

* Collection Information Statement Form 433F;
* *Edit for specific subordination documents*
* *Edit for specific subordination documents*
* *Edit for specific subordination documents*

This is a formal request for an installment agreement. Please input the proper transaction codes within 24 hours of receipt of this request per IRM § 5.14.1.3(3) in order to prevent unwarranted collection activity.

Please contact me directly with any question regarding either this request or this account in general. My contact information is listed at the top of this page.

Thank you,