

Installment Agreement Request

On behalf of the business identified below, as an individual owner, partner or representative of the corporation, I request that the Employment Development Department (EDD) accept an installment agreement in order to liquidate debts due. The following is submitted, along with a Good Faith payment, in consideration of this request:

Employer Payroll Tax Account Number							
Owner Name	Last 4 Digits of Social Security Number or Corporate ID Number						
Business Name							
Address (number and street)							
City, State, and ZIP Code							
Mailing Address (if different from above)							
City, State, and ZIP Code							
Name of Bank or Other Financial Institution	If you are an individual owner, partner, or a person assessed under section 1735 of the CUIA and no longer in business, complete the following: Current Employer's Name Address City, State, and ZIP Code						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 30px; vertical-align: top;">Bank Account Number</td> <td style="width: 50%; height: 30px; vertical-align: top;">Routing Number</td> </tr> <tr> <td colspan="2" style="height: 30px; vertical-align: top;">Address</td> </tr> <tr> <td colspan="2" style="height: 30px; vertical-align: top;">City, State, and ZIP Code</td> </tr> </table>		Bank Account Number	Routing Number	Address		City, State, and ZIP Code	
Bank Account Number		Routing Number					
Address							
City, State, and ZIP Code							
Address							
City, State, and ZIP Code							
Proposed payment amount: Frequency (check one): <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly ___ Day of the Month <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly ___ Day of Week							
Good Faith payment enclosed:							
\$ _____ \$ _____							

I understand:

- The EDD has the right to refuse this installment agreement request.
- Installment agreements exceeding one year in length require full financial disclosure and documentation.
- Additional interest accrues daily on the unpaid balance at the rate prescribed by law.
- All missing and delinquent reports must be filed in order to request a payment arrangement.
- The EDD will file a Notice of State Tax Lien for outstanding liabilities.
- I will be subject to an offset of any state refund due to me, including state income tax refunds and lottery winnings, as well as any federal income tax refund due to me by the U.S. Department of the Treasury, as prescribed by law.
- The EDD may assess responsible individuals for any unpaid corporate, limited liability company, or limited liability partnership liability.
- Associations, corporations, LLCs and LLPs must complete and return with this form a [Corporate Information Questionnaire \(DE 204\) \(PDF\)](#).
- Failure to adhere to the installment agreement and/or incurring any additional liability may be considered a default, and involuntary collection action may be taken without further notice to me or to the organization listed above.

Signature (Owner/Responsible Party)

Title

Date

Print Name

Phone Number

Alternate Phone Number

Contact Person (please print)

Phone Number

Alternate Phone Number

INSTALLMENT AGREEMENT REQUEST (DE 927B) INSTRUCTIONS

Complete all requested information. Write "N/A" (not applicable) in those areas that do not apply to your business. If the form is incomplete or unsigned, we will not be able to consider your request for an installment agreement.

If you are an individual owner, partner, or responsible person assessed under section 1735 of the [California Unemployment Insurance Code](#) (CUIC) and the business is no longer active, complete the section that requests information about your current employer.

If the installment agreement you are requesting exceeds one year in length, you must complete a financial statement and submit the required documents for substantiation. The forms [Financial Statement \(DE 926B\) \(PDF\)](#) and/or the [Financial Statement for Businesses \(DE 926C\) \(PDF\)](#) are available, but any recent financial statement which has substantially the same data is acceptable.

For account balance information, please refer to the most recent **Statement of Account** (DE 2176) or call the Taxpayer Assistance Center at **1-888-745-3886**. You can view your DE 2176 through [e-Services_for_Business](#) (edd.ca.gov/e-Services_for_Business).

A Good Faith payment is required when requesting an installment agreement.

All missing and delinquent reports must be filed before requesting an installment agreement.

An approved installment agreement does **not** prevent an offset of any state or federal income tax refund; however, it may prevent involuntary collection actions. Any offset amount received will not affect your scheduled payments but may reduce the length of the agreement.

An approved installment agreement does **not** prevent a lien from being filed. The EDD will file a **Notice of State Tax Lien** (DE 2181) for outstanding liabilities.

Send Good Faith payment and completed DE 927B to:

**Employment Development Department
PO Box 989150, MIC 92F
West Sacramento, CA 95798-9150**

To ensure proper posting of funds to your account, please make sure your employer payroll tax account number is on your check or money order.

More information on installment agreements can be found on the [Information Sheet: Installment Agreement \(DE 631P\) \(PDF\)](#).

[Forms and publications](#) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications) are available on the EDD website. To request forms or publications be mailed or faxed to you, please contact the Taxpayer Assistance Center at **1-888-745-3886**.