

Offer in Compromise - Periodic Payment Voucher

If you filed an offer in compromise and the offered amount is to be paid in 24 months or fewer (*Short Term Periodic Payment Offer*) or monthly installments paid within the statutory period (*Deferred Periodic Payment Offer*) in accordance with the **Tax Increase Prevention and Reconciliation Act of 2005**, you must continue to make the payments during the investigation of the offer until you receive a decision letter (*accepted, rejected, returned, or withdrawn*). Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number or employer identification number on the check or money order. Do not send cash. You may designate a specific tax liability to apply the payments. If you chose to do this, please write it in the "Apply to" section of the 656-PPV.

Enclose your payment with this voucher and mail to:

For those offers originally sent to Holtsville, NY, please send payments to: P.O. Box 9011, Holtsville, NY 11742
 For those offers originally sent to Memphis, TN, please send payments to: AMC-Stop 880, PO Box 30834, Memphis, TN 38130-0834

(Please Print or Type)

Taxpayer's First Name and Initial	Taxpayer's Last Name	Your Social Security Number (SSN) or Employer Identification Number (EIN)		
Taxpayer's Address (<i>number, street, and room or suite no., city, state, ZIP code</i>)		<p>Amount of Your Payment</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center; padding: 5px;"> <i>(Dollars)</i> \$ </td> <td style="width: 20%; text-align: center; padding: 5px;"> <i>(Cents)</i> </td> </tr> </table>	<i>(Dollars)</i> \$ 	<i>(Cents)</i>
<i>(Dollars)</i> \$ 	<i>(Cents)</i> 			
Offer Number		Apply Payment to: (<i>optional</i>) Form _____ Period _____		