

SAME-DAY TAXPAYER WORKSHEET

To arrange an electronic same-day federal tax payment, complete this form and present it at your financial institution. Please type or print clearly.

- 1 Total tax payment: (Include interest and penalty if applicable) \$
- 2 Taxpayer identification number:
- 3 Taxpayer name control: (the first four letters of your business name)*
- 4 Taxpayer name:
- 5 Tax type: (5 characters) see Common IRS Tax Type table below**
- 6 Tax year: (2 digits)
- 7 Tax month/quarter: (2 digits) see Common IRS Tax Type table below

OPTIONAL INFORMATION:

If the payment includes tax, interest, and penalty:

NOTE: The sum of lines 8–10 must equal the amount in line 1.

- 8 Tax amount \$
- 9 Interest amount \$
- 10 Penalty amount \$

*For assistance determining the name control, see page 10.

**A comprehensive Tax Type list is available online at www.irs.gov. Personal assistance is available by calling 1.800.829.4933.

COMMON IRS TAX TYPES AND SUBTYPES

Form Number	Form Name	Tax Type Prefix (First 4 Digits)	Valid Suffixes (Last Digit—see Legend Below)	Valid Months
720	Quarterly Excise Tax	7200	3, 4, 5, 7, 8, 9, B	03, 06, 09, 12
7200D*	Branded Prescription Drug Fee	7200	D	08
940	Employer's Annual Unemployment Tax	0940	3, 4, 5, 7, 8, 9, B	12
941	Employer's Quarterly Tax	9410	0, 3, 4, 5, 7, 8, 9, B	03, 06, 09, 12
944	Employer's Annual Federal Tax	9440	0, 1, 3, 4, 5, 7, 8, 9, B	12
945	Withheld Federal Income Tax	0945	0, 3, 4, 5, 7, 8, 9, B	12
990T	Exempt Organization Business Income Tax	9904	2, 3, 4, 6, 7, 8, 9, B	Fiscal Year Month (01–02)
1042	Annual Withholding Tax for U.S. Source of Income of Foreign Persons	1042	2, 3, 4, 5, 7, 8, 9, B	12
1120	Corporation Income Tax Federal	1120	0, 2, 3, 4, 6, 7, 8, 9, B	Fiscal Year Month (01–02)
2290	Heavy Vehicle Use Tax	2290	3, 4, 7, 8, 9, B	01–12
8804	Annual Return of Partnership Withholding Tax (Section 1446)	8804	3, 4, 7, 8, 9, B	01–12
8963	Health Insurance Providers Fee	8963	7	09

Legend for Tax Type Suffixes (the one character suffix follows the 4-digit form number for the tax type):

Suffix	Type	Suffix	Type
0	Amended	7	Balance Due or Subsequent Payment
2	Extension	8	Designated Payment of Interest
3	Designated Payment of Fees or Collection Costs	9	Designated Payment of Penalty
4	Advance Payment of Determined Deficiency	B	IRS 6603 Deposits (cash bond)
5	Federal Tax Deposit	D	Branded Prescription Drug Fee (only)
6	Estimated		

*7200 D does not have a paper form associated with it. It is the only tax type used for the Branded Prescription Drug Fee.

WIRE INSTRUCTIONS

Mandatory fields below are **BOLD**.

Receiving ABA/Routing Number [3400]	091036164
Receiving FI Name [3400]	US TREAS SINGLE TX
Beneficiary [4200]	Taxpayer Identification Number: Name Control: Taxpayer Name: Tax Type: Tax Year: Tax Month: Example: 123456789:ABCC:ABC Company:94105:08:03: This information is obtained from the worksheet lines 2–7 on page 25
<small>Note: Financial Institutions or vendors may refer to this as the Beneficiary Account Number</small>	

Wires received after 5 p.m. ET will be rejected and returned to the financial institution. FTCS does not warehouse payments for the next business day.

Errors in the information listed above or wires sent in an incorrect format may result in the wire being rejected and returned, potentially causing a late payment and penalties.

TRANSACTION CONFIRMATION

You may call FTCS at **1.800.382.0045** and follow the automated prompts to receive the 15-digit Electronic Funds Transfer (EFT) number for your transaction

If the customer is enrolled in EFTPS, he or she may check **EFTPS.gov** or call **1.800.605.9876** the business day after the transaction was completed to obtain the EFT acknowledgment number.

15-digit EFT number

NOTE

If using FedLine® Advantage to make same-day federal tax payments (wires), financial institutions should use the Federal Tax Payment Form.