

Installment Agreement

(See instructions on the back of this page)

Name and address of taxpayer(s) [REDACTED] CHENEY, KS 67025-9128		Social Security or Employer Identification Number (SSN/EIN) (Taxpayer) [REDACTED] (Spouse) [REDACTED]
		Your telephone numbers (including area code) (Home) [REDACTED] (Work, cell or business) [REDACTED]
<input type="checkbox"/> Submit a new Form W-4 to your employer to increase your withholding.		For assistance, call: 1-800-829-0115 (Business), or 1-800-829-8374 (Individual - Self-Employed/Business Owners), or 1-800-829-0922 (Individuals - Wage Earners) Or write [REDACTED], Memphis, TN 38101-0069 (City, State, and ZIP Code)

Kinds of taxes (form numbers) MISC	Tax periods 03/2015 06/2015 09/2015 12/2015 09/2016 12/2016 03/2017 06/2017 09/2017 12/2017	Amount owed as of 10/15/2020 \$ 12,717.15
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I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows
 \$ 213.00 on 11/28/2020 and \$ 213.00 on the 28th of each month thereafter

I / We also agree to increase or decrease the above installment payments as follows:

Date of increase (or decrease)	Amount of increase (or decrease)	New installment payment amount

The terms of this agreement are provided on the back of this page. Please review them thoroughly.

Please initial this box after you've reviewed all terms and any additional conditions.

Additional Conditions / Terms (To be completed by IRS)	Note: Internal Revenue Service employees may contact third parties in order to process and maintain this agreement.
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DIRECT DEBIT — Attach a voided check or complete this part only if you choose to make payments by direct debit. Read the instructions on the back of this page.

a. Routing number [REDACTED]

b. Account number [REDACTED]

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the Internal Revenue Service to terminate the authorization. To revoke payment, I must contact the Internal Revenue Service at the applicable toll free number listed above no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

Debit Payments Self-Identifier

If you are unable to make electronic payments through a debit instrument (debit payments) by providing your banking information in a. and b. above, please check the box below:

I am unable to make debit payments

Note: Not checking this box indicates that you are able but choosing not to make debit payments. See Instructions to Taxpayer below for more details.

[REDACTED]	Date 10/22/20	Title (if Corporate Officer or Partner) Owner/Member	Spouse's signature (if a joint liability)	Date
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AGREEMENT LOCATOR NUMBER: [REDACTED]

Check the appropriate boxes:

- RSI "1" no further review
- RSI "5" PPIA IMF 2 year review
- RSI "6" PPIA BMF 2 year review
- Agreement Review Cycle _____ Earliest CSED _____
- Check box if pre-assessed modules included
- Originator's ID number [REDACTED] Originator Code [REDACTED]
- Name [REDACTED] Title [REDACTED]

- AI "0" Not a PPIA
- AI "1" Field Asset PPIA
- AI "2" All other PPIAs

A NOTICE OF FEDERAL TAX LIEN (Check one box below)

- HAS ALREADY BEEN FILED
- WILL BE FILED IMMEDIATELY
- WILL BE FILED WHEN TAX IS ASSESSED
- MAY BE FILED IF THIS AGREEMENT DEFAULTS

NOTE: A NOTICE OF FEDERAL TAX LIEN WILL NOT BE FILED ON ANY PORTION OF YOUR LIABILITY WHICH REPRESENTS AN INDIVIDUAL SHARED RESPONSIBILITY PAYMENT UNDER THE AFFORDABLE CARE ACT.

Agreement examined or approved by (Signature, title, function)
 [REDACTED]