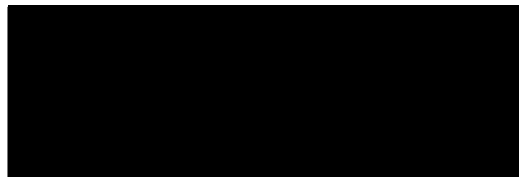


Internal Revenue Service
Independent Office of Appeals
1600 Stewart Avenue
Suite 210
Westbury, NY 11590

Department of the Treasury

Person to Contact:



Date: June 01, 2026

Refer Reply to:

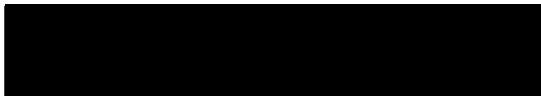
AP:CL:WST:KMF

In Re:

Collection Due Process - Levy

Tax Period(s) Ended:

12/2017 12/2022 12/2024



Concord, MA 01742 US

Dear Mr. & Mrs.



Enclosed please find **Form 433D & 12257**, Summary Notice of Determination, Waiver of Right to Judicial Review of a Collection Due Process Determination. I would need the supporting documents to prove that you have taken action to fix your future liability.

The form outlines the terms of the agreement. Please review, sign and return Form 12257 no later than **June 05, 2026**.

You are not obligated to sign the Waiver. The agreed resolution will be input with or without the Form.

If you sign the Waiver the right to petition Tax Court is waived.

The right to a 30day suspension of levy action is waived.

Without the signed Waiver, Appeals delays the input of the agreed resolution by 60 or more days to see if you petition Tax Court.

This recommendation is subject to internal approval. If you have any questions, please call me at the above phone number.

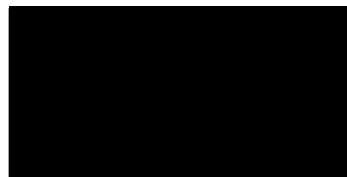
Enclosure:

Form 433-D Installment agreement

Form 12257 Waiver



Sincerely,



APPEALS OFFICER

Form **433-D**
(July 2024)

Department of the Treasury - Internal Revenue Service
Installment Agreement
(See Instructions on the back of this page)

Name and address of taxpayer(s)

[Redacted]
CONCORD, MA - 01742 - 3204

Social Security or Employer Identification Number (SSN/ITIN/EIN)
(Taxpayer) [Redacted] (Spouse) [Redacted]

Your telephone numbers (including area code)
(Home) [Redacted] (Work, cell or business) [Redacted]

For assistance, call:
1-800-829-3903 (Individual - Self-Employed/Business Owners, Businesses), or
1-800-829-7650 (Individuals - Wage Earners)

Or write Internal Revenue Service Center Ogden, UT 84201-0010
(City, State, and ZIP Code)

Submit a new Form W-4 to your employer to increase your withholding.

Kinds of taxes (form numbers)	Tax periods	Amount owed as of 06/01/2026
1040	2015, 2017, 2022, & 2024	\$ 139,040.87

I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows
\$ 2,500.00 on 07/20/2026 and \$ 2,500.00 on the 20th 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. Review them thoroughly.

[Redacted] and my signature below, I agree to the terms of this agreement, as provided in this form, if it is approved by the Internal Revenue Service.

Additional Conditions / Terms (To be completed by IRS)

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process and administer this agreement over its duration.

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.

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. If I wish to stop payment under my direct debit installment agreement, I may do so by contacting my financial institution either orally or in writing at least three (3) business days before the next scheduled electronic funds transfer. Alternatively, if there are at least fourteen (14) business days before the next scheduled electronic funds transfer, I may contact the Internal Revenue Service at the applicable toll-free number listed above. 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, 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. Refer to the Instructions to Taxpayer below for details on understanding user fees.

AGREEMENT LOCATOR NUMBER: 0 8 0 9

Check the appropriate boxes:

- RSI "1" no further review
- RSI "5" PPIA IMF 2 year review
- RSI "6" PPIA BMF 2 year review
- AI "0" Not a PPIA
- AI "1" Field Asset PPIA
- AI "2" All other PPIAs

Agreement Review Cycle _____ Earliest CSED _____

Check box if pre-assessed modules included.

Originator's ID number 1004805904 Originator Code 80

Name [Redacted] Title Appeal Officer

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)

Date