

Installment Agreement

(See Instructions on the back of this page)

Name and address of taxpayer(s) HALEIWA, HI 96712-9622	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, Kansas City, MO 64999-0010
(City, State, and ZIP Code)

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

Kinds of taxes (form numbers) Income/1040	Tax periods 12/2022 12/2023	Amount owed as of 01/12/2026 \$ 204,382.03
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I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows
\$ 3,609.00 on 02/28/2026 and \$ 3,609.00 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. Review them thoroughly.

By initialing here 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.

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. 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.

Your signature	Date	Title (if Corporate Officer or Partner)	Spouse's signature (if a joint liability)	Date
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FOR IRS USE ONLY

AGREEMENT LOCATOR NUMBER: 0 3 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 07/22/2034

Check box if pre-assessed modules included.

Originator's ID number [REDACTED] Originator Code 80

Name [REDACTED] Title Settlement 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
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Summary Notice of Determination and Waiver of Judicial ReviewTaxpayer name(s)
[REDACTED]Address (street)
[REDACTED]

City HALEIWA	State HI	Zip code 96712-9622
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Type of tax/tax form
1040Tax period(s)
12/2022Social Security/Tax Identification Number(s)
[REDACTED]

This waiver concerns the following Collection Due Process (CDP) Notice(s)

- Notice of Federal Tax Lien Filing and Your Right to a Hearing (*IRC Section 6320*)
- Notice of Intent to Levy and Your Right to a Hearing (*IRC Section 6330*)

I understand that IRC Sections 6320 and 6330 require the Internal Revenue Service Independent Office of Appeals (Appeals) to issue a Notice of Determination after a CDP Hearing. Those sections allow me 30 days to seek judicial review of Appeals' determination with Tax Court.

I understand that, if I have requested an IRC Section 6330 hearing, the IRS may not levy to collect the taxes at issue for the period of the hearing, during the 30-day period for seeking judicial review of Appeals' determination and while any timely-requested appeal is pending (*unless an exception to the levy prohibition applies*). If I have only requested an IRC Section 6320 hearing, the IRS may not levy unless an exception to the levy prohibition applies or I already have been given my IRC Section 6330 hearing rights.

I agree that the Appeals determination shown on the following page, as a Summary Notice of Determination, is appropriate and correct and resolves the issues I raised in the hearing. Because of my agreement, I recognize there is no need for judicial review of the determinations therein, or for the continuation of any prohibition of levies or court proceedings.

- I waive my right under IRC Sections 6320(c) and/or 6330(d)(1) to request judicial review of an Appeals Notice of Determination.
- I waive the 30-day prohibition on levy described in IRC Section 6330(e)(1) if I have requested an IRC Section 6330 hearing.

A notice of federal tax lien may later be filed when the case is returned to the Collection Division. If, in accordance with the Appeals determination, I entered into an offer in compromise, installment agreement, or other collection alternative, I understand that the IRS will not levy my property so long as I comply with the terms of the Appeals determination, unless levy is part of the Appeals determination. If Appeals placed my outstanding tax liabilities in Currently Not Collectible (CNC) hardship status, I understand that these liabilities may later be taken out of CNC status. If I fail to abide by the terms of the Appeals determination, the IRS may begin enforced collection actions, including the filing of a lien and/or a levy.

I do not waive my right under Appeals' retained jurisdiction to receive another hearing with Appeals if I disagree with the IRS over how it followed the Appeals determination.

I do not waive my right under Appeals' retained jurisdiction to receive another hearing with Appeals if my circumstances change in a way that affects this determination. I understand that I must first exhaust my administrative remedies before I request a hearing.

I do not give up any other administrative appeal rights I'm entitled to, such as appeal rights under the Collection Appeals Program (CAP).