Form **433-D**

(July 2018)

Department of the Treasury - Internal Revenue Service

Installment Agreement

(odiy 2010)		(S	ee Instructions	on the ba	ck of this page)			
Name and address of taxpaye		Social Security or Employer Identification Number (SSN/EIN)						
			Vour teler	hone num	bers (including area	a code)		
				поне нат	bers tinellating area	(Code)		
JACKSONVILLE, FL 32246-37-	46							
Submit a new Form W-4 t withholding.	to your employer t	o increase your						
Kinds of taxes (form numbers)	Tax periods 03/2	eriods 03/2013 06/2013 09/2013 03/2014 06/2014 09/2014 03/2016 06/20				Amount owed as o	of 06/12/2019	
941/1120/ 940	09/2016 12/2016 03/	016 12/2016 03/2017 06/2017 09/2017 12/2017 03/2018 12/2011 12/2013				\$ 332,343.61		
I / We agree to pay the federa \$ 1134 or	I taxes shown abo n 08/28/2019		TIES AND INTE		OVIDED BY LAW		after	
I / We also agree to increase of	or decrease the al	ove installment p	ayments as follo	ws:	A Charles			
Date of increase (or decrease)		Amount of increase (or decrease)			New installment payment amount			
	78700 0			2.				
The terms of this agreement					n thoroughly.			
Please initial this box			any additional c	onditions.	Note: Interna	Bayanua Sandos amploy	ees may contact	
Additional Conditions / Terms	(10 be completed b	HS)			third parties in	Note: Internal Revenue Service employees may contact third parties in order to process and maintain this		
DIRECT DEBIT — Attach a vo	oided check or co	mplete this part or	nly if you choose	to make p	agreement.	t debit. Read the inst	tructions on the	
a. Routing number			7					
b. Account number				TT				
I authorize the U.S. Treasury a institution account indicated for authorization is to remain in fur must contact the Internal Reve (settlement) date. I also authorize information necessary to answer	or payments of my all force and effect enue Service at the crize the financial i	federal taxes owe until I notify the Ir e applicable toll fr nstitutions involve	ed, and the finar nternal Revenue ree number listed d in the process	scial institution Service to d above no ing of the e	tion to debit the e terminate the au later than 14 bus	ntry to this account. horization. To revok- iness days prior to the	This e payment, I ne payment	
Debit Payments Self-Identifi	er						Tent Power	
If you are unable to make electric above, please check the box to the lam unable to make debited in the lam unable to make electric above, please the lam unable to make electric above, please check the box to the lam unable to make electric above, please check the box to the lam unable to make electric above, please check the box to the lam unable to make electric above.	pelow: it payments							
Note: Not checking this box indica								
Your signature Date		litle (if Coi	Title (if Corporate Officer or Partner)			e (if a joint liability)	Date	
FOR IRS USE ONLY								
AGREEMENT LOCATOR NU	MBER:							
Check the appropriate boxes:	A CONTRACTOR OF THE PARTY OF TH	- THE		A NOTIC	E OF FEDERAL	TAX LIEN (Check o	ne box below)	
RSI "1" no further review		"0" Not a PPIA			ALREADY BEEN			
RSI "5" PPIA IMF 2 year review AI "1" Field Asset P			PIA	☐ WILL BE FILED IMMEDIATELY				
RSI "6" PPIA BMF 2 year	"2" All other PPIA	As	☐ WILL BE FILED WHEN TAX IS ASSESSED					
Agreement Review Cycle		Earliest CS	SED 12/29/2023	MAY	BE FILED IF THI	S AGREEMENT DE	FAULTS	
Check box if pre-assesse	d modules include	ed		FILED OF	N ANY PORTION ENTS AN INDIVI	ERAL TAX LIEN WI OF YOUR LIABILIT DUAL SHARED RES FFORDABLE CARE	Y WHICH SPONSIBILITY	
Agreement examined or appro	oved by (Signature	title, function)				Date		
		The state of the s						