

Department of the Treasury – Internal Revenue Service

Form 433-D
(August 2022)

Installment Agreement
(See instructions on the back of this page)

Name and address of taxpayer(s) [REDACTED] KIRKVILLE NY 13082	Social Security or Employer Identification Number (SSN/EIN) (Taxpayer) [REDACTED] (Spouse)
	Your telephone numbers (including area code) (Home) (Work, cell, or business)

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

For assistance, call: **1-800-829-8374**
or write
Internal Revenue Service
PO Box 480, Holtzville, NY 11742-0480

Kind of taxes (form numbers) 1040	Tax periods 30/201812 30/201912 30/202012 30/202112	Amount owed as of: 02/03/2023 \$214,887.01 Page 1 of 1
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I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows:
\$3,000.00 on 03/25/2023 and \$3,000.00 on the 25 of each month thereafter.

I / We also agree to increase or decrease the above installment payment 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.

[REDACTED] 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. To revoke payment, I must contact the Internal Revenue Service at the 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]	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 2 0 9**

Check the appropriate boxes:

<input checked="" type="checkbox"/> RSI "1" no further review	<input checked="" type="checkbox"/> AI "0" not a PPIA
<input type="checkbox"/> RSI "5" PPIA IMF 2 year review	<input type="checkbox"/> AI "1" Field Asset PPIA
<input type="checkbox"/> RSI "6" PPIA BMF 2 year review	<input type="checkbox"/> AI "2" - All other PPIAs

Agreement Review Cycle: _____ Earliest CSED: **06/03/2029**

Check box if pre-assessed modules included

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 THE SHARED RESPONSIBILITY PAYMENT UNDER THE AFFORDABLE CARE ACT.

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