Form **433-D** (August 2022)

Department of the Treasury - Internal Revenue Service

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

Managard address of favores	-/->		0 / 10 // = 1	11 //6	tion Number (SSN/EIN)	
Name and address of taxpaye	r(s)		Social Security or Emplo	yer Identifica		
Lantana, TX 76226		Your telephone numbers (including area code) (Home) (Work, cell or business)				
			For assistance, call: 1-800-829-3903 (Individual 1-800-829-7650 (Individuals	- Self-Employ s - Wage Earn	ed/Business Owners, Businesses), o ers)	
Submit a new Form W-4 t	o your employer t	o increase your	Or write			
withholding.				(City, Sta	te, and ZIP Code)	
Kinds of taxes (form numbers)	Tax periods				Amount owed as of 06/12/2024	
1040	2014 & 2023				\$ 40,491.67	
/ We agree to pay the federal	taxes shown abo	ve, PLUS PENALTIES	AND INTEREST PROVID	DED BY LAW	, as follows	
\$ 562.00 on	7/28/2024	and \$ 562,00	on the 28th		of each month thereafter	
I / We also agree to increase o	r decrease the ab	ove installment payme	ents as follows:			
Date of increase (or decrease)		Amount of increase (or decrease)		New installment payment amount		
The terms of this agreement					roved by the Internal Revenue Service	
Additional Conditions / Terms (By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax	
				information t	o third parties in order to process and	
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