

Installment Agreement

(See Instructions on the back of this page)

Name and address of taxpayer(s)

Social Security or Employer Identification Number (SSN/EIN)

LONG IS CITY, NY 11101-2013

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

Employer (name, address and telephone number):

Financial institution (name and address):

Kind of taxes (form numbers)
941, 940

Tax periods
01/201509, 01/201612, 01/201703, 01/201706, 01/201709, 01/201712, 01/201803,
01/201806, 10/201712, 10/201812

Amount owed as of: 06/10/2019
\$109,995.93
Page 1 of 1

I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows:
\$805.00 on 08/28/2019 and \$805.00 on the 28th 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.

Please initial this box after you've reviewed all terms and any additional conditions.

Additional Conditions/Terms (To be completed by IRS)

Note: Internal Revenue Service employees may contact third parties in order to process and maintain this agreement.

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:

b. Account number:

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.

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 1 2**

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: 07/31/2027

Check box if pre-assessed modules included

Originator Code: 20
REVENUE 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 THE SHARED RESPONSIBILITY PAYMENT UNDER THE AFFORDABLE CARE ACT.

Agreement examined or approved by (Signature, title, function)

Date

INSTRUCTIONS TO TAXPAYER

If not already completed by an IRS employee, please fill in the information in the spaces provided on the front of this form for:

- Your name (*include spouse's name if a joint return*) and current address; Your social security number and/or employer identification number (*whichever applies to your tax liability*); Your home and work, cell or business telephone numbers;
- The amount you can pay now as a partial payment;
- The amount you can pay each month (*or the amount determined by IRS personnel*); and
- The date you prefer to make this payment (*This must be the same day for each month, from the 1st to the 28th*). We must receive your payment by this date. If you elect the direct debit option, this is the day you want your payment electronically withdrawn from your financial institution account.

Review the terms of this agreement.

When you've completed this agreement form, please sign and date it. Then, return Part 1 to IRS at the address on the letter that came with it or the address shown in the "For assistance" box on the front of the form.

Terms of this agreement

By completing and submitting this agreement, you (*the taxpayer*) agree to the following terms:

- This agreement will remain in effect until your liabilities (*including penalties and interest*) are paid in full, the statutory period for collection has expired, or the agreement is terminated. You will receive a notice from us prior to termination of your agreement.
- You will make each payment so that we (*IRS*) receive it by the monthly due date stated on the front of this form. **If you cannot make a scheduled payment, contact us immediately.**
- This agreement is based on your current financial condition. We may modify or terminate the agreement if our information shows that your ability to pay has significantly changed. You must provide updated financial information when requested.
- While this agreement is in effect, you must file all federal tax returns and pay any (*federal*) taxes you owe on time.
- We will apply your federal tax refunds or overpayments (*if any*) to the entire amount you owe, including the shared responsibility payment under the Affordable Care Act, until it is fully paid or the statutory period for collection has expired.
- You must pay a \$225 user fee, which we have authority to deduct from your first payment(s) (\$107 for Direct Debit). For low-income taxpayers (at or below 250% of Federal poverty guidelines), the user fee is reduced to \$43. The reduced user fee will be waived if you agree to make electronic payments through a debit instrument by providing your banking information in the Direct Debit section of this Form. For low-income taxpayers, unable to make electronic payments through a debit instrument, the reduced user fee will be reimbursed upon completion of the installment agreement. See Debit Payment Self- Identifier on page 1 and Form 13844 for qualifications and instructions.
- If you default on your installment agreement, you must pay a \$89 reinstatement fee if we reinstate the agreement. We have the authority to deduct this fee from your first payment(s) after the agreement is reinstated.
- We will apply all payments on this agreement in the best interests of the United States. Generally we will apply the payment to the oldest collection statute, which is normally the oldest tax year or period.
- **We can terminate your installment agreement if:**
 - You do not make monthly installment payments as agreed. You do not pay any other federal tax debt when due. You do not provide financial information when requested.
 - If we terminate your agreement, we may collect the entire amount you owe, EXCEPT the Individual Shared Responsibility Payment under the Affordable Care Act, by levy on your income, bank accounts or other assets, or by seizing your property.
 - We may terminate this agreement at any time if we find that collection of the tax is in jeopardy.
 - This agreement may require managerial approval. We'll notify you when we approve or don't approve the agreement.
 - We may file a Notice of Federal Tax Lien if one has not been filed previously which, may negatively impact your credit rating, but we will not file a Notice of Federal Tax Lien with respect to the individual shared responsibility payment under the Affordable Care Act.

HOW TO PAY BY DIRECT DEBIT

Instead of sending us a check, you can pay by direct debit (*electronic withdrawal*) from your checking account at a financial institution (*such as a bank, mutual fund, brokerage firm, or credit union*). To do so, fill in Lines a and b. Contact your financial institution to make sure that a direct debit is allowed and to get the correct routing and account numbers.

Line a. The first two digits of the routing number must be 01 through 12 or 21 through 32. Don't use a deposit slip to verify the number because it may contain internal routing numbers that are not part of the actual routing number.

Line b. The account number can be up to 17 characters. Include hyphens but omit spaces and special symbols. Enter the number from left to right and leave any unused boxes blank.

CHECKLIST FOR MAKING INSTALLMENT PAYMENTS:

1. Write your social security or employer identification number on each payment.
2. Make your check or money order payable to "United States Treasury."
3. Make each payment in an amount at least equal to the amount specified in this agreement.
4. Don't double one payment and skip the next without contacting us first.
5. Enclose a copy of the reminder notice, if you received one, with each payment using the envelope provided. Make a payment even if you do not receive a reminder notice, write the type of tax, the tax period and "Installment Agreement" on your payment. For example, "1040, 12/31/2014, Installment Agreement". You should choose the oldest unpaid tax period on your agreement. Mail the payment to the IRS address indicated on the front of this form.
6. If you didn't receive an envelope, call the number below.

This agreement will not affect your liability (*if any*) for backup withholding under Public Law 98-67, the Interest and Dividend Compliance Act of 1983

QUESTIONS? — If you have any questions, about the direct debit process or completing this form, please call the applicable telephone number below for assistance.

NOTE: If you are unable to make your monthly payments or if you accrue additional liability, please contact us immediately.

1-800-829-0115 (*Business*)

1-800-829-8374 (*Individuals – Self-Employed / Business Owners*)

1-800-829-0922 (*Individuals – Wage Earners*)

Installment Agreement

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1-800-829-8374 (*Individuals – Self-Employed / Business Owners*)

1-800-829-0922 (*Individuals – Wage Earners*)

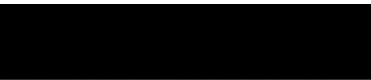
POA Copy



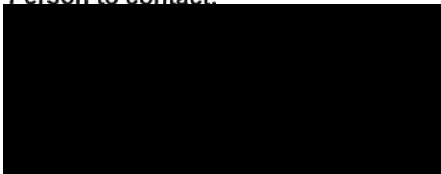
Department of the Treasury
Internal Revenue Service
Small Business / Self-Employed Division
1 LEFRAK PLAZA
4TH FLOOR GRP 31
CORONA, NY 11368

Date:
06/11/2019

Person to contact:



LONG IS CITY, NY 11101-2013217



You still owe the federal tax listed below, plus applicable penalty and interest as provided by law, computed to 10 days from the date of this letter.

You can pay in person or by mail. Please make your check or money order payable to "United States Treasury". Write your social security number or employer identification number on your payment. To pay by mail, send your payment to the address at the top left hand corner of this letter. If you've recently paid this tax, cannot pay it, or have questions about your account, please call me at the telephone number above.

The unpaid amount from prior notices shown on the following page(s) may include tax, applicable penalties, and interest you still owe us. It also includes any credits and payments we received since we sent our last notice to you.

Interest charges

We are required by law to charge interest when you do not pay your liability on time. Generally, we calculate interest from the due date of your return (regardless of extensions) until you pay the amount you owe in full, including accrued interest and any applicable penalty charges. Interest on some applicable penalties accrues from the date we notify you of the applicable penalty until it is paid in full. Interest on other applicable penalties, such as failure to file a tax return, starts from the due date or extended due date of the return. Interest rates are variable and may change quarterly. (Internal Revenue Code Section 6601)

Failure-to-pay penalty

When you pay your taxes after the due date, we charge a penalty of 0.5% (reduced to 0.25% on installment agreements) of the unpaid amount due per month, up to 25% of the amount due. Beginning 10 days after we issue a Notice of Intent to Levy, the penalty increases to 1.0% for each month the amount remains unpaid. We count part of a month as a full month. (Internal Revenue Code Section 6651)

If you have questions about your account or would like a further detailed explanation of the applicable penalty and interest charges, you can call me at the telephone number on the first page of this letter.

Thank you for your cooperation.

Sincerely,

[REDACTED]
REVENUE OFFICER

Form number	Tax period	Unpaid amount from prior notices	Additional applicable penalty	Additional interest	Amount you owe
941	06/30/2017	\$8,268.58	\$605.01	\$459.22	\$9,332.81
941	09/30/2017	\$9,293.15	\$0.00	\$0.00	\$9,293.15
941	12/31/2017	\$7,290.58	\$0.00	\$0.00	\$7,290.58
940	12/31/2017	\$525.77	\$32.62	\$22.20	\$580.59
941	03/31/2018	\$16,700.95	\$808.28	\$561.45	\$18,070.68
941	06/30/2018	\$892.29	\$68.04	\$40.03	\$1,000.36
				Total:	\$45,568.17

POA Copy

Date of this letter: 06/11/2019

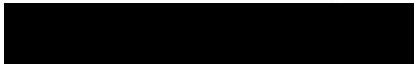
Taxpayer Identification Number [REDACTED]



Department of the Treasury
Internal Revenue Service
Small Business / Self-Employed Division
1 LEFRAK PLAZA
4TH FLOOR GRP 31
CORONA, NY 11368

Date:
06/11/2019

Taxpayer ID number (last 4 digits):



WESTMINSTER, CO 80234-349751

We are sending the enclosed material under the provisions of your power of attorney or other authorization we have on file. For your convenience, we have listed the name of the taxpayer to whom this material relates in the heading above.

If you have any questions, please call the contact person at the telephone number shown in the heading of this letter.

Thank you for your cooperation.

Sincerely,



REVENUE OFFICER

Enclosures:
Letter 728