



**Department of the Treasury**  
**Internal Revenue Service**  
**Small Business / Self-Employed Division**  
 440 SECURITY BLVD  
 M/S 5224 GRB  
 GREEN BAY, WI 54313

Date:

05/01/2019

Person to contact:

Taxpayer ID number:

[REDACTED]  
 LUXEMBURG, WI 54217

We approved your request to pay your taxes in installments. Your first payment of \$726.00 is due on 05/28/2019. You agreed to make future payments of \$726.00 on the 28th of each following month until you pay the full amount.

The amount you owe as of 05/28/2019 is \$143,655.81 which includes penalties and interest. We will continue to charge applicable penalties and interest until you pay the full amount you owe, because you didn't pay your total tax when it was due.

You agreed to pay us by direct debit. This means your financial institution will subtract (debit) the amount of your monthly payment from your checking or savings account on the same day each month and send that amount to us. Paying by direct debit also authorizes a financial institution to receive confidential information necessary to answer inquiries and resolve issues related to your payment. Remember to subtract the payments from your account balance each month.

If you don't have enough money in your checking or savings account for the monthly payment, we must charge a penalty of \$25 or two percent of your monthly payment, whichever is larger. If your monthly payment is less than \$25, the penalty amount will be the payment amount.

Note: If we're charging backup withholding on any of your accounts, it will continue. Having an installment agreement doesn't stop backup withholding.

Although we've established an installment plan for you, we must protect the government's interest. Therefore, we may still file a Notice of Federal Tax Lien.

**HAS ALREADY BEEN FILED**

**Conditions of this agreement:**

- We must receive each payment by the date shown above. If you cannot make your monthly payment, contact us immediately.
- This agreement is based on your current financial condition. We may change or cancel it if we show your ability to pay has significantly changed.
- We may cancel this agreement if you don't give us updated financial information when we ask for it.
- While this agreement is in effect, you must pay any federal taxes you owe on time.
- We'll apply your federal tax refunds (if any) to the amount you owe until it is fully paid.
- If you don't meet the conditions of this agreement, we'll cancel it, and may collect the entire amount you owe by levy on your income, bank accounts or other assets, or by seizing your property.

- We may cancel the agreement at any time if we find that collection of the tax is in jeopardy.
- You must pay a \$225.00 one-time installment fee (\$107.00 if direct debit installment agreement).
- If the agreement defaults, you must pay an \$89.00 fee to reinstate it.
- We'll let you know if you are a low-income taxpayer and qualify for the reduced installment fee (\$43.00) or meet certain conditions that would allow us to waive or reimburse that reduced fee. If we don't qualify you as a low-income taxpayer, you can request reconsideration using Form 13844, Application For Reduced User Fee For Installment Agreements.
- We'll apply all payments on this agreement in the best interest of the United States.

Note: If we propose to change or cancel your agreement for any reason, we'll send you, in most situations, a notice advising you of our proposal and give you the opportunity to appeal the change or cancellation.

#### Additional conditions

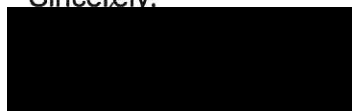
This installment agreement includes taxes for the following forms and tax periods:

<u>Form</u>	<u>Tax Period</u>	<u>Form</u>	<u>Tax Period</u>	<u>Form</u>	<u>Tax Period</u>
941	03/31/2008	941	06/30/2008	941	09/30/2008
941	12/31/2008	941	06/30/2010	941	09/30/2010
941	12/31/2010	941	03/31/2011	941	06/30/2011
941	09/30/2011	941	12/31/2011	941	03/31/2012
941	06/30/2012	941	09/30/2012	941	12/31/2012
941	03/31/2013	941	06/30/2013	941	09/30/2013
941	12/31/2013	941	03/31/2014	941	06/30/2014
941	09/30/2014				

If you have questions, you can call the telephone number at the top of this letter.

Thank you for your cooperation.

Sincerely,



REVENUE OFFICER

03/21/2019 11:13:06 AM -0400 IRS

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Form **433-D**  
(July 2018)

Department of the Treasury - Internal Revenue Service  
**Installment Agreement**  
(See instructions on the back of this page)

Name and address of taxpayer(s)  
[REDACTED]  
LUXEMBURG, WI 54217-7614

Social Security or Employer Identification Number (SSN/EIN)  
(Taxpayer) [REDACTED] (Spouse) [REDACTED]  
Your telephone numbers (including area code)  
(Home) [REDACTED] (Work, cell, or business) [REDACTED]  
For assistance, call: 1-800-829-0115  
or write  
Internal Revenue Service  
Philadelphia, PA 19255-0000

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

Employer (name, address and telephone number): [REDACTED]  
Financial institution (name and address): [REDACTED]

Kind of taxes (form numbers) 941 Tax periods 3/31/2008, 6/30/2008, 9/30/2008, 12/31/2008, 6/30/2010, 9/30/2010, 12/31/2010, 3/31/2011, 6/30/2011, 9/30/2011, 12/31/2011, 3/31/2012, 6/30/2012, 9/30/2012, 12/31/2012, 3/31/2013, 6/30/2013, 9/30/2013, 12/31/2013, 3/31/2014, 6/30/2014, 9/30/2014, 12/31/2014, 3/31/2015, 6/30/2015, 9/30/2015, 12/31/2015, 3/31/2016, 6/30/2016, 9/30/2016, 12/31/2016, 3/31/2017, 6/30/2017, 9/30/2017, 12/31/2017, 3/31/2018, 6/30/2018, 9/30/2018, 12/31/2018, 3/31/2019, 6/30/2019, 9/30/2019, 12/31/2019, 3/31/2020, 6/30/2020, 9/30/2020, 12/31/2020, 3/31/2021, 6/30/2021, 9/30/2021, 12/31/2021, 3/31/2022, 6/30/2022, 9/30/2022, 12/31/2022, 3/31/2023, 6/30/2023, 9/30/2023, 12/31/2023, 3/31/2024, 6/30/2024, 9/30/2024, 12/31/2024, 3/31/2025, 6/30/2025, 9/30/2025, 12/31/2025, 3/31/2026, 6/30/2026, 9/30/2026, 12/31/2026, 3/31/2027, 6/30/2027, 9/30/2027, 12/31/2027, 3/31/2028, 6/30/2028, 9/30/2028, 12/31/2028, 3/31/2029, 6/30/2029, 9/30/2029, 12/31/2029, 3/31/2030, 6/30/2030, 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12/31/2272, 3/31/2273, 6/30/2273, 9/30/22



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<b>Form 433-D</b> (July 2018)		Department of the Treasury - Internal Revenue Service <b>Installment Agreement</b> <i>(See instructions on the back of this page)</i>	
Name and address of taxpayer(s) [Redacted] LUXEMBURG, WI 54217-7614		Social Security or Employer Identification Number (SSN/EIN) (Taxpayer) [Redacted] (Spouse) [Redacted] Your telephone numbers (including area code) (Home) [Redacted] (Work, cell, or business) [Redacted]	
<input type="checkbox"/> Submit a new Form W-4 to your employer to increase your withholding.		For assistance, call: 1-800-829-1116 or write Internal Revenue Service Philadelphia, PA 19255-0000	
Employer (name, address and telephone number): [Redacted] Financial institution (name and address): [Redacted]			
Kind of taxes (form numbers) 941	Tax periods 3/31/2013, 6/30/2013, 9/30/2013, 12/31/2013, 3/31/2014, 6/30/2014, 9/30/2014	Amount owed as of: 03/28/2019 \$142,978.58 Page 2 of 2	
I/We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows: \$728.00 on 04/28/2019 and \$726.00 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. <input checked="" type="checkbox"/> 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: [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.			
<b>Debit Payments Self-Identifier</b> 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: <input type="checkbox"/> 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]	Date 4-29-2019	Title (if corporate officer or partner) Owner	Spouse's signature (if a joint liability) [Redacted] Date
<b>FOR IRS USE ONLY:</b> AGREEMENT LOCATOR NUMBER: 0 2 0 9 Check the appropriate boxes: <input type="checkbox"/> RSI "1" no further review <input type="checkbox"/> RSI "5" PPIA IMF 2 year review <input checked="" type="checkbox"/> RSI "6" PPIA BMF 2 year review Agreement Review Cycle: [Redacted] <input type="checkbox"/> Check box if pre-assessed modules included Originator's ID #: 2615-2405 / 1000996582 Name: [Redacted] Title: REVENUE OFFICER Agreement examined or approved by (Signature, title, function) [Redacted]			
Earliest CSED: 04/09/2024		<b>A NOTICE OF FEDERAL TAX LIEN (check one box below)</b> <input checked="" type="checkbox"/> HAS ALREADY BEEN FILED <input type="checkbox"/> WILL BE FILED IMMEDIATELY <input type="checkbox"/> WILL BE FILED WHEN TAX IS ASSESSED <input type="checkbox"/> 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.	
Digitally signed by VBUNB Date: 2019.05.01 12:45:49 -05'00' Adobe Acrobat DC version: 2015.006.30506		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*)



Department of the Treasury  
Internal Revenue Service  
Small Business / Self-Employed Division  
440 SECURITY BLVD  
M/S 5224 GRB  
GREEN BAY, WI 54313

Date:

05/01/2019

Taxpayer ID number (last 4 digits):

[REDACTED]

Taxpayer name:

[REDACTED]

Person to contact:

[REDACTED]

Employee ID number:

[REDACTED]

Contact telephone number:

[REDACTED]

Contact fax number:

[REDACTED]

[REDACTED]

WESTMINSTER, CO 80234-3497

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,

[REDACTED]

Enclosures:  
L2849