



**Department of the Treasury**  
**Internal Revenue Service**  
**Small Business / Self-Employed Division**  
190 ADMIRAL COCHRANE DR  
SUITE 180-C  
ANNAPOLIS, MD 21401-7365

**Date:**

07/16/2019

**Person to contact:**



**Taxpayer ID number (last 4 digits):**



MECHANICSVILLE, MD 20659-6068251

We have approved your request to pay your taxes in installments. Your first payment of \$1,000.00 is due on 08/28/2019. You agreed to make future payments of \$1,000.00 on the 28th of each following month until you pay the full amount.

The amount you owe as of 07/12/2019 is \$254,012.54 . This amount does not include all accrued penalties and interest. We will 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.

Send your monthly payments so they reach us by the due date. Print your Social Security number or employer identification number clearly on your check or money order. If you change your address, send your new address with your next payment.

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.

**MAY BE FILED IF THIS AGREEMENT DEFAULTS**

A Notice of Federal Tax Lien is a public notice that the government has a claim against your property to satisfy a debt. We will release (remove) the lien when you finish paying what you owe. We have the legal right to collect this money for up to 10 years.

**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.
- There is a \$225.00 one-time installment fee (\$107.00 if direct debit installment agreement).
- If the agreement defaults, you must pay a \$89.00 fee to reinstate it.

POA Copy

- We'll let you know if you qualify for the reduced installment fee (\$43.00) or if you meet certain conditions that would allow us to waive or reimburse that fee. If we don't qualify you for the reduced fee, you can request the reduced fee 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

We'll send you monthly reminder notices that will include the mailing address to send your payments. Detach the bottom portion of the reminder notice and include it with your payment. In the interim, send your payments to the following address.

Internal Revenue Service  
Kansas City, MO 64999-0202

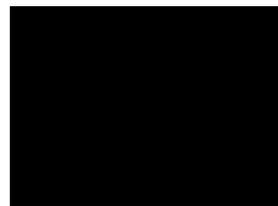
**Additional conditions:**

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	03/31/2009	941	06/30/2009
941	09/30/2009	941	12/31/2009	941	03/31/2010
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	03/31/2012	941	06/30/2012	941	06/30/2014
941	06/30/2016	941	12/31/2016	941	03/31/2017
941	09/30/2017	941	12/31/2017	941	09/30/2018
940	12/31/2007	940	12/31/2008	940	12/31/2009
940	12/31/2010	940	12/31/2017		

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

Thank you for your cooperation.



REVENUE OFFICER

# Installment Agreement

(See Instructions on the back of this page)

Name and address of taxpayer(s) [REDACTED] MECHANICSVLLE, MD 20659-6068251	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: <b>1-800-829-8374</b> or write Internal Revenue Service 2970 MARKET ST. MAIL STOP 5-E04.117 PHILADELPHIA, PA 19104

Employer (name, address and telephone number): NOT APPLICABLE

Financial institution (name and address): [REDACTED]

Kind of taxes (form numbers) 941 940	Tax periods 201703, 201709, 201712, 201809, 200712, 200812, 200912, 201012, 201712	Amount owed as of: 07/12/2019 \$254,012.54 Page 2 of 2
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I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows:  
 \$1,000.00 on 08/28/2019 and \$1,000.00 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
	\$0.00	\$1,000.00
	\$0.00	\$1,000.00

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) ALN: 12-PPIA, 15-IBTF, 66-FILE LIEN. [REDACTED]	<b>Note:</b> Internal Revenue Service employees may contact third parties in order to process and maintain this agreement.
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**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: **1 2 6 3**

Check the appropriate boxes:

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

Agreement Review Cycle: 000000 Earliest CSED: 11/10/2020

Check box if pre-assessed modules included

Originator's ID #: [REDACTED] Originator Code: 20  
 Name: [REDACTED] Title: 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) JUDY G THOMPSON, ACTING MANAGER	Date 07/16/2019
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