

EDD DE 927

7677 OAKPORT STREET, SUITE 400
OAKLAND, CA 94621



Letter ID: L0571785824
Issued Date: January 29, 2019
Taxpayer ID: [REDACTED]

[REDACTED]
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Enclosed is an *Installment Agreement* (DE 927). Please complete each form and return within 10 days from the date of this letter to the Employment Development Department (EDD).

Once EDD has received your signed DE 927 and Electronic Funds Transfer Authorization Agreement, all future payments will be withdrawn through Automated Clearing House (ACH) Debit on the date or frequency you specify.

If you have any questions or need assistance after reviewing these documents, please contact the representative at the number below.

Sincerely,

[REDACTED]



Letter ID: L0571785824
 Issued Date: January 29, 2019
 Taxpayer ID: [REDACTED]

[REDACTED]
 MOUNTAIN VIEW CA 94040-4740

Installment Agreement

You contacted the Employment Development Department (EDD) on January 29, 2019, and provided verbal authorization to establish an Installment Agreement. As an individual owner, partner, or responsible representative and on behalf of the business identified above, I acknowledge and agree that there are unpaid liabilities due to EDD in the amount of \$8,942.26 plus accrued interest, as applicable. By signing this *Installment Agreement* (DE 927), I promise to pay the entire liability.

This agreement includes the period July 1, 2014, through December 31, 2017.

By providing a bank account and a routing number I am authorizing the EDD to withdraw through Automated Clearing House (ACH) Debit the payment amount(s) based on the frequency agreed upon under this agreement.

Finally, I agree to make all subsequent payments by ACH Debit and agree to the following:

- Make your ACH Debit monthly payments on the date or frequency you specify.
- Maintain adequate funds in your bank account.
- File all required payroll tax returns timely.
- Pay all future payroll tax balances timely.
- Authorize EDD to withdraw funds from your bank account.
- Notify EDD of any changes to your bank information within 10 days prior to the next ACH bank debit.
- Complete and sign an *Installment Agreement* (DE 927) and Electronic Funds Transfer Authorization Agreement within 10 days from the date of this letter.

EXPLANATION:

My installment payments of \$100.00 each will begin on February 4, 2019. I promise to pay subsequent payments on the same day of each succeeding month until I pay my entire balance due in full.

I understand that:

- Additional interest accrues daily at the rate prescribed by law on the entire balance due, as applicable.



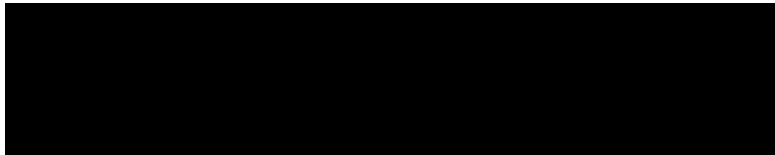
Letter ID:
Issued Date:
Taxpayer ID:



- I am aware I may view my account, get an updated account balance, and pay my balance online at edd.ca.gov/e-Services_for_Business.
- The entire amount due is subject to adjustment due to error, omission, interest rate changes, or other cause.
- Failure to properly perform any of the following may result in immediate cancellation of this agreement without additional notice to me or to my organization: failure to file required reports; failure to pay required taxes; failure to make payments under this agreement; or failure to voluntarily inform EDD of improvements in my financial condition.
- Failure to meet the terms of this agreement may result in involuntary collection action, including, but not limited to, seizure and sale of assets.
- As prescribed by law, I am subject to an offset of any State refund due to me including, but not limited to, State income tax refunds and lottery winnings.
- The EDD will file a *Notice of State Tax Lien* (DE 2181) on the outstanding liability.
- As prescribed by law, I am subject to offset of any federal income tax refund from the U.S. Department of Treasury.
- The EDD may assess responsible individuals for any unpaid corporate, limited liability company, or limited liability partnership liability.
- Failure to allow an ACH debit and/or to provide the required information to perform ACH debit may result in immediate cancellation of this agreement.

If you have any questions or need assistance after reviewing these documents, please contact the representative at the number below.

Sincerely,

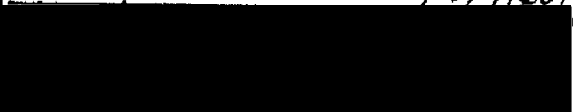


I certify that I read this agreement and fully understand its terms and conditions.

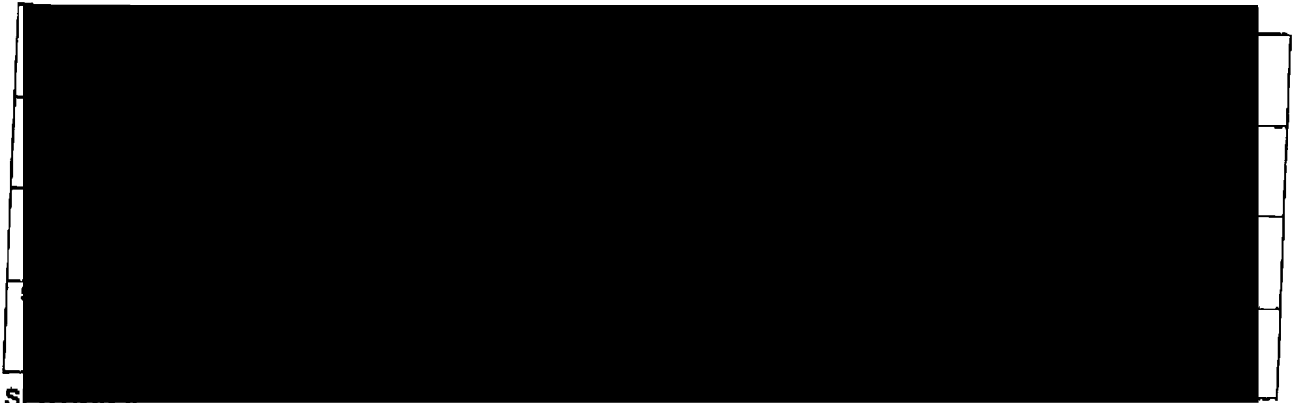


Date

1/31/2019



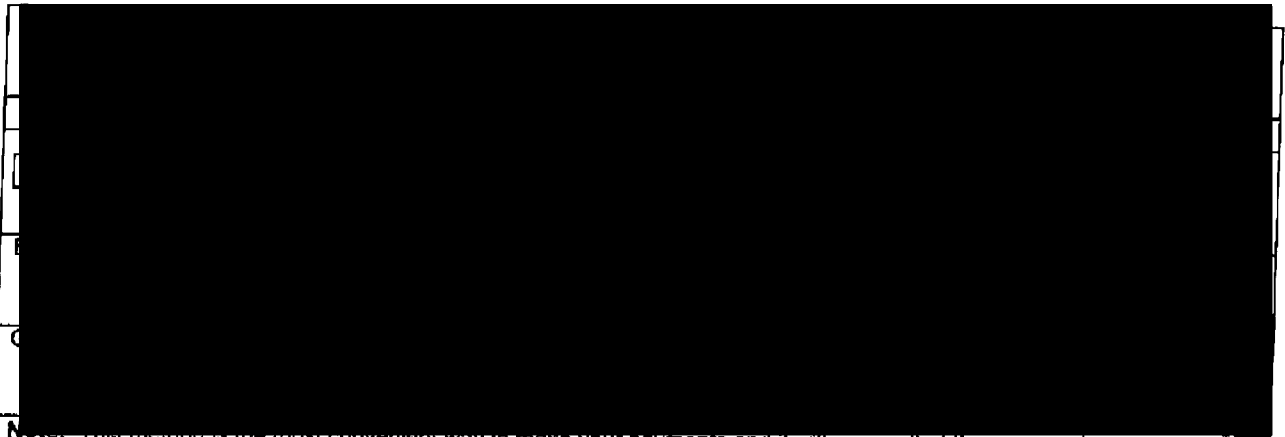
**AUTHORIZATION AGREEMENT
SECTION I**



SECTION II

ACH Debit

I authorize an electronic funds withdrawal for the amount in box A, from the account specified below, based on the frequency of payment chosen below.



Note: This method is the most convenient way to make your payments and it will ensure that they are made on time.
***If monthly payment option is chosen, the day(s) must be the 1st through the 28th. If this day falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day.**

SECTION III

ACH Debit - I certify that I have the authority to request an electronic funds withdrawal and hereby authorize designated Financial Agents of the Employment Development Department (EDD) to initiate debit entries to the financial institution account indicated above, for the payments of my payroll taxes owed to the EDD upon request by taxpayer or his/her representative, using the ACH debit method.

If the EDD cannot deduct the payment as agreed, from my bank account based on the frequency chosen above in box D, either because of insufficient funds or because my account is closed, then the EDD may cancel my installment agreement. I will also be responsible for any overdraft fees charged by my bank.

This authorization remains in effect until all unpaid tax liabilities due during the course of this agreement are paid, or EDD receives written notice of cancellation of this EFT Authorization within ten business days prior to the payment (settlement) date.

	Title	Date
		1/31/2019

Marking Instructions:

- Use black or blue ink only
- Please type or print legibly

SECTION I**General Information (All information must be completed)**

1. **Business Name** - Enter the business name as registered with the EDD.
2. **Taxpayer ID** - Enter 0073-2339712 - the state employer ID assigned by the EDD.
3. **Business Mailing Address** - Enter the mailing address where EDD correspondence and forms should be sent.
4. **Business Phone** - Enter daytime business telephone number.
5. **a-d. EFT Contact Person** - Enter name, title, phone number, E-Mail address and Fax number of person authorized to provide EDD staff information that relates to EFT payment or inquiry.

SECTION II**Complete if you are registering for the ACH Debit method.**

- A. **Payment Amount** - Enter ACH debit amount.
- B. **Bank Routing Transit Number** - Enter the nine-digit routing transit number.
- C. **Bank Account Number** - Enter the bank account number (not to exceed 17 digits).
- D. **Frequency of ACH Debit** - Indicate the frequency of the ACH debit payment: Weekly, Bi-Weekly, Semi-Monthly (5th, 10th or 15th), or Monthly. If monthly payment option is chosen, the day(s) must be the 1st through the 28th. If this day falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day.
- E. **Bank Contact Name** - Enter name and phone number of person authorized to provide EDD staff information that relates to EFT payment or inquiry.
- G. **Bank Name** - Enter the designated bank name and address.
- H. **Checking or Savings** - Indicate checking or savings account. Check only one box.

SECTION III**AUTHORIZATION - This section must be completed.**

Print Name - Enter the taxpayer's full name in this section.

Signature - The taxpayer must sign this section to authorize participation in the EFT ACH Debit program.

Title - Enter the title of the person who signed this form.

Date - Enter the date signed.

BAY AREA COLLECTION OFFICE
7677 OAKPORT STREET STE. 400
OAKLAND, CA 94621-1933



Letter ID: L0507020896
Issued Date: January 29, 2019
Mail Date: February 5, 2019

[Redacted]
MOUNTAIN VIEW CA 94040-4740

Statement of Collection

This is a summary of your liability for each period, along with the balance owed on your account. The daily interest for these liabilities has been calculated through February 13, 2019. Payment may be submitted online through our secure Web site or by mail using the attached payment voucher at the bottom of the page.

Account ID: [Redacted] Account Type: Responsible Party

Period Ending	Tax	Penalty	Interest	Credit	Balance
31-Dec-2017	\$0.00	\$1,147.39	\$62.06	\$99.19	\$1,110.26
Total:					\$1,110.26

Account ID: [Redacted] Account Type: Employment Tax

Period Ending	Tax	Penalty	Interest	Credit	Balance
30-Sep-2014	\$687.15	\$206.14	\$141.84	\$12.00	\$1,023.13
31-Dec-2014	\$627.05	\$394.06	\$416.41	-\$2,000.00	\$3,437.52
31-Mar-2015	\$1,458.20	\$437.48	\$271.81	\$0.00	\$2,167.49
30-Jun-2015	\$582.88	\$174.88	\$102.16	\$0.00	\$859.92
30-Sep-2015	\$322.60	\$96.78	\$51.36	\$239.34	\$231.40
Total:					\$7,719.46

If you have any questions regarding this statement, you can review your employer account on the Employment Development Department's e-Services for Business at edd.ca.gov/e-Services_for_Business or call (510)

DE 2176 Rev. 14 (2-18) e-Services for Business. Online. Anytime. edd.ca.gov/e-Services_for_Business

Detach and return this portion with payment

[Redacted]	Amount Due
	\$8,829.72
	Issue Date
	January 29, 2019



[Redacted]
MOUNTAIN VIEW CA 94040-4740

Make remittances payable to Employment Development Department. Include Account ID on all checks and inquiries.

EMPLOYMENT DEVELOPMENT DEPT
PO BOX 989061
WEST SACRAMENTO, CA 95798-9061



[Redacted]