

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

Name and address of taxpayer(s) [REDACTED] MYRTLE CREEK, OR 97457-9651	Social Security or Employer Identification Number (SSN/EIN) (Taxpayer) [REDACTED] (Spouse) [REDACTED] Your telephone numbers (including area code) (Home) _____ (Work, cell or business) _____ For assistance, call: 1-800-829-0115 (Business), or 1-800-829-8374 (Individual – Self-Employed/Business Owners), or 1-800-829-0922 (Individuals – Wage Earners) Or write _____ (City, State, and ZIP Code)
<input type="checkbox"/> Submit a new Form W-4 to your employer to increase your withholding.	

Kinds of taxes (form numbers)	Tax periods	Amount owed as of 10/1/2020
1040	12/2014 12/2015 12/2017.12/2018	\$ 211,638.71

I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows
 \$ 750 on 11/15/2020 and \$ 750 on the 15th of each month thereafter

I / We also agree to increase or decrease the above installment payments as follows:

Date of increase (or decrease)	Amount of increase (or decrease)	New installment payment amount
lump sum payment from sale of real property by 11/15/2022	\$200,000	

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)

Agreement will be linked to 2018 taxes reported on SSN [REDACTED]

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 applicable 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: _____

Check the appropriate boxes:

- RSI "1" no further review
- RSI "5" PPIA IMF 2 year review
- RSI "6" PPIA BMF 2 year review
- Agreement Review Cycle _____ Earliest CSED _____
- Check box if pre-assessed modules included
- AI "0" Not a PPIA
- AI "1" Field Asset PPIA
- AI "2" All other PPIAs

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 AN INDIVIDUAL SHARED RESPONSIBILITY PAYMENT UNDER THE AFFORDABLE CARE ACT.