

Form **433-D**
(August 2022)

Department of the Treasury - Internal Revenue Service

Installment Agreement

(See Instructions on the back of this page)

Name and address of taxpayer(s)

NASHOTAH, WI 53058

Social Security or Employer Identification Number (SSN/EIN)

Your telephone numbers (including area code)
(Home) (Work, cell, or business)

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

For assistance, call: 1-800-829-3374
or write
Internal Revenue Service
Ogden, UT 84201-3030

Kind of taxes (form numbers)
1040

Tax periods
30/201812

Amount owed as of: 02/08/2023
\$43564.64
Page 1 of 1

I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows:
\$750.00 on 04/28/2023 and \$750.00 on the 28 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

Terms of this agreement are provided on the back of this page. Please review them thoroughly.

By signing here and my signature below, I agree to the terms of this agreement, as provided in this form, if it is approved by the Internal Revenue Service

Additional Conditions/Terms (To be completed by IRS)

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process and administer this agreement over its duration.

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.

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

FOR IRS USE ONLY:

AGREEMENT LOCATOR NUMBER: **0 2 3 6**

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 CSRD: 09/26/2032

Check box if pre-assessed modules included

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 UNLESS...

SEAN M FARIS
N53W33190 LINDEN CIR. E
NASHOTAH, WI 53058

79-57
750 205

1651

DATE _____

PAY TO THE
ORDER OF _____

VOID

\$ _____

DOLLARS



Security Features
Included
Details on Back

© 2008 Associated Bank



MEMO _____

MP

⑆075900575⑆ 2178173 551⑈ 01651

FOR LNC

Form **12256**
(May 2020)

Department of the Treasury - Internal Revenue Service

Withdrawal of Request for Collection Due Process or Equivalent Hearing

Taxpayer name(s)
SEAN M FARIS

Taxpayer address
N53W33190 LINDEN CIR E

City
NASHOTAH

State
WI

ZIP code
53058-9763905

Type of tax/tax form*
1040

Tax period(s)*
12/31/2018

Social Security Number/Employer Identification Number(s)*
487-70-6946

* **Note:** You may attach a copy of your **Collection Due Process notice** to this form instead of listing the tax type/form number/period and identification number in the spaces above.)

I've reached a resolution with the Internal Revenue Service (IRS) regarding the tax and tax periods that my hearing request concerned or I am otherwise satisfied that I no longer need a hearing with the Office of Appeals (Appeals). Therefore, I withdraw my hearing request under *(check all that apply)*:

- IRC Section 6320, notice and opportunity for a hearing upon the filing of a Notice of Federal Tax Lien
- IRC Section 6330, notice and opportunity for a hearing before a levy
- Both IRC Section 6320 and 6330 notices
- Equivalent Hearing

I understand that by withdrawing my request for a Collection Due Process hearing under Section 6320 and/or 6330:

- I give up my right to a hearing with Appeals. I understand that Appeals will not issue a Notice of Determination with respect to the tax and tax periods subject to the hearing request. As part of a CDP determination, Appeals verifies that all legal and administrative requirements were met. I understand that by withdrawing my hearing request, Appeals will not conduct this verification.
- I give up my right to seek judicial review in the Tax Court of the Notice of Determination that Appeals would have issued as a result of the CDP Hearing, as Appeals will not issue a Notice of Determination.
- I give up my right to have Appeals retain jurisdiction with respect to any determination that it would have made as a result of the CDP Hearing.
- The suspension of levy action and the suspension of the statute of limitations on the period of collection, as required under the provisions of IRC Sections 6320 and 6330, are no longer in effect upon the receipt by IRS of this withdrawal.
- I do not give up any other appeal rights that I am entitled to, such as an appeal under the Collection Appeals Program (CAP).

I understand that by withdrawing my request for an equivalent Hearing:

- I give up my right to a hearing with Appeals. I understand that Appeals will not issue a Decision Letter with respect to the tax and tax periods subject to the hearing request.
- I do not give up any other appeal rights that I am entitled to, such as an appeal under the Collection Appeals Program (CAP).

Taxpayer's signature

Date

Spouse's signature *(if applicable)*

Date

Authorized representative's signature *(if applicable)*

Date

2/24/23

For privacy Act information please refer to Notice 609