

Form 433-D  
(January 2017)

Department of the Treasury - Internal Revenue Service

### Installment Agreement

(See instructions on the back of this page)

Name and address of taxpayer(s) [Redacted] MIDLAND, TX 79704	Social Security or Employer Identification Number (SSN/EIN) (Taxpayer) [Redacted] (Spouse)
	Your telephone number(s) (including area code) (Home) [Redacted] (Work, cell or business)
<input type="checkbox"/> Submit a new Form W-4 to your employer to increase your withholding. Employer (name, address, and telephone number) Financial institution (name and address)	
For assistance, call: 1-800-829-0116 (Business), or 1-800-829-5774 (Individual - Self-Employed/Business Owners), or 1-800-829-0822 (Individuals - Wage Earners) Or write: PO Box 698 (op 811 Memphis TN 38101-0069) (City, State, and ZIP Code)	

Kind of taxes (form numbers)	Tax periods	Amount owed as of 9/7/2018
941,940, 1053, Civil Penalty	See Attachment	\$ 229,251.21

I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows  
 \$ 7,000.00 on 10/28/2018 and \$ 7,000.00 on the 28th 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

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) 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 designated 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.

Your signature [Redacted]	Title of Corporate Officer or Partner President	Date 9-9-2018
Spouse's signature (if a joint liability) [Redacted]		Date

**FOR IRS USE ONLY**

AGREEMENT LOCATOR NUMBER: 0 3 1 5

Check the appropriate boxes:

<input type="checkbox"/> RSI "1" no further review	<input checked="" type="checkbox"/> All "0" Not a PPIA
<input type="checkbox"/> RSI "3" PPIA IMF 2 year review	<input type="checkbox"/> All "1" Field Asset PPIA
<input type="checkbox"/> RSI "6" RPIA BMF 2 year review	<input type="checkbox"/> All "2" All other PPIAs

Agreement Review Cycle \_\_\_\_\_ Earliest OSED: 10/14/2021

Check box if pre-assessed modules included

Originator's ID number [Redacted] Originator Code 80

Name [Redacted] Title Settlement 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 AN INDIVIDUAL SHARED RESPONSIBILITY PAYMENT UNDER THE AFFORDABLE CARE ACT.

Agreement examined or approved by (Signature, title, function) [Redacted] Date 09/18/2018