

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]	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 1-800-829-0115 or write Internal Revenue Service Memphis, TN 37501-0000	

Employer (name, address and telephone number): N/A

Financial institution (name and address): Concordia Bank & Trust, PO Box 518, Vidalia, LA 71373

Kind of taxes (form numbers) 940, 941	Tax periods 01/201509, 01/201512, 01/201603, 01/201606, 01/201609, 01/201612, 01/201703, 01/201706, 01/201709, 01/201712, 10/201512, 10/201612, 10/201712 Page 1 of 1	Amount owed as of: 02/26/2018 \$26,884.00
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I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows:  
\$375.00 on 04/01/2018 and \$375.00 on the 1st 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

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)	<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.

Your signature	Title (if corporate officer or partner)	Date
Spouse's signature (if a joint liability)		Date

**FOR IRS USE ONLY:**

AGREEMENT LOCATOR NUMBER: **0 3 1 2**

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 CSED: 03/01/2026

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) PHILLIP K STRICKLAND, MANAGER	Date
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