

Installment Agreement

(See Instructions on the attachment)

Name and address of taxpayer(s)

Brooklyn, NY 11222

Social security or employer identification number
(taxpayer) _____ (spouse) _____

Your telephone numbers (including area code)
(home) _____ (work, cell or business) _____

For assistance, call 1-800-829-0115 or write
Internal Revenue Service
PO Box 480, Holtsville, NY 11742-0480

Employer (name, address and telephone number): _____

Financial institution (name and address): _____

Kind of taxes (form numbers)
941

Tax periods
01/201106, 01/201109, 01/201112, 01/201203, 01/201309,
01/201312, 01/201403, 01/201406

Amount owed as of: 10/20/2014
\$97,585.91

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I / We agree to pay the federal taxes shown above, **PLUS PENALTIES AND INTEREST PROVIDED BY LAW**, as follows:
\$1,200.00 on 12/15/2014 and **\$1,200.00** on the 15 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)

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: _____
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 U.S. Treasury Financial Agent to terminate the authorization. To revoke payment (*settlement*) date. I also authorize the financial institution involved in the processing of the electronic payment 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
Agreement examined or approved by (signature, title, function)		Date

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
 - AI "0" not a PPIA
 - AI "1" Field Asset PPIA
 - AI "2" - All other PPIAs

Agreement Review Cycle: _____
 Check box if pre-assessed modules included

Originator's ID #: _____ Originator Code: _____
Name: _____ 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