

Installment Agreement

(See Instructions on the back of this page)

Name and address of taxpayer(s)

ALBUQUERQUE NM 87107-

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 (Business), or
1-800-829-8374 (Individual - Self-Employed/Business Owners), or
1-800-829-0922 (Individuals - Wage Earners)
Or write:
Internal Revenue Service
PO Box 9941, Stop 5500
Ogden, UT 84409

Employer (name, address, and telephone number)

Financial institution (name and address)

Kinds of taxes (Form numbers)

941,940,1120

Tax periods

941: 09/2008 12/2008 03/2009 06/2009
09/2009 12/2009 03/2010 06/2010
09/2010 12/2010 03/2011 09/2011
940: 12/2010
1120:12/2008

Amount owed as of 1/30/2012
\$53,364.01

I/ We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows:

\$ 2,000.00 on 2/27/2012 and \$ 2,000.00 on the 27th of each month thereafter.

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

Table with 3 columns: 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, I must contact the U.S. Treasury Financial Agent at the applicable toll free number listed above no later than 7 business days prior to 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.

Signature fields for You, Spouse, and Agreement examiner, each with Title and Date columns.

FOR IRS USE ONLY

AGREEMENT LOCATOR NUMBER:

Check the appropriate boxes:

- RS1 "1" no further review, A1 "0" Not a PPIA, RS1 "5" PPIA IMF 2 year review, A1 "1" Field Asset PPIA, RS1 "6" PPIA BMF 2 year review, A1 "2" All other PPIAs

Agreement Review Cycle

Earliest CSED 10/4/2020

Check box if pre-assessed modules included

Originator's ID#: Originator Code: Name: Title Appeals Officer:

A NOTICE OF FEDERAL TAX LIEN (Check one below)

- X HAS ALREADY BEEN FILED, WILL BE FILED IMMEDIATELY, WILL BE FILED WHEN TAX IS ASSESSED, MAY BE FILED IF THIS AGREEMENT DEFAULTS