## Form **433-D** (July 2020)

Department of the Treasury - Internal Revenue Service

## **Installment Agreement**

(July 2020)		_	ructions on the back of this page)				
Name and address of taxpayer(s)			Social Security or Employer Identification Number (SSN/EIN)				
,	- (-)		(Taxpayer)	Linploy		ouse)	714/2114)
			Your telephone n	umbers (			
	(Home) (Work, cell or business)						
			For assistance, call	1-800-829	-8374 (Individua	ss), or I - Self-Employed/Bus als - Wage Earner	
Submit a new Form W-withholding.	4 to your employer	to increase your	Or write				
Kinds of taxes (form numbers)	Tax periods				(City, State,	and ZIP Code)	
Tando of taxoo (ioini hambors)	rax periods					Amount owed a	s of
						\$	
I / We agree to pay the feder	al taxes shown abo	ve, PLUS PENALTIE	S AND INTEREST I	PROVIDE	ED BY LAW,	as follows	
\$ or	າ	and \$	on the		of	each month the	ereafter
I / We also agree to increase	or decrease the ab	oove installment payn	nents as follows:				
Date of increase (or decrease)		Amount of increase	or decrease)		New installment payment amount		mount
The terms of this agreemer	nt are provided on	the back of this pag	e. Please review t	them tho	roughly.		
		ree to the terms of this ag				ad by the Internal I	Pavanua Camilaa
Additional Conditions / Terms			greenient, as provided i	111111111111111111111111111111111111111		submitting this fo	
	r (ve se completed by	, II.O)		1	IRS to contact information to	third parties and third parties in ord agreement over it	o disclose my tax er to process and
<b>DIRECT DEBIT -</b> Attach a voide this page.	ed check or complete	this part only if you ch	oose to make paymer	nts by dire	ect debit. Rea	d the instructions	s on the back of
a. Routing number							
b. Account number							
I authorize the U.S. Treasury an institution account indicated for authorization is to remain in full must contact the Internal Rever (settlement) date. I also author information necessary to answer	payments of my fed force and effect unti nue Service at the ap rize the financial insti	eral taxes owed, and the line taxes owed, and the line real Replicable toll free numbetutions involved in the	ne financial institution evenue Service to ten er listed above no late processing of the elec-	to debit t minate the	he entry to the e authorization	is account. This  n. To revoke pa	lyment, I
Debit Payments Self-Identifie		vo locaco relatea to tric	payments.				
If you are unable to make electronabove, please check the box belo	nic payments through	a debit instrument (deb	it payments) by providi	ing your b	anking informa	ation in a. and b.	
I am unable to make debit p	ayments						
Note: Not checking this box indic	ates that you are able	but choosing not to ma	ke debit payments. Se	e Instructi	ons to Taxpay	er below for more	e details
Your signature	Date		e Officer or Partner)	_		a joint liability)	Date
FOR IRS USE ONLY							
AGREEMENT LOCATOR NUMBI	ED.						
Check the appropriate boxes:		_	4 110710				
RSI "1" no further review						LIEN (Check or	ne box below)
RSI "5" PPIA IMF 2 year re		' Not a PPIA			DY BEEN F		
RSI "6" PPIA BMF 2 year r					ED IMMEDI		
Agreement Review Cycle						AX IS ASSESS	
Check box if pre-assessed		carriest CSED				AGREEMENT	
	modules included		NOTE: A	N ANY P	ORTION OF	AL TAX LIEN V	VILL NOT BE
Originator's ID numberName	Origin	nator Code	REPRES	ENTS AN	INDIVIDUAL	SHARED RES	PONSIBILITY
	1110		PAYMEN	NT UNDE	R THE AFFO	ORDABLE CAR	E ACT.
Agreement examined or approved	by (Signature, title, fund	ction)				Date	

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