

Installment Agreement

(See Instructions on the back of this page)

Name and address of taxpayer(s)
Nicholas Mosby
[REDACTED] Bolton St.
Baltimore MD, 21217

Social Security or Employer Identification Number (SSN/EIN)
 (Taxpayer) [REDACTED] (Spouse) 4090

Your telephone numbers (including area code)
 (Home) [REDACTED] (Work, cell or business) 3763

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)

Submit a new Form W-4 to your employer to increase your withholding.

Or write _____
 (City, State, and ZIP Code)

Kinds of taxes (form numbers)	Tax periods	Amount owed as of
	<u>12/31/2014 - 12/31/2015</u>	\$ _____

I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows
 \$ 776.00 on 02/01/2019 and \$ 776.00 on the first 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] 6468
 b. Account number [REDACTED] 0882

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 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.

Debit Payments Self-Identifier
 If you are unable to make electronic payments through a debit instrument (debit payments) by providing your banking information in a. and b. above, please check the box below:

I am unable to make debit payments
Note: Not checking this box indicates that you are able but choosing not to make debit payments. See Instructions to Taxpayer below for more details.

Your signature	Date	Title (if Corporate Officer or Partner)	Spouse's signature (if a joint liability)	Date
<u>[Signature]</u>	<u>12/6/18</u>			

FOR IRS USE ONLY

AGREEMENT LOCATOR NUMBER: _____

Check the appropriate boxes:

<input type="checkbox"/> RSI "1" no further review	<input type="checkbox"/> AI "0" Not a PPIA
<input type="checkbox"/> RSI "5" PPIA IMF 2 year review	<input type="checkbox"/> AI "1" Field Asset PPIA
<input type="checkbox"/> RSI "6" PPIA BMF 2 year review	<input type="checkbox"/> AI "2" All other PPIAs

Agreement Review Cycle _____ Earliest CSED _____

Check box if pre-assessed modules included

Originator's ID number _____ Originator Code _____

Name _____ Title _____

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) _____ Date _____

Notice Number: CP- 89
 Notice Date: Aug. 29, 2019
 Taxpayer Identification Number:
 xxx-xx-4090

169577.183362.115828.6727 1 AB 0.412 690



NICHOLAS J MOSBY
 [REDACTED] BOLTON ST
 BALTIMORE MD 21217-4601

If you have any questions,
 please call us at:
1-800-829-8374

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THIS IS NOT A BILL

Annual Installment Agreement Statement

THIS IS FOR YOUR INFORMATION

This is your Annual Installment Agreement Statement. This two-part statement shows the installment-agreement activity from July 16, 2018 to July 15, 2019 for each tax period included in your agreement.

I. The **Payment Detail** page shows the payments received and where they have been applied.

- Your payments are listed by date received to assist you as you review your records. The payments are also totaled at the end of the detail, for your convenience.
- Your payments have been applied according to the terms of your agreement and in accordance with the law. For each tax year, your payments are applied first to tax, then penalty, then interest, and other charges.

II. The **Installment Agreement Activity** page shows each tax period for which you owed tax.

- The Beginning Balance is calculated as of July 16, 2018, or the date you entered a tax period into an installment agreement, if it was later. The beginning balance of each tax period includes the unpaid tax, penalty, and interest as of this calculation date.
- The Total Interest, Total Penalty and Other Charges are the amounts added during this period. Other Charges are items such as fees, refunds or adjustments.

If you'd like to pay the full amount you owe, please call us at 1-800-829-8374 so we may give you a current payoff figure. Your future statements will be mailed to you annually, for as long as you have installment agreement activity.

As always, we appreciate your timely payments.

Payment Detail

for July 16, 2018 to July 15, 2019

Payment Date	Applied Amount	Applied to Tax Form	Tax Period
05/01/2019	\$ 669.00-	1040	12/31/2014
Total Payments	\$ 669.00-		

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- Payments received after June 24, 2019 may not appear on this statement, but will be shown on your next annual statement.
- If you think we missed giving you credit for a payment, please call 1-800-829-8374 and we will be glad to resolve any discrepancies.

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
 Received by: _____
 Name: _____
 Telephone: _____
 Function: _____
 Date: _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address NICHOLAS MOSBY BOLTON ST BALTIMORE, MD 21217	Taxpayer identification number(s) [REDACTED]-4090
	Daytime telephone number [REDACTED] 3763

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached**

Name and address Sandra Martinez - OPTIMA TAX RELIEF, LLC 3100 S. HARBOR BLVD., STE 250 SANTA ANA, CA 92704	CAF No. 031315130R PTIN P02148554 Telephone No. (800) 536-0734 Fax No. _____
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Check if new: Address Telephone No. Fax No.

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
INCOME CIVIL PENALTY	1040, 1099's, W-2's	1992 THROUGH 2022	NOT APPLICABLE

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box

Note: Appointees will no longer receive forms, publications, and other related materials with the notices.

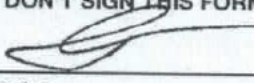
b If you don't want any copies of notices or communications sent to your appointee, check this box

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**
 ▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature: 
 NICHOLAS MOSBY
 Print Name

Date: 07/31/2020
 EMP. # [REDACTED]
 Title (if applicable)

RECEIVED BY IRS-EEFAX 07/31/2020 1:44PM (GMT-04:00)