Department of the Treasury

Internal Revenue Service Centralized OIC PO Box 9011 Holtsville, NY 11742

Date of this Letter: MAY 2 3 2014

Person to Contact:

Employee #:
Phone#: EXT
08:00am-08:00pm Mon-Fri

Taxpayer ID#:\*\*\*-\*\*Offer Number:



Dear Mr.

We have accepted your offer in compromise signed and dated by you on 11/05/2013. The date of acceptance is the date of this letter and our acceptance is subject to the terms and conditions on the enclosed Form 656, Offer in Compromise.

We have applied a total of \$900.00 as payments toward your accepted offered amount. The last payment received was for \$900.00 received on 11/21/2013.

Please note that the conditions of the offer require you to timely file and pay all required taxes for five tax years (including any extensions). This will begin on the date shown in the upper right hand corner of this letter.

Additionally, please remember that the conditions of the offer include the provision that as additional consideration for the offer, we will retain any refunds or credits that you may be entitled to receive for 2014 or for earlier tax years. This includes refunds you receive in 2015 for any overpayments you made toward tax year 2014 or toward earlier tax years. These refunds or credits will be applied to your liability, not to your accepted offer amount. If a Notice of Federal Tax Lien was filed on your account, it will be released when the offer amount is paid in full. If the final payment is by credit or debit card, the Notice of Federal Tax Lien will not be released for up to 120 days from the date of the credit/debit payment.

If you are required to make any payments under this agreement, make your check or money order payable to the United States Treasury and send it to:

Internal Revenue Service P.O. Box 24015 Fresno, CA 93779

continued on next page

Please send all other correspondence to:

Internal Revenue Service PO Box 9006 Holtsville, NY 11742-9006

You must promptly notify the Internal Revenue Service of any change in your address or marital status. This will ensure we have the proper address to advise you of the status of your offer.

If you have submitted a joint offer with your spouse or former spouse and you personally are meeting or have met all the conditions of your offer agreement, but your spouse or former spouse fails to adhere to the conditions of the offer agreement, your offer agreement will not be defaulted.

If you fail to meet any of the terms and conditions of the offer, the Internal Revenue Service will issue a notice to default the agreement. If the offer is defaulted, the original tax including all penalties and interest will be due. After issuance of the notice the Internal Revenue Service may:

- Immediately file suit to collect the entire unpaid balance of the offer.
- Immediately file suit to collect an amount equal to the original amount of the tax liability as liquidating damages, minus any payments already received under the terms of this offer.
- Disregard the amount of the offer and apply all amounts already paid under the offer against the original amount of the tax liability.
- File suit or levy to collect the original amount of the tax liability.

If you have any questions, please contact the person whose name and telephone number are shown in the upper right hand corner of this letter.

Sincerely,

Mr. C. Peters Offer Manager

	AMENDED/REVISED OFFE			
orm 656 Rev. January 2014)	Offer in Compromise			
id you use the Pre-Qualifier too	of located on our website at www.irs.gov prior to fill			
nclude the Application Fee and include the completed Form 433	Payment (personal check, cashler check, or money ordel-A (OIC) and/or 433-B (OIC) and supporting docume	entation.		
Section 1	Your Contact Information	ADD Sees level Pote		
our First Name, Middle Initial, Last Na Milliam	erne Social Security Number (SSN)	IRS Received Date		
f a Joint Offer, Spouse's First Name, N	Middle Initial, Last Name Social Security Number (SSN)			
our Physical Home Address (Street, C.	city, State, ZIP Code) cago, IL			
Mailing Address (if different from above or				
Business Name (it included in the offer)		State of the second sec		
Business Address (Street, City, State, Zil	IP Code)			
Employer Identification Number (EIN)	(EIN not included in offer)			
Section 2	Tax Periods			
To: Commissioner of Internal	Revenue Service			
are signing this agreement.	pronoun "we" may be assumed in place of "I" whe			
type and period(s) marked below:	tax liabilities plus any interest, penalties, additions to tax, and			
	2, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 201	0, 2011, 2012		
1040 Income Tax-Year(s) 2002	1120 Income Tax-Year(s)			
1120 Income Tax-Year(s)				
1120 Income Tax-Year(s)	eral Tax Return - Quarterly period(s)			
1120 Income Tax-Year(s) 941 Employer's Quarterly Feder				
1120 Income Tax-Year(s) 941 Employer's Quarterly Feder 940 Employer's Annual Federal Trust Fund Recovery Penalty a	I Unemployment (FUTA) Tax Return - Year(s)			
1120 Income Tax-Year(s) 941 Employer's Quarterly Feder 940 Employer's Annual Federal Trust Fund Recovery Penalty a	I Unemployment (FUTA) Tax Return - Year(s)			
1120 Income Tax-Year(s) 941 Employer's Quarterly Feder 840 Employer's Annual Federal Trust Fund Recovery Penalty a for failure to pay withholding an	I Unemployment (FUTA) Tax Return - Year(s)	axes), for period(s) ending		

Form 656 (Rev. 1-2014)

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Section 3	Reason for Offer		
Doubt as to Collectibility - I have	insufficient assets and income to pay the full amount.		All such but due to m
Exceptional Circumstances (Effi exceptional circumstances, requiri narrative explaining my circumster	ective Tax Administration) - I owe this amount and hang full payment would cause an economic hardship or nices.	ave sufficient assets to pay the would be unfair and inequitable	e. I am submitting a writte
Explanation of Circumstances (	Add additional pages, if needed)		
offer amount might Impair your ability to ituation, then your offer may be accept pplication.	planned events or special circumstances, such as serion provide for yourself and your family. If this is the case ted despite your financial profile. Describe your situation of the content of the conte	n below and attach approprie	intation to prove your to documents to this offer
	I I I I I I I I I I I I I I I I I I I	income is less than or equal	to the amount shown in the
short halow based on VOIT family SIZE	and where you live. If you qualify, you are not required oppletorships do not qualify for the low income wal	to serving with bealtimite water	g me consideration of you
	ow income Certification based on the monthly inco		
Size of family unit	48 contiguous states and D.C.	Hawall	Alaska
1	\$2,394	\$2,756	\$2,990
2	\$3,231	\$3,719	\$4,038
3	\$4,069	\$4,681	\$5,085
4	\$4,906	\$5,644	\$6,133
5	\$5,744	\$6,606	\$7,181
6	\$6,581	\$7,569	\$8,229
7	\$7,419	\$8,531	\$9,277
	ea 250	\$9 494	\$10,325

\$ 838

\$1,048

\$ 963

For each additional person, add