Form 2 (Rev. Ja	159 anuary 2007)			Payrol	l Dedu	iction	ternal Revenue Agreer ack of this page	nent	
TO: (Employer name and address)					Regarding: (Taxpayer name and address)				
Contact F	Contact Person's Name Telephone (Include area code)					Social security or employer identification number (Taxpayer) (Spouse)			
EMPLOYER —See the instructions on the back of Part 2. The taxpayer identified above on the right named you as an employer. Please read and sign the following statement to agree to withhold amount(s) from the taxpayer's (<i>employee's</i>) wages or salary to apply to taxes owed. I agree to participate in this payroll deduction agreement and will withhold the amount shown below from each wage or salary payment due this employee. I will send the money to the Internal Revenue Service every: (<i>Check one box.</i>)							Your telephone number (Include area code) (Home) (Work 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:Campus		
						Finan	cial Institution(s) (Name and address)	
Signed: _									
				ate:					
Kinds of t	axes (Form numbers)		Tax Periods	6				f	interest provided by law.
l am naid	every: (Check one):		WEEKS	MONTH					
	- L			I			·		d in full. I also agree and
authorize	this deduction to be in	creased or decrease	d as follows:				until		
Date of i	ncrease (or decrease)		Am	ount of Increa	ISE (or decr	ease)		New installment pa	ayment amount
 You mor a so This may that upd Whi retu We the You from If you rein Addition Spouse's	of this agreement— will make each pay in the duled payment, co agreement is base y modify or terminate your ability to pay h ated financial inform le this agreement is rns and pay any (fe will apply your fed amount you owe un must pay a \$105 u in your first payment bu default on your in statement fee if we al Terms (To be comp mature	whent so that we (<i>I</i> , d on the front of thi bntact us immediate d on your current f e the agreement if has significantly cha- hation when reques in effect, you mus <i>deral</i>) taxes you ow ral tax refunds or c til it is fully paid. ser fee, which we h (<i>s</i>). stallment agreeme reinstate the agree leted by IRS)	RS) receive s form. <i>If yo</i> <i>inancial con</i> our informa anged. You sted. t file all fedd e on time. werpaymen nave author ement. We l	it by the bu cannot make addition. We attor shows a must provide eral tax ats <i>(if any)</i> to rity to deduct st pay a \$45 have the Title <i>(If Corpo</i>	autho agree • We v of the • We c; • If we you c by se coller • This wher	prity to d ement is vill apply e United an termin You do r You do r You do r You do r You do r termina owe by le eizing yo nay term ction of t agreemen n we app	educt this fee reinstated. all payments States. hate your insta not make mor not pay any of not provide fin te your agree evy on your ir ur property. hinate this agr he tax is in je ent may requi rrove or don't	e from your first pay s on this agreement if allment agreement if athly installment pay ther federal tax deb bancial information v ment, we may colle bacome, bank account reement at any time copardy. re managerial appr approve the agreement Note: Internal Reve	in the best interests ments as agreed. t when due. when requested. ct the entire amount nts or other assets, or if we find that oval. We'll notify you ment. nue Service employees inties in order to process
FOR IRS USE ONLY:	Check the appro	CATOR NUMBER	☐ AI "(☐ AI "1 ☐ AI "2 — — —)" Not a PPIA I" Field Asset 2" All other PF	- N PPIA	lame:	IOTICE OF F HAS ALRE/ WILL BE FI WILL BE FI	Title EDERAL TAX LIEI ADY BEEN FILED LED IMMEDIATEL LED WHEN TAX IS	Y

Part 1-Acknowledgement Copy (Return to IRS)

Agreement Locator Number Designations

XX Position (the first two numbers) denotes either the Initiator or Type of Agreement. The XX values are:

- 00 Form 433-D initiated by AO on an ACS case
- Service Center and Toll-free initiated agreements 01
- AO Field Territory (revenue officer) initiated agreements 02
- Direct Debit agreements initiated by any function 03
- 06 Exam initiated agreements
- Submission Processing initiated agreements 07
- Agreements initiated by other functions 80
- Form 2159 agreement initiated by AO or ACS 11
- 12
- 20
- AO or ACS agreement with multiple conditions Status 22/24 accounts Call Site/SCCB SCCB initiated agreements other than status 22 or 26 90
- Form 2159 agreement initiated by SCCB 91
- 92 SCCB agreement with multiple conditions
- 99 Up to 120 days extensions

YY Position (the second two numbers) denotes Conditions Affecting the Agreement. The YY values are:

- 08 Continuous Wage Levy (from ACS and RO)
- All other conditions 09
- 12 One year rule (use for specific BAL DUE module agreements)
- 15 In Business Trust Fund (IBTF) monitoring required
- Restricted Interest/Penalty condition present 27
- 32 Unassessed modules to be included in agreement
- Streamlined agreements, less than 60 months, up to \$25,000 36
- BMF in Business Deferral Level (SCCB USE ONLY) 41
- 53 Report Currently Not Collectible (CNC) if agreement defaults
 - Cross-reference TIN (Status 63) 63
 - 66 File lien in event of default
 - Secondary TP responsible for Joint Liability 70
 - 80 Review and revise payment amount
 - Up to 120 days extensions 99

When an agreement has more than one condition, use either 12 or 92 in the "XX" position and assign the primary condition (YY) based on the following priorities:

#1-53, #2-08, #3-27, or #4-15

The remaining multiple conditions will be input as a history item on IDRS by SCCB. For example, to construct a history item to record an unassessed module, use the following format:

> UM309312 (Unassessed module, MFT 30, 9312 Tax Period); or UMFILE LIEN (Unassessed module, file Lien, if appropriate)

Installment Agreement Originator Codes

- Collection field function regular agreement 20
- 21 Collection field function streamlined agreement
- 30 Reserved
- 31 Reserved
- 50 Field assistance regular agreement
- 51 Field assistance streamlined agreement
- 58
- Field Assistance ICS regular agreement Field Assistance ICS streamlined agreement 59
- Examination regular agreement 60
- 61 Examination streamlined agreement
- 70 Toll-free regular agreement
- 71 Toll-free streamlined agreement
- 72 Paper regular agreement
- 73 Paper streamlined agreement
- 74 Voice Response Unit (system generated)
- 75 Automated Collection Branch regular
- Automated Collection Branch streamlined 76
- 77 Automated Collection Branch Voice Response Unit regular (system generated)
- 78 Automated Collection Branch Voice Response Unit streamlined (system generated)
- 80 Other function regular agreement
- 81 Other function-streamlined agreement
- 90-91 Reserved for vendors - all streamlined agreements

Form 2 (Rev. Ja	159 anuary 2007)			Payrol	Dedu	iry — Internal Reven Ction Agree on the back of this pa	ement			
TO: (Employer name and address)						Regarding: (Taxpayer name and address)				
Contact F	Contact Person's Name Telephone (Include area code)					Social security or employer identification number (Taxpayer) (Spouse)				
above or following <i>(employe</i> I agree t amount	YER—See the instruct in the right named you istatement to agree e's) wages or salary o participate in this shown below from e d the money to the	to withhold amour to withhold amour to apply to taxes o payroll deduction a ach wage or salary	Please rea t(s) from th wed. greement a y payment of	Your telephone number (Include area code) (Home) (Work 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:						
WEEK	TWO WEEKS	MONTH OTHER	(Specify.)			(City, State, and ZIP Code) Financial Institution(s) (Name and address)				
Signed:										
-				ite:						
	axes (Form numbers)		Tax Periods			Amount owed as	of			
						\$, plus all penalties and	interest provided by law.		
I am paid	every: (Check one):		WEEKS	MONTH	OTHER	(Specify.)				
I agree to	have \$this deduction to be in	deducted from	my wage or	salary payment	beginning	unt	til the total liability is pai	d in full. I also agree and		
	ncrease (or decrease)	creased of decrease		ount of Increa		ase)	New installment pa	ayment amount		
a sc This may that upd Whi retu We the You from If yo	athly due date stated heduled payment, co agreement is base your ability to pay h ated financial inform le this agreement is rns and pay any (fea will apply your fed amount you owe un must pay a \$105 u n your first payment bu default on your in statement fee if we	ontact us immediate d on your current fi e the agreement if d has significantly cha hation when reques in effect, you musi deral) taxes you ow ral tax refunds or o til it is fully paid. ser fee, which we h (s).	<i>ly.</i> inancial cor our informa anged. You sted. t file all fede e on time. verpaymen nave author nt, you mus	ndition. We tion shows must provide eral tax ts <i>(if any)</i> to ity to deduct st pay a \$45	 We work of the We can be an arrow of the We can be arrow of the arrow	United States. n terminate your ins You do not make may You do not pay any You do not provide the terminate your agree we by levy on your zing your property. ay terminate this a tion of the tax is in agreement may req	greement at any time	: /ments as agreed. t when due. when requested. .ct the entire amount nts or other assets, or if we find that oval. We'll notify you		
Addition	al Terms (To be comp	leted by IRS)						nue Service employees inties in order to process		
Your sig	nature			Title (If Corpor	ate Officer o	r Partner)		Date		
Spouse's	s signature <i>(If a joint li</i>	ability)						Date		
Agreeme	nt examined or appr	oved by (Signature, ti	tle, function)					Date		
	FOR IRS USE ON	<u>LY</u> CATOR NUMBER	:				Origina	tor Code:		
FOR IRS USE ONLY:	Check the approp RSI "1" no furt RSI "5" PPIA II RSI "6" PPIA E Agreement Review Earliest CSED:	oriate boxes: ner review MF 2 year review BMF 2 year review w Cycle:	☐ AI "0 □ AI "1 □ AI "2 	" Not a PPIA " Field Asset " All other PP	PPIA	HAS ALR WILL BE WILL BE	FEDERAL TAX LIEI EADY BEEN FILED FILED IMMEDIATEL FILED WHEN TAX IS	Y		

INSTRUCTIONS TO EMPLOYER

This payroll deduction agreement requires your approval. If you agree to participate, please complete the spaces provided under the employer section on the front of this form.

WHAT YOU SHOULD DO

- Enter the name and telephone number of a contact person. (*This will allow us to contact you if your employee's liability is satisfied ahead of time.*)
- Indicate when you will forward payments to IRS.
- Sign and date the form.
- After you and your employee have completed and signed the form, please return it *(all parts)* to IRS. Use the IRS address on the letter the employee received with the form or the address shown on the front of the form.

HOW TO MAKE PAYMENTS

- Please deduct the amount your employee agreed with the IRS to have deducted from each wage or salary payment due the employee.
- Make your check payable to the "United States Treasury." To insure proper credit, please write your employee's name and social security number on each payment.
- Send the money to the IRS mailing address printed on the letter that came with the agreement. Your employee should give you a copy of this letter. If there is no letter, use the IRS address shown on the front of the form.

Note: The amount of the liability shown on the form may not include all penalties and interest provided by law. Please continue to make payments unless IRS notifies you that the liability has been satisfied. When the amount owed, as shown on the form, is paid in full and IRS hasn't notified you that the liability has been satisfied, please call the appropriate telephone number below to request the final balance due.

If you need assistance, please call the telephone number on the letter that came with the agreement or write to the address shown on the letter. If there's no letter, please call the appropriate telephone number below or write IRS at the address shown on the front of the form.

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)

THANK YOU FOR YOUR COOPERATION

Form 2 (Rev. Ja	159 anuary 2007)	Department of the Treasury — Internal Revenue Service Payroll Deduction Agreement (See Instructions on the back of this page.)								
TO : (Employer name and address)						Regarding: (Taxpayer				
Contact Person's Name Telephone (Include area code)						Social security or employer identification number (Taxpayer) (Spouse)				
above or following (employed I agree to amount s	YER—See the instruct in the right named you istatement to agree e's) wages or salary o participate in this shown below from e d the money to the	to withhold amour to withhold amour to apply to taxes o payroll deduction a each wage or salary	Please rea t(s) from th wed. greement a payment of	e	Your telephone number (Include area code) (Home) (Work 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:					
						(<i>City, State, and ZIP Code</i>) Financial Institution(s) (<i>Name and address</i>)				
					_		(Name and address)			
Signed: _					-					
Title:			Da	ate:		T				
Kinds of t	axes (Form numbers)		Tax Periods	;			f			
	F		Г					interest provided by law.		
	every: (Check one):		L							
I agree to	have \$	deducted from	my wage or : d as follows:	salary payment begir	nning	until	the total liability is paid	I in full. I also agree and		
	ncrease (or decrease)		d as follows: Amount of Increase (or decrease					yment amount		
 This may that upd. Whi retu We the the You from 	heduled payment, co agreement is base your ability to pay h ated financial inform le this agreement is rns and pay any (fec will apply your fede amount you owe un must pay a \$105 u n your first payment, bu default on your in	d on your current fi e the agreement if on has significantly char hation when reques in effect, you must deral) taxes you owo ral tax refunds or o til it is fully paid. ser fee, which we h (s).	nancial cor our informa anged. You ted. t file all fede e on time. verpaymen nave author	tion shows must provide eral tax ts <i>(if any)</i> to ity to deduct	of the L We can Yo Yo Yo Yo If we te you ow by seizi We ma collectio	Inited States. terminate your insta u do not make mor u do not pay any o u do not provide fir rminate your agree e by levy on your ir ng your property. y terminate this agi on of the tax is in je	allment agreement if: hthly installment pay ther federal tax debt hancial information w ment, we may colled hcome, bank accour reement at any time copardy.	ments as agreed. when due. when requested. to the entire amount ts or other assets, or		
rein	statement fee if we	reinstate the agree	ment. We h	have the	when w	e approve or don't	approve the agreen	nent.		
Addition	al Terms (To be comp	leted by IRS)						nue Service employees rties in order to process reement.		
Your sig	nature			Title (If Corporate O	fficer or l	Partner)		Date		
Spouse's signature (If a joint liability)						Date				
Agreeme	nt examined or appr	oved by (Signature, ti	tle, function)					Date		
	FOR IRS USE ON	LY			<u> </u>	in starts ID "	<u> </u>			
ج	AGREEMENT LO Check the approp	CATOR NUMBER	_			inator's ID #: ne:	Originat	or Code:		
FOR IRS USE ONLY:	RSI "6" PPIA E Agreement Review Earliest CSED:	MF 2 year review 3MF 2 year review w Cycle:	☐ AI "1 ☐ AI "2 			HAS ALRE	EDERAL TAX LIEN ADY BEEN FILED LED IMMEDIATEL LED WHEN TAX IS LED IF THIS AGRE	Y		

INSTRUCTIONS TO TAXPAYER

If not already completed by an IRS employee, please fill in the information in the spaces provided on the front of this form for the following items:

- Your employer's name and address
- Your name(s) (plus spouse's name if the amount owed is for a joint return) and current address.
- Your social security number or employer identification number. (Use the number that appears on the notice(s) you received.) Also, enter your spouse's social security number if this is a joint liability.
- Your home and work telephone number(s)
- The complete name and address of your financial institution(s)
- The kind of taxes you owe (form numbers) and the tax periods
- The amount you owe as of the date you spoke to IRS
- When you are paid
- The amount you agreed to have deducted from your pay when you spoke to IRS
- The date the deduction is to begin
- The amount of any increase or decrease in the deduction amount, if you agreed to this with IRS; otherwise, leave BLANK

After you complete, sign (along with your spouse if this is a joint liability), and date this agreement form, give it to your participating employer. If you received the form by mail, please give the employer a copy of the letter that came with it.

Your employer should mark the payment frequency on the form and sign it. Then the employer should return all parts of the form to the IRS address on your letter or the address shown in the "For assistance" box on the front of the form.

If you need assistance, please call the appropriate telephone number below or write IRS at the address shown on the form. However, if you received this agreement by mail, please call the telephone number on the letter that came with it or write IRS at the address shown on the letter.

For assistance, call:	1-800-829-0115 (<i>Business</i>), or
	1-800-829-8374 (Individual – Self-Employed/Business Owners), or
	1-800-829-0922 (Individuals – Wage Earners)

Note: This agreement **will not** affect your liability *(if any)* for backup withholding under Public Law 98-67, the Interest and Dividend Compliance Act of 1983.