

FEB 19 2021

Department of the Treasury

Date of this Letter:

COPY

Internal Revenue Service  
Centralized OIC  
PO Box 9011 Stop 682  
Holtsville, NY 11742

Person to Contact:  
Christopher Peters  
Employee #: 1000178845  
Phone#: (844) 805-4980 EXT.  
08:00am-08:00pm Mon-Fri

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

MARTIN

Dear Mr. M

We have accepted the offer in compromise you signed and dated on 01/12/2020, as modified by an addendum dated 11/11/2020. The acceptance date is the date of this letter and our acceptance is subject to the terms and conditions on the enclosed Form 556, Offer in Compromise.

The conditions of the offer require you to timely file and pay all required taxes for five tax years (including any extensions). This requirement begins on the date of this letter.

Under the conditions of the offer, we will keep any refunds or credits you may be entitled to for 2021 or for earlier tax years, including refunds you may be entitled to receive in 2022 for any overpayments you made toward tax year 2021 or earlier tax years. We will apply any refunds or credits to your liability, not to your accepted offer. If we filed a Notice of Federal Tax Lien against you, we will release it when you pay the offer in full. If you make the final payment by credit or debit card, we won't be able to release the Notice of Federal Tax Lien for up to 120 days from the date of the credit or 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

Please send all other correspondence to:

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

You must promptly notify us of any change in your address or marital status to ensure we can communicate with you about the status of your offer.

continued on next page.

Form **14640**  
(January 2016)

Department of the Treasury—Internal Revenue Service  
**Addendum to Form 656**

**Part 1**

Taxpayer Name Martin M Primary Taxpayer SSN/EIN (last 4 digits)	Offer Number  Secondary Taxpayer SSN/EIN (last 4 digits)
---	--

We submitted an offer dated 01/12/2020 in the amount of \$ 100.00  
 to compromise unpaid 1040 plus statutory additions for the tax periods 2003, 2010, 2011,  
2012, 2018, 2019 (Kind of tax). The purpose of this  
 addendum is to amend the above offer amount I/we are offering to pay and/or to specify the payment terms if the offer is  
 accepted.

**Part 2. Revised Offer in Compromise Amount**

Accordingly, I/we offer to pay \$ 4,488.00, which includes the following amounts already paid or included with  
 this addendum:

- A. \$ 0.00, paid with original offer dated 01/12/2020
- B. \$ \_\_\_\_\_, paid with an amended/revised Form 656 dated \_\_\_\_\_
- C. \$ \_\_\_\_\_, additional payment, if any, to be included with this addendum
- D. \$ \_\_\_\_\_, periodic payments, if any, made since original offer was submitted

**Part 3. Revised Offer in Compromise Payment Amount**

- E. \$ \_\_\_\_\_ payable within 1 months after acceptance
- F. \$ \_\_\_\_\_ payable within 2 months after acceptance
- G. \$ \_\_\_\_\_ payable within 3 months after acceptance
- H. \$ \_\_\_\_\_ payable within 4 months after acceptance
- I. \$ 4,488.00 payable within 5 months after acceptance

**Part 4. Revised Offer in Compromise Payment Terms—Periodic Payment Offer payable in 6–24 months**

\$ \_\_\_\_\_ will be sent beginning on the \_\_\_\_\_ of \_\_\_\_\_  
 (day) (month after the addendum is submitted) (year)  
 and then \$ \_\_\_\_\_ will be sent on the \_\_\_\_\_ of each month for a total of \_\_\_\_\_ months with a  
 (day)  
 final payment of \$ \_\_\_\_\_ due on the \_\_\_\_\_ of the \_\_\_\_\_ month of the agreement.  
 (day)

**Part 5. Reason for the Offer**

- Doubt as to Collectibility: IRS has determined that I have insufficient assets and income to pay the full amount.
- Exceptional Circumstance (Effective Tax Administration): IRS has determined that I owe this amount and have sufficient assets to pay the full amount, but due to my exceptional circumstances, requiring full payment would cause an economic hardship or would be unfair and inequitable.

Date <u>11/11/2020</u>	Signature of Taxpayer/Authorized Corporate Officer <u>[Signature]</u>
Date	Signature of Taxpayer/Authorized Corporate Officer