Department of the Treasury

INTERNAL REVENUE SERVICE AMC-Stop 880 PO Box 30834 Memphis, TN 38130-0834 Date of this Letter: 6/1990

Person to Contact: Eureka McKay Employee #:1000867365 Phone#:(844)398-5025 EXT. 8:00AM-8:00PM Mon-Fri

Taxpayer ID# Offer Number

YNNHOL

Dear Johnny

We have accepted the offer in compromise you signed and dated on 02/04/2020. The acceptance date is the date of this letter and acceptance is subject to the terms and conditions on the enclosed Form 656, 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 2020 or for earlier tax years, including refunds you may be entitled to receive in 2021 for any overpayments you made toward tax year 2020 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 77 Memphis, TN 38101-0077

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



OFFER NUMBER: 1001563657 AMENDED

Form 656

Department of the Treasury - Internal Revenue Service

•	(August 2019)	Offer in Compromise				
T	o: Commissioner of Inte	rnal Revenue Service	IRS	Rec	eive	d Date
in L are	he following agreement, the pro signing this agreement.	noun "we" may be assumed in place of "I" when there are joint liabilities and both parties		. .	A	000
		the tax liabilities plus any interest, penalties, additions to tax, and additional amounts and period(s) marked in Section 1 or Section 2 below.		B 0	5 2	.UZU
Dic		ool located on our website at <u>http://irs.treasury.gov/oic_pre_qualifier/</u> prior to filling	out thi	s form	i	
No	Yes No le: The use of the Pre-Qual	fler tool is not mandatory before sending in your offer. However, it is recommanded	l		Liantiff Control of the Control of t	
inco	ome certification. You must a	and initial payment (<i>personal check, cashler's check, or money order)</i> with your Form 656 so Include the completed Form 433-A (OIC) and/or 433-B (OIC) and supporting documen oth, depending on the tax debt you are offering to compromise.	unless tation. Y	you qu You sh	alify ould f	for the low Till out eith
Se	ction 1	Individual Information (Form 1040 Filers)				
Indi	vidual, Individual personally r	ual with personal liability for Exclee tax, Individual responsible for Trust Fund Recovery Pe esponsible for partnership liabilities, and/or an individual who operated as a disregarded s proprietor prior to 2009 you should fill out Section 1.	nalty, se Ingle mo	elf-emp ember	loyed Limite	1 ed Liability
	r first name, middle initial, fa	st name Sc	cial Sec	ourity N	umb	er (SSN)
***************************************	hnny					
II a	joint offer, apouse's first nam	e, middle Initlal, last name	cial Sec	curity N	umb	er (SSN)
You	r home physical address (sire	et, city, state, ZIP code, county of residence)		-,		
		erent from above or post office box number)				
-	ls a new address			Yos		No
	s, would you like us to update Employer Identification Num			Yes		No
TOU	Employer Identification Num	DET (II applicable)	•			
		dividualsuaxsperiods((i)xcur@rei/isioi.lhuvietalarax.pe65@hip)			鲗	
X	1040 Income Tax-Year(s)	2009, 2010, 2011, 2012, 2013, 2014, 2017				
	Trust Fund Recovery Penalt	y as a responsible person of (unler business name)		***************************************		
	for fallure to pay withholding	and Federal Insurance Contributions Act taxes (Social Security taxes), for period(s) endin	ā			
	941 Employer's Quarterly Fa	deral Tax Relum - Quarterly pariod(s)				
	940 Employer's Annual Fedi	oral Unemployment (FUTA) Tax Return - Year(s)				
	Other Federal Tax(es) [spec	lfy type(s) and period(s)]				
	Note: If you need more spa attachment.	ce, use attachment and title it "Attachment to Form 656 dated" Make	e sure (o sign	and a	date the
Wan from	ning: The IRS will not con this offer.	promise any amounts of restitution assessed by the IRS. Any liability arising fro	m restl	tution	is ex	cluded

DXA

Doubt as to Collectibility - I do not have enough in assets and income to pay the full amount Exceptional Circumstances (Effective Tax Administration) - I owe this amount and have enough in assets and income to pay the but due to my exceptional circumstances, requiring full payment would cause an economic hardship or collection of the full liability and but due to my exceptional circumstances (and alone that the tax laws are being administered in a fair and equitable manner. I am submitting a written have my circumstances Explanation of Circumstances (Add additional payes, in nooded) - The IRS understands that there are unplanned events or special circum as serious liness, where paying the full amount or the minimum offer amount might impair your shilly to provide for yourself and your far case and you can provide documentation to prove your situation, then your offer may be accepted despite your financial profile. If application used to be a provide documentation to prove your situation, then your offer application Taxpayer does not have enough income and assets to pay the full amount owed. Please accept this offer and allow the taxpayer a fresh start. Section 4 Payment Terms Check one of the payment options below to indicate how long it will take you to pay your offer in full. Your offer more than \$0. The offer amount should be in whole dollars only. Lump Sum Cash Check here if you will pay your offer in 5 or fewer payments within 5 or fewer months from the date of acceptance: Enclose a check for 20% of the offer amount (waived if you met the requirements for Low-income Certification) and fill in the amount fulture payment(s). Total offer anyount - 20% initial payment - Remaining balance in one payment after acceptance of the offer or up to five payments, but cannot exceptance of the offer or up to five payments, but cannot exceptance.	would attive explaining attive explaining instances, such ally. If this is the ble, describe
but due to my exceptional circumstances, requiring full payment would cause an economic hardship or collection of the full hability undermine public confidence that the tax laws are being administered in a fair and equitable manner. I am submitting a written name my circumstances Explanation of Circumstances (Add additional pages, if nooded) - The IRS understands that there are unplanned events or special circumstances where paying the full amount or the minimum offer amount might impair your stillity to provide for yourself and your fan case and you can provide documentation to prove your situation, then your offer mey be accepted despite your financial profile. If application are special circumstances below and attach appropriate documents to this offer application Taxpayer does not have enough income and assets to pay the full amount owed. Please accept this offer and allow the taxpayer a fresh start. Section 4 Payment Terms Check one of the payment options below to indicate how long it will take you to pay your offer in full. Your offer more than \$0. The offer amount should be in whole dollars only. Lump Sum Cash Check here if you will pay your offer in 5 or fawer payments within 5 or fewer months from the date of acceptance: Enclose a check for 20% of the offer amount (waived if you met the requirements for Low-Income Certification) and fill in the amount fulture payment(s). Total offer anyount - 20% Initial payment - Remaining balance Solve the offer or up to five payments, but cannot exceptance of the offer or up to five payments, but cannot exceptance or the offer or up to five payments, but cannot exceptance or the offer or up to five payments, but cannot exceptance or the offer or up to five payments, but cannot except and the offer amount of the offer or up to five payments, but cannot except and the offer or up to five payments, but cannot except and the offer or up to five payments, but cannot except and the offer anyour the offer anyour the offer anyour the offer anyour the offer or up	would attive explaining attive explaining instances, such ally. If this is the ble, describe
as serious illness, where paying the full amount or the minimum offer amount might impair your ability to provide for yoursein and your races and you can provide documentation to prove your situation, then your offer may be accepted despite your financial profile. If application I'axpayer does not have enough income and assets to pay the full amou owed. Please accept this offer and allow the taxpayer a fresh start. Section 4 Payment Terms Check one of the payment options below to indicate how long it will take you to pay your offer in full. Your offer more than \$0. The offer amount should be in whole dollars only. Lump Sum Cash Check here if you will pay your offer in 5 or fawer payments within 5 or fawer months from the date of acceptance: Enclose a check for 20% of the offer amount (waived if you met the requirements for Low-Income Certification) and fill in the amoun fulture payment(s). Total offer amount Total offer amo	ant
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You may pay the remaining balange in one payment after acceptance of the offer or up to five payments, but cannot excee	5
	d 5
months.	.,
Amount of payment \$ 1.00 payable within 1 Month after acceptance Amount of payment \$ 1.00 payable within 2 Months after acceptance	
100	
Amount of payment \$ 100 payable within 5 Months after acceptance	

Periodic Payment	
Check here if you will pay your offer in full in 6 to 24 months.	
inter the amount of your offer \$	
Note: The total months may not exceed a total of 24, including the first payment. Your first payment is considered to be montherefore, the remainder of the payments must be made within 23 months for a total of 24.	nth 1;
Enclose a check for the first month's payment (waived if you met the requirements for the Low-Income Cartification).	
The first monthly payment of \$ is included with this offer then \$ will be sent in on the	
day of each month thereafter for a total of months with a final payment of \$ to be paid on the	
of the month.	
You must continue to make these monthly payments while the IRS is considering the offer (waived if you met the requirements income Certification). Fallure to make regular monthly payments until you have received a final decision letter will cause your returned with no appeal rights.	
IRS Use Only	
Attached is an addendum dated (insert date) setting forth the amended offer amount and payment	I
	terms.