

Department of the Treasury

Date of this Letter JUN 28 2023

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

Person to Contact:
Ms. Habia
Employee #: [REDACTED]
Phone#: [REDACTED]
Taxpayer ID#: [REDACTED]
Taxpayer Name:
John [REDACTED]

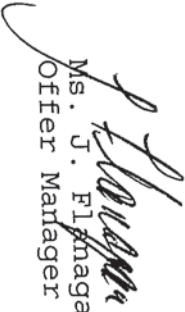
Offer Number: [REDACTED]

Rajneet Kaur Singh
Lifeback Tax
21622 Plummer St Ste 208
Chatsworth, CA 91311

Attached is a copy of correspondence which was sent to your client. We are forwarding a copy to you per your client's instructions as indicated on Form 2848, Power of Attorney and Declaration of Representative, or on Form 8821, Tax Information Authorization.

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,


Ms. J. Flanagan
Offer Manager

Letter POA(AOIC)

cc: Taxpayer

Department of the Treasury

Date of this Letter:

JUN 28 2023

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

Person to Contact:

Ms. Habia

Employee #: [REDACTED]

Phone#: [REDACTED] EXT.

08:00am-04:00pm Mon-Fri

John A [REDACTED]

Taxpayer ID#: [REDACTED]

Offer Number: [REDACTED]

We have accepted the offer in compromise you signed and dated on 06/25/2022. 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.

Effective November 1, 2021, for offers accepted on or after this date, the IRS will not offset refunds and credits to the tax years you listed in Form 656. If applicable, you may receive any refund or credit that you are entitled to after the acceptance date of this offer. If you want your refund or credit applied to your offer amount or your liability instead of issued to you, you must contact the person listed at the top of this letter. Any refunds or credits prior to the offer acceptance date will be applied 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. Write "offer payment" on the check, include your social security number or employer identification number on the payment and send it to:

Internal Revenue Service
P.O. Box 219982
Kansas City, MO 64121

Please send all other correspondence to:

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

continued on next page

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.

If you have submitted a joint offer with your spouse or former spouse and you are meeting or have met all the conditions of your offer agreement, but your spouse or former spouse does not meet the conditions of the offer agreement, your offer will not default.

If you fail to meet any of the terms and conditions of the offer, we will issue a notice to default the agreement. If the offer defaults, the original tax, including all penalties and interest will be due immediately. If we issue the default notice, we may:

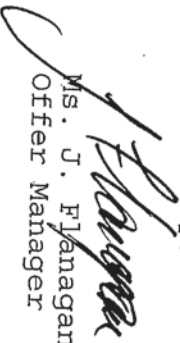
- Immediately file suit to collect the entire unpaid balance of the offer.
- Immediately file suit to collect an amount equal to the original amount of the tax liability as liquidating damages, minus any payments already received under the terms of this offer.
- Disregard the amount of the offer and 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 your offer defaults, the shared responsibility payment (SRP) amount that you owe is not subject to penalties or to lien and levy enforcement actions. The SRP amount that you owe is the assessed payment for not having minimum essential health coverage for you and, if applicable, your dependents per Internal Revenue Code Section 5000A - Individual shared responsibility payment. Interest will continue to accrue and we may apply your federal tax refunds, in accordance with the terms of your offer, to the SRP amount that you owe until it is paid in full.

It is your responsibility to keep a record of payments and to monitor the remaining balance due of the offer terms. If you are unsure of your final payment amount, please call the number above to confirm the amount due prior to sending your final payment. Any overpayments will be kept and applied toward your liability.

If you have additional questions, you can contact the person listed at the top of this letter.

Sincerely,


Ms. J. Flanagan
Offer Manager

Enclosure
Copy of Form 656
cc:POA

WI Letter 5483 Accept (AOIC) (11-2021)

Offer in Compromise**► To: Commissioner of Internal Revenue Service**

In the following agreement, the pronoun "we" may be assumed in place of "I" when there are joint liabilities and both parties are signing this agreement.

I submit this offer to compromise the tax liabilities plus any interest, penalties, additions to tax, and additional amounts required by law for the tax type and period(s) marked in Section 1, or Section 2 below.

Did you use the Pre-Qualifier tool located on our website at http://irs.treasury.gov/oiac_pre_qualifier prior to filing out this form

☐ Yes ☐ No

Note: The use of the Pre-Qualifier tool is not mandatory before sending in your offer. However, it is recommended.

Include the \$205 application fee and initial payment (*personal check, cashier's check, or money order*) with your Form 656 unless you qualify for the Low-Income Certification. You must also include the completed Form 433-A (OIC) and/or Form 433-B (OIC) and supporting documentation. You should fill out either Section 1 or Section 2, but not both, depending on the tax debt you are offering to compromise.

Section 1 Individual Information (Form 1040 filers)

If you are a 1040 filer, an individual with personal liability for Excise tax, individual responsible for Trust Fund Recovery Penalty, self-employed individual, or individual personally responsible for partnership liabilities, you should fill out Section 1.

Your first name, middle initial, last name

John

Social Security Number (SSN)

If a joint offer, spouse's first name, middle initial, last name

NA

Social Security Number (SSN)

Your home physical address (street, city, state, ZIP code, county or residence)

ATL

Your home mailing address (if different from above or post office box number)

Same.

Is this a new address

☐ Yes ☒ No

If yes, would you like us to update our records to this address

☐ Yes ☐ No

Your Employer Identification Number (if applicable)

Individual Tax Periods (If Your Offer is for Individual or Sole-Proprietor Tax Debt Only)

☒ 1040 Income Tax-Year(s) 2010, 2011, 2012, 2013, 2014, 2016, & 2020

☐ Trust Fund Recovery Penalty as a responsible person of (enter business name)

for failure to pay withholding and Federal Insurance Contributions Act taxes (Social Security taxes), for period(s) ending

☐ 941 Employer's Quarterly Federal Tax Return - Quarterly period(s)

☐ 940 Employer's Annual Federal Unemployment (FUTA) Tax Return - Year(s)

☒ Other Federal Tax(es) [specify type(s) and period(s)] 2014 SHR SKR

Note: If you need more space, use attachment and title it "Attachment to Form 656 dated _____." Make sure to sign and date the attachment.

Warning: The IRS will not compromise any amounts of restitution assessed by the IRS. Any liability arising from restitution is excluded from this offer. Also, the IRS will not compromise any liability for which an election under IRC § 965(i) is made; such liabilities are excluded from this offer. Any offer containing a liability for which payment is being deferred under IRC § 965(h)(1) can only be processed for investigation if an acceleration of payment under section 965(h)(3) and the regulations thereunder has occurred and no portion of the liability to be compromised resulted from entering into a transfer agreement under section 965(h)(3).

Low-Income Certification (Individuals and Sole Proprietors Only)

Do you qualify for Low-Income Certification? You qualify if your adjusted gross income, as determined by your most recently filed Individual Income Tax return (Form 1040) or your household's gross monthly income from Form 433-A(OIC) x 12, is equal to or less than the amount shown in the chart below based on your family size and where you live. If you qualify, you are not required to submit any payments or the application fee upon submission or during the consideration of your offer. If your business is other than a sole proprietor you cannot qualify for Low-Income Certification. The IRS will verify whether you qualify for Low-Income Certification.

Note: By checking one of the boxes below you are certifying that your adjusted gross income or your household's gross monthly income x 12 and size of your family qualify you for the Low-Income Certification.

- ☒ I qualify for the low-income certification because my adjusted gross income for my household's size is equal to or less than the amount shown in the table below.
- ☒ I qualify for the low-income certification because my household's size and gross monthly income x 12 is equal to or less than the income shown in the table below.

IF YOU QUALIFY FOR THE LOW-INCOME CERTIFICATION DO NOT INCLUDE ANY PAYMENTS WITH YOUR OFFER. Generally these payments will not be returned and will be applied to the tax liability in the best interest of the government.

Size of family unit	48 contiguous states, D.C., and U.S. Territories	Alaska	Hawaii
1	\$32,200	\$40,225	\$37,050
2	\$43,550	\$54,425	\$50,100
3	\$54,900	\$68,625	\$63,150
4	\$66,250	\$82,825	\$76,200
5	\$77,600	\$97,025	\$89,250
6	\$88,950	\$111,225	\$102,300
7	\$100,300	\$125,425	\$115,350
8	\$111,650	\$139,625	\$128,400
For each additional person, add	\$11,350	\$14,200	\$13,050

Section 2**Business Information (Form 1120, 1065, etc., filers)**

If your business is a Corporation, Partnership, LLC, or LLP and you want to compromise those tax debts, you must complete this section. You must also include all required documentation including the Form 433-B (OIC), a \$205 application fee, and initial payment.

Business name _____

Business physical address (street, city, state, ZIP code) _____

Business mailing address (street, city, state, ZIP code) _____

Employer Identification Number (EIN)	Name and title of primary contact	Telephone number
_____	_____	() - _____

Business Tax Periods (If Your Offer is for Business Tax Debt Only)

- ☐ 1120 Income Tax-Year(s) _____
- ☐ 941 Employer's Quarterly Federal Tax Return - Quarterly period(s) _____
- ☐ 940 Employer's Annual Federal Unemployment (FUTA) Tax Return - Year(s) _____
- ☐ Other Federal Tax(es) [specify type(s) and period(s)] _____

Note: If you need more space, use attachment and title it "Attachment to Form 656 dated _____." Make sure to sign and date the attachment.

Reason for Offer

Section 3

- ☒ **Doubt as to Collectibility** - I do not have enough in assets and income to pay the full amount.

Note: If you have special circumstances which would prevent you from paying the minimum offer amount calculated on Form 433-A (OIC) due to economic hardship explain below and attach any documentation to this offer.

- ☐ **Effective Tax Administration** - I owe this amount and have enough in assets and income to pay this liability in full, but due to my special circumstances, requiring full payment would cause an economic hardship or be inequitable.

Select which circumstance applies below and attach additional documentation to this offer application as needed.

- ☐ Paying more than the amount offered would create a financial hardship. See below for my explanation. (Only individuals qualify for this consideration).

Mr John [REDACTED] does not have the means to cover his basic living expenses, nor is he able to pay his liability in full or through monthly payments extending through the period of collections. This is evidence on the enclosed financial statement and supporting financial documents. The amount offered represents the entirety of John [REDACTED] assets and disposable income.

- ☐ The amount offered is based on my exceptional circumstances other than economic hardship. Collection of my full liability could undermine public confidence that the tax laws are being administered in a fair and equitable manner. Example: A payroll service provider misappropriated taxes withheld from my employees. See below for my explanation.

Section 4

Payment Terms

Check only one of the payment options below to indicate how long it will take you to pay your offer in full. You must 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(s) of your future payment(s).

Total offer amount	-	20% initial payment	=	Remaining balance
\$	\$1.00	-	\$	\$0.00
You may pay the remaining balance in one payment after acceptance of the offer or up to five payments, but cannot exceed 5 months.				
Amount of payment	\$	0	payable within	Month after acceptance
Amount of payment	\$	0	payable within	Months after acceptance
Amount of payment	\$	0	payable within	Months after acceptance
Amount of payment	\$	0	payable within	Months after acceptance
Amount of payment	\$	0	payable within	Months after acceptance
Amount of payment	\$	\$1.00	payable within	Months after acceptance

Periodic Payment

- ☐ Check here if you will pay your offer in full in 6 to 24 months

Enter the amount of your offer \$

Note: The total months may not exceed a total of 24. For example, if you are requesting your payments extend for 24 months then your first payment is considered to be month 1 and your last payment is considered month 24. There will be 22 payments between the first and last month.

Enclose a check for the first month's payment (waived if you met the requirements for the Low-Income Certification).

The first monthly payment of \$ _____ is included with this offer then \$ _____ will be received on the _____ day of each month thereafter for _____ months with a final payment of \$ _____ to be paid on the _____ day of the _____ month.

You must continue to make these monthly payments while the IRS is considering the offer (waived if you met the requirements for Low-Income Certification). Failure to make regular monthly payments until you have received a final decision letter will cause your offer to be returned with no appeal rights. If you qualified under the Low-Income Certification and are not required to submit payments while the offer is under consideration, your first payment will be due 30 calendar days after acceptance of the offer, unless another date is agreed to in an amended offer or addendum.

IRS Use Only

☐ Attached is an addendum dated (insert date) _____ setting forth the amended offer amount and payment terms.

Section 5 Designation of Payment and Electronic Federal Tax Payment System (EFTPS)

Designation of Payment

If you want your payment to be applied to a specific tax year and a specific tax debt, such as employment taxes or a Trust Fund Recovery Penalty, tell us the tax period/quarter _____. If you are not specific with your designation we will apply any money you send to the government's best interest. If you want to designate any future payments not included with this Form 656 while the offer is pending [see section 7(d) below] with the IRS, you must include the specific tax year and type of tax at the time each payment is made. However, you cannot designate the application fee or any payment after the IRS accepts the offer.

Note: Payments submitted with your offer cannot be designated as estimated tax payments for a current or past tax year.

Electronic Federal Tax Payment System (EFTPS)

List offer payments made through the Electronic Federal Tax Payment System (EFTPS) below.

Include the 15 digit Electronic Funds Transfer (EFT) Number with each payment.

Offer application fee	Date	EFT number
Offer payment	Date	EFT number

Note: Any Offer Application Fee or initial payment made via EFTPS must be made the same date your offer is mailed.

Section 6 Source of Funds, Making Your Payment, Filing Requirements, and Tax Payment Requirements

Source of Funds

Tell us where you will obtain the funds to pay your offer

Making Your Payment

Include separate checks for the payment and application fee.

Make checks payable to the "United States Treasury" and attach to the front of your Form 656. Offer in Compromise. All payments must be in U.S. dollars. **Do not send cash.** Send a separate application fee with each offer; do not combine it with any other tax payments, as this may delay processing of your offer. You may also make payments through the Electronic Federal Tax Payment System (EFTPS). Your offer will be returned to you if the application fee and the required payment are not included, or if your check is returned for insufficient funds.

Filing Requirements

- ☒ I have filed all required tax returns and have included a complete copy of any tax return filed within 12 weeks of this offer submission
- ☐ I was not required to file a tax return for the following years 2019 & 2021

Note: Do not include original tax returns with your offer. You must either electronically file your tax return or mail it to the appropriate IRS processing office before sending in your offer.

Tax Payment Requirements (check all that apply)

- ☐ I have made all required estimated tax payments for the current tax year
- ☒ I am not required to make any estimated tax payments for the current tax year
- ☐ I have made all required federal tax deposits for the current quarter and two preceding quarters
- ☒ I am not required to make any federal tax deposits for the current quarter and two preceding quarters

Section 8**Signatures**

Under penalties of perjury, I declare that I have examined this offer, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Taxpayer/Corporation Name

Phone number

Today's date (mm/dd/yyyy)





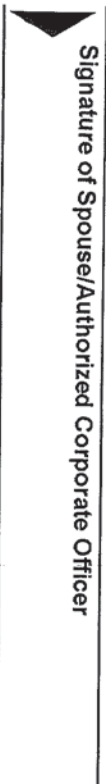
06/25/2022

☐ By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

Signature of Spouse/Authorized Corporate Officer

Phone number

Today's date (mm/dd/yyyy)



☐ By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

Section 9**Paid Preparer Use Only**

Signature of Preparer

Phone number

Today's date (mm/dd/yyyy)





☐ By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

Name of Paid Preparer

Preparer's CAF no. or PTIN

Jose Valenzuela

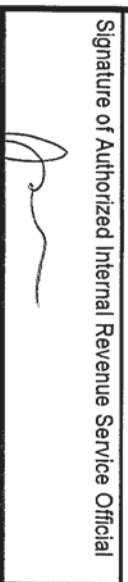
Firm's name (or yours if self-employed), address, and ZIP code

Life Back Taxes
21622 Plummer Street, Suite 208
Chatsworth, CA 91311

If you would like to have someone represent you during the offer investigation, attach a valid, signed Form 2848 with this application or a copy of a previously filed form. Form 2848 allows for representation and receipt of confidential information. You should also include the current tax year on the form, in the list of applicable years or periods.

Form 8821 allows a third party to receive confidential information but they cannot represent you before the IRS in a Collection matter. If you would like a third party to receive confidential information on your behalf attach a copy if previously filed and include the current tax year on the form.

IRS Use Only. I accept the waiver of the statutory period of limitations on assessment for the Internal Revenue Service, as described in Section 7(p).

Signature of Authorized Internal Revenue Service Official	Title	Date (mm/dd/yyyy)
	PE	07/01/2022

Privacy Act Statement

We ask for the information on this form to carry out the internal revenue laws of the United States. Our authority to request this information is section § 7801 of the Internal Revenue Code.

Our purpose for requesting the information is to determine if it is in the best interests of the IRS to accept an offer. You are not required to make an offer, however, if you choose to do so, you must provide all of the taxpayer information requested. Failure to provide all of the information may prevent us from processing your request.

If you are a paid preparer and you prepared the Form 656 for the taxpayer submitting an offer, we request that you complete and sign Section 9 on Form 656, and provide identifying information. Providing this information is voluntary. This information will be used to administer and enforce the internal revenue laws of the United States and may be used to regulate practice before the Internal Revenue Service for those persons subject to Treasury Department Circular No. 230, Regulations Governing the Practice of Attorneys, Certified Public Accountants, Enrolled Agents, Enrolled Actuaries, and Appraisers before the Internal Revenue Service. Information on this form may be disclosed to the Department of Justice for civil and criminal litigation. We may also disclose this information to cities, states and the District of Columbia for use in administering their tax laws and to combat terrorism. Providing false or fraudulent information on this form may subject you to criminal prosecution and penalties.