Installment Agreement (July 2024) Name and address of taxpayer(s) Social Security or Employer Identification Number (SSN/ITIN/EIN) (Taxpayer) 272-40-7941 (Spouse) 16190 BAYSIDE POINTE FORT MYERS, FL 33908 Social Security or Employer Identification Number (SSN/ITIN/EIN) (Taxpayer) 272-40-7941 (Spouse) Vour telephone numbers (including area code) (Home) (Work, cell or business) For assistance, call: 1-800-829-7650 (Individual - Self-Employed/Business Owners, Businesses), of 1-800-829-7650 (Individuals - Wage Earners) Submit a new Form W-4 to your employer to increase your withholding. Or write (City, State, and ZIP Code) Kinds of taxes (form numbers) 1040 Tax periods 2018, 2019, 2021, 2023 Amount owed as of <u>01/28/202</u> \$ 16,056 I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows \$ 209 on <u>03/15/2025</u> and \$ 209 on the <u>15th</u> of each month thereafter I / We also agree to increase or decrease the above installment payments as follows: Installment payment amount The terms of this agreement are provided on the back of this page. Review them thoroughly. New installment payment amount By initialing here and my signature below, I agree to the terms of this agreement, as provided in this form, I authorized the disclose my tax Additional Conditions / Terms (To be completed by IRS) By signing and submitting this form, I authorized the disclose my tax	(00.5		Departme	nt of the Treasury - Int	ernal Revenue Serv	ice			
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Page 2 of 4. Encyro E-Sign ID: gahclA9fcP3rzYoR (2025-Jan-30 17:01:31 UTC)

Form 433-D (July 2024)	Department of the Treasury - Internal Revenue Service Installment Agreement (See Instructions on the back of this page)								
Name and address of taxpayer(s)		rity or Employer Identification Number (SSN/ITIN/EIN)							
STEVEN R IMBODY		(<i>Taxpayer</i>) 272-40-7941 (<i>Spouse</i>)							
16190 BAYSIDE POINTE		Your telephone numbers (including area code)							
FORT MYERS, FL 33908		(Home) (Work, cell or business)							
		For assistance, call: 1-800-829-3903 (Individual - Self-Employed/Business Owners, Businesses), or 1-800-829-7650 (Individuals - Wage Earners)							
Submit a new Form W-4 to your employ withholding.	er to increase your	Or write(City, State, and ZIP Code)							
Kinds of taxes (form numbers) Tax periods		Į		Amount owed as of	01/28/2025				
1040 2018, 2019, 2	021, 2023				01/20/2023				
		\$ 16,056							
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I / We also agree to increase or decrease the									
Date of increase (or decrease)	Amount of increase	(or decrease)	New installn	New installment payment amount					
The terms of this agreement are provided on the back of this page. Review them thoroughly.									
By initialing here and my signature below,		greement, as provided in	this form, if it is appre	oved by the Internal Rev	venue Service.				
Additional Conditions / Terms (To be complete	d by IRS)		By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process and administer this agreement over its duration.						
DIRECT DEBIT — Attach a voided check or co	mplete this part only if you	choose to make payme							
this page.			, ,						
a. Routing number 3 1 4 0	7 4 2 6 9								
b. Account number 0 3 2 1	0 8 6 7 3 2								
I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the Internal Revenue Service to terminate the authorization. If I wish to stop payment under my direct debit installment agreement, I may do so by contacting my financial institution either orally or in writing at least three (3) business days before the next scheduled electronic funds transfer. Alternatively, if there are at least fourteen (14) business days before the next scheduled electronic funds transfer. Alternatively, if there number listed above. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.									
Debit Payments Self-Identifier									
If you are unable to make electronic paymen	ts through a debit instrum	ent (debit payments) b	by providing your b	anking information in	a. and b.				
above, check the box below:									
I am unable to make debit payments. Note: Not checking this box indicates that you are understanding user fees.	able but choosing not to mak	ke debit payments. Refer	r to the Instructions to	Taxpayer below for de	tails on				
Your signature Da	te Title (if Corporate	e Officer or Partner)	Spouse's signature	e (if a joint liability)	Date				
FOR IRS USE ONLY									
AGREEMENT LOCATOR NUMBER:									
Check the appropriate boxes:		A NOTIC	E OF FEDERAL T	AX LIEN (Check on	e box below)				
RSI "1" no further review	HAS ALREADY BEEN FILED								
RSI "5" PPIA IMF 2 year review		WILL BE FILED IMMEDIATELY							
RSI "6" PPIA BMF 2 year review	AI "1" Field Asset PPIA AI "2" All other PPIAs	WILL BE FILED WHEN TAX IS ASSESSED							
Agreement Review Cycle	Earliest CSED	MAY BE FILED IF THIS AGREEMENT DEFAULTS							
Check box if pre-assessed modules incl		NOTE: A NOTICE OF FEDERAL TAX LIEN WILL NOT BE							
Originator's ID number	FILED ON ANY PORTION OF YOUR LIABILITY WHICH								
Name	Originator Code Title	REPRESENTS AN INDIVIDUAI PAYMENT UNDER THE AFFO							
Agreement examined or approved by (Signati	ure, title, function)		IT UNDER THE AF	Date					

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INSTRUCTIONS TO TAXPAYER

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

- Your name (include spouse's name if a joint return) and current address; Your social security number and/or employer identification number (whichever applies to your tax liability); Your home and work, cell or business telephone numbers;
- The amount you can pay now as a partial payment;
- The amount you can pay each month (or the amount determined by IRS personnel); and
- The date you prefer to make this payment (*This must be the same day for each month, from the 1st to the 28th*). We must receive your payment by this date. If you elect the direct debit option, this is the day you want your payment electronically withdrawn from your financial institution account.

Review the terms of this agreement. When you've completed this agreement form, sign and date it. Then, return Part 1 to IRS at the address on the letter that came with it or the address shown in the "For assistance" box on the front of the form.

Terms of this agreement

By completing and submitting this agreement, you (the taxpayer) agree to the following terms:

- This agreement will remain in effect until your liabilities (including penalties and interest) are paid in full, the statutory period for collection has expired, or the agreement is terminated. You will receive a notice from us prior to termination of your agreement.
- You will make each payment so that we (IRS) receive it by the monthly due date stated on the front of this form. If you cannot make a scheduled payment, contact us immediately.
- This agreement is based on your current financial condition. We may modify or terminate the agreement if our information shows that your ability to pay has significantly changed. You must provide updated financial information when requested.
- While this agreement is in effect, you must file all federal tax returns and pay any (federal) taxes you owe on time.
- We will apply your federal tax refunds or overpayments (*if any*) to the entire amount you owe, including the shared responsibility payment under the Affordable Care Act, until it is fully paid or the statutory period for collection has expired.

Understanding user fees

- You must pay a \$178 user fee if you enter into a non-Direct Debit agreement.
- You must pay a \$107 user fee if you enter into a Direct Debit agreement. Your first draft will be the cost of the user fee or your agreed upon monthly payment, whichever is more.
- For low-income taxpayers (at or below 250% of Federal poverty guidelines), the user fee is reduced to \$43. The reduced user fee will be waived if you agree to make electronic payments through a debit instrument by providing your banking information in the Direct Debit section of this Form. For low-income taxpayers, unable to make electronic payments through a debit instrument, the reduced user fee will be reimbursed upon completion of the installment agreement. See Debit Payment Self-Identifier on Page 1 and Form 13844 for qualifications and instructions.
- · Lower user fees may be available through our online system. To determine if your agreement qualifies, visit www.IRS.gov/your-account.
- If you default on your installment agreement, you must pay a \$89 reinstatement fee if we reinstate the agreement. We have the authority to deduct this fee
 from your first payment(s) after the agreement is reinstated. For low-income taxpayers (at or below 250% of Federal poverty guidelines), the reinstatement
 fee is reduced to \$43. The reduced reinstatement fee will be waived if you agree to make electronic payments through a debit instrument. For low-income
 taxpayers, unable to make electronic payments through a debit instrument, the reduced reinstatement fee will be reimbursed upon completion of the
 installment agreement.
- We will apply all payments on this agreement in the best interests of the United States. Generally, we will apply the payment to the oldest collection statute, which is normally the oldest tax year or period.
- We can terminate your installment agreement if:
- You do not make monthly installment payments as agreed. You do not pay any other federal tax debt when due. You do not provide financial information when requested.
- If we terminate your agreement, we may collect the entire amount you owe, EXCEPT the Individual Shared Responsibility Payment under the Affordable Care
 Act, by levy on your income, bank accounts or other assets, or by seizing your property.
- We may terminate this agreement at any time if we find that collection of the tax is in jeopardy.
- This agreement may require managerial approval. We'll notify you when we approve or don't approve the agreement.
- We may file a Notice of Federal Tax Lien if one has not been filed previously, but we will not file a Notice of Federal Tax Lien with respect to the individual shared responsibility payment under the Affordable Care Act.
- You authorize the IRS to contact third parties and to disclose your tax information to third parties in order to process and administer this agreement over its duration.

HOW TO PAY BY DIRECT DEBIT

Instead of sending us a check, you can pay by direct debit (electronic withdrawal) from your checking account at a financial institution (such as a bank, mutual fund, brokerage firm, or credit union). To do so, fill in Lines a and b. Contact your financial institution to make sure that a direct debit is allowed and to get the correct routing and account numbers.

Line a. The first two digits of the routing number must be 01 through 12 or 21 through 32. Don't use a deposit slip to verify the number because it may contain internal routing numbers that are not part of the actual routing number.

Line b. The account number can be up to 17 characters. Include hyphens but omit spaces and special symbols. Enter the number from left to right and leave any unused boxes blank.

CHECKLIST FOR MAKING INSTALLMENT PAYMENTS:

- 1. Write your social security or employer identification number on each payment.
- 2. Make your check or money order payable to "United States Treasury."
- 3. Make each payment in an amount at least equal to the amount specified in this agreement.
- 4. Don't double one payment and skip the next without contacting us first.
- 5. Enclose a copy of the reminder notice, if you received one, with each payment using the envelope provided. Make a payment even if you do not receive a reminder notice. Write the type of tax, the tax period and "Installment Agreement" on your payment. For example, "1040, 12/31/2022, Installment Agreement". You should choose the oldest unpaid tax period on your agreement. Mail the payment to the IRS address indicated on the front of this form.
- 6. If you didn't receive an envelope, call the number at the top of Part 2.
- 7. In the event that the payment withdrawal doesn't occur as scheduled, allow one additional month before contacting us to report any issues.
- 8. To make voluntary payments electronically, go to www.IRS.gov/Payments for payment options.
- 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

QUESTIONS? — If you have **any** questions, about the direct debit process or completing this form, call the applicable telephone number on your notice or the telephone number at the top of this form for assistance.

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E-Sign

Tamper Verification

To check if this file has been modified after being signed, please go to: https://www.encyro.com/my/esign/verify Upload the file. The result will indicate if the file contents have been tampered with.

Signed By

Signer: Steven Imbody (steveimbody1947@gmail.com) Identity Check: Email Authentication Signature Type: Mouse or hand drawn Time Zone: UTC-05:00, America/New York (Eastern Standard Time)

Event Log

Jan 28, 2025, 11:08:54 AM - Email notification delivered to Steven Imbody (steveimbody1947@gmail.com).
Jan 28, 2025, 11:08:54 AM - Email notification sent to Steven Imbody (steveimbody1947@gmail.com).
Jan 30, 2025, 11:56:28 AM - Steven Imbody (steveimbody1947@gmail.com) opened the email notification (estimated), from 74.125.210.71.
Jan 30, 2025, 11:58:11 AM - Steven Imbody (steveimbody1947@gmail.com) viewed the document(s), from 86.38.32.230.
Jan 30, 2025, 12:01:31 PM - Steven Imbody (steveimbody1947@gmail.com) electronically signed or completed the document(s), from 86.38.32.230.

END OF LOG