

# Installment Agreement

(See Instructions on the back of this page)

Name and address of taxpayer(s)  
AMBER C LEW  
2705 MISSOURI AVE  
SAINT LOUIS, MO 63118

Social Security or Employer Identification Number (SSN/ITIN/EIN)  
(Taxpayer) 493-72-6019 (Spouse)

Your telephone numbers (including area code)  
(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)**

Or write \_\_\_\_\_  
(City, State, and ZIP Code)

Submit a new Form W-4 to your employer to increase your withholding.

Kinds of taxes (form numbers)  
FORM 1040

Tax periods  
2018- 2023

Amount owed as of 11/20/2024  
\$ 26,460

I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows  
\$ 375 on 01/15/2025 and \$ 375 on the 15th of each month thereafter

I / We also agree to increase or decrease the above installment payments as follows:

Date of increase (or decrease)	Amount of increase (or decrease)	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, I agree to the terms of this agreement, as provided in this form, if it is approved by the Internal Revenue Service.

Additional Conditions / Terms (To be completed 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 complete this part only if you choose to make payments by direct debit. Read the instructions on the back of this page.

a. Routing number

0	8	1	0	0	0	2	1	0
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b. Account number

1	5	2	3	2	0	7	1	8	6	0	3						
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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, I may contact the Internal Revenue Service at the applicable toll-free 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 payments through a debit instrument (debit payments) by providing your banking 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 able but choosing not to make debit payments. Refer to the Instructions to Taxpayer below for details on understanding user fees.

Your signature 	Date 11/20/2024	Title (if Corporate Officer or Partner)	Spouse's signature (if a joint liability)	Date
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### FOR IRS USE ONLY

AGREEMENT LOCATOR NUMBER: \_ \_ \_ \_

Check the appropriate boxes:

- RSI "1" no further review
- RSI "5" PPIA IMF 2 year review
- RSI "6" PPIA BMF 2 year review
- AI "0" Not a PPIA
- AI "1" Field Asset PPIA
- AI "2" All other PPIAs

Agreement Review Cycle \_ \_ \_ \_ Earliest CSED \_ \_ \_ \_

Check box if pre-assessed modules included.

Originator's ID number \_\_\_\_\_ Originator Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

### A NOTICE OF FEDERAL TAX LIEN (Check one box below)

- HAS ALREADY BEEN FILED
- WILL BE FILED IMMEDIATELY
- WILL BE FILED WHEN TAX IS ASSESSED
- MAY BE FILED IF THIS AGREEMENT DEFAULTS

NOTE: A NOTICE OF FEDERAL TAX LIEN WILL NOT BE FILED ON ANY PORTION OF YOUR LIABILITY WHICH REPRESENTS AN INDIVIDUAL SHARED RESPONSIBILITY PAYMENT UNDER THE AFFORDABLE CARE ACT.

Agreement examined or approved by (Signature, title, function)	Date
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## Tamper Verification

To check if this file has been modified after being signed, please go to:

<https://www.encyro.com/esign/verify>

Upload the file. The result will indicate if the file contents have been tampered with.

## Signed By

**Signer:** Amber Lew (acl6019@gmail.com)

**Identity Check:** Email Authentication

**Signature Type:** Mouse or hand drawn

**Time Zone:** UTC-06:00, America/Chicago (Central Standard Time)

## Event Log

**Nov 20, 2024, 1:57:13 PM** - Email notification sent to Amber Lew (acl6019@gmail.com).

**Nov 20, 2024, 1:57:25 PM** - Email notification delivered to Amber Lew (acl6019@gmail.com).

**Nov 20, 2024, 3:44:21 PM** - Amber Lew (acl6019@gmail.com) viewed the document(s), from 172.59.173.144.

**Nov 20, 2024, 3:44:31 PM** - Amber Lew (acl6019@gmail.com) opened the email notification (estimated), from 64.233.172.4.

**Nov 20, 2024, 3:47:14 PM** - Amber Lew (acl6019@gmail.com) electronically signed or completed the document(s), from 172.59.173.144.

END OF LOG