



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE

SMALL BUSINESS / SELF-EMPLOYED DIVISION

Date: 01/17/2024

Area Number: 27

MICHAEL WALKER
10852 FISHERS ISLAND
LAS VEGAS, NV 89141

I have prepared Form 9297, Summary of Taxpayer Contact. This form lists the items or actions required in order to move towards resolution of the case, and their required due dates.

If you have any questions or need more information, please contact me at the address or the telephone number listed below:

Internal Revenue Service
110 N CITY PARKWAY
LAS VEGAS, NV 89106

Phone#: (702)868-5370
Fax#: (000)000-0000 x00000

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie A Lund".

JULIE A LUND
ACTING MANAGER

Employee ID#: 1000304595

Enclosure(s):
Form 9297

Summary of Contact

Taxpayer's Name and ID#

MICHAEL WALKER, 195-72-1734

POA's-Representative Name

Pursuant to Internal Revenue Code Section 6103 and Form 2848, a copy of this document will be provided to the taxpayer as appropriate.

In order to determine the appropriate resolution of the taxpayer's case, we need to calculate/verify his/her ability to pay the tax delinquencies, and ensure that the taxpayer remains in current compliance with applicable filing and paying requirements. To assist us in doing so, please provide the following information/documents by the date required:

Information/Documents required	Date Required
433A completed	2/16/2024
Verification of YTD income	2/16/2024
Verification of monthly expenses	2/16/2024
Verification of mortgage payment/payoff	2/16/2024
Verification of vehicle payment/payoff	2/16/2024
12 months bank statements	2/16/2024
Copy of last statement from all retirement accounts (IRA/401K/, etc)	2/16/2024
Copy of last wage statement for both Mr. and Mrs Walker	2/16/2024
Copy of last K1 received from all entities associated with	2/16/2024

Notification of consequences of failure to meet the above deadlines: Failure to meet the above deadlines by the specified date(s) may require the IRS to take certain actions, such as issuing a summons, issuing a Notice of Levy, or other actions as specified below.

Levy

Revenue Officer Name and Employee Identification Number	Date	Telephone / Fax Number
- JULIE A LUND 1000304595	01/17/2024	(702)868-5370 Fax - (000)000-0000 x00000

Office Address

110 N CITY PARKWAY

LAS VEGAS, NV 89106