

INTERNAL REVENUE SERVICE

FAX TRANSMISSION
Cover SheetDate: January 24, 2024**To: D Collins**

Address/Organization: _____

Fax Number: (423) 558-3274 Office Number: _____**From: Lund Julie A**

Address/Organization: _____

Fax Number: (866) 759-9449 Office Number: _____Number of pages: *Including cover page***Subject:**

Mr. Collins -

Attached is the 9297 previously sent to Mr. Walker
Please provide the info no later than the deadline.
Release of the levies will be considered if a hardship exists

Julie Lund
Revenue Officer
702-868-5370 - Phone
866-759-9449
866-759-9449 - Cell
Julie.A.Lund@IRS.GOV

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Summary of Contact

Taxpayer's Name and ID#	POA's-Representative Name
MICHAEL WALKER, 195-72-1734	

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 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