Form **433-D**

(August 2022)

Department of the Treasury - Internal Revenue Service

Installment Agreement

Name and address of taxpaye	er(s)				on Number (SSN/EII	N)	
Domenick Lazzara			(Taxpayer) 594-94-8342 (Spouse)				
1509 W 890 S			Your telephone numbers (including area code) (Home) (Work, cell or business)				
Provo, UT 84601			(305) 575-9463				
				vidual - Self-Employe viduals - Wage Earne	d/Business Owners, E rs)	Businesses), or	
Submit a new Form W-4	to your employer	to increase your	Or write				
withholding.			(City, State, and ZIP Code)				
Kinds of taxes (form numbers)	Tax periods				Amount owed as of	f 02/05/2024	
1040	12/31/2017 thro	ugh 12/31/2022			\$ 71,068		
I / We agree to pay the federa \$ 983.00 9 84,000 or	ll taxes shown at n 03/28/2024		S AND INTEREST PI	ROVIDED BY LAW,	as follows of each month therea	after	
I / We also agree to increase of			ents as follows:				
Date of increase (or decrease)		Amount of increase	Amount of increase (or decrease)		New installment payment amount		
The terms of this agreement	t are provided o	on the back of this pag	e. Please review the	em thoroughly.			
DL By initialing here and my	signature below, I	agree to the terms of this a	agreement, as provided	in this form, if it is appr	oved by the Internal Re	evenue Service.	
Additional Conditions / Terms (To be completed by IRS)				information to	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 void	ded check or com	plete this part only if you	choose to make paym	nents by direct debit.	Read the instructions	on the back of	
this page.							
a. Routing number 0	2 1 2 0						
b. Account number 0	0 0 5 0	0 2 8 5 9					
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