

Department of the Treasury - Internal Revenue Service
**Installment Agreement Request and
Collection Information Statement**

Use Form 433-H if you earn wages, you are requesting an installment agreement, and your liability is either greater than \$50,000 or cannot be paid within 72 months.

Tip If you can pay your liability within 72 months or less and owe \$50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to IRS.gov to apply to pay online.

Caution Do not use this form if you can pay your balance in full within 120 days. Instead, call the number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise, see Bankruptcy or Offer-in-Compromise, in the instructions.

Name(s) and address MICHAEL S LERMER 5530 TURTLE CROSSING LOOP TAMPA, FL 33625	Your Social Security Number or Individual Taxpayer Identification Number 219-19-2163	
	Your Spouse's Social Security Number or Individual Taxpayer Identification Number 615-24-1048	
<input checked="" type="checkbox"/> If address provided above is different than last return filed, please check here	Your Telephone Numbers	Spouse's Telephone Numbers
	Home: _____	Home: _____
	Work: _____	Work: _____
County of Residence BREVARD Hillsborough	Cell: (239) 357-1809	Cell: _____

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse. Under 65 5 65 and Over 0

Part 1 - INSTALLMENT AGREEMENT REQUEST Complete to request an installment agreement

1. Enter the total amount you owe as shown on your tax return(s) (or notices(s) Form 1040 Tax Period SEE SUPPL	88,864
2. If you have additional balances due that are not reflected on Line 1, list the total here (even if they are included in an existing installment agreement) Form Tax Period(s)	0
3. Add lines 1 & 2 and enter the result	88,864
4. Enter the amount of the payment you are making with this request (See instructions.)	0
5. Subtract line 4 from line 3 and enter the result	88,864
6. Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges, since these charges will continue to accrue until you pay in full. (If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities.) If no payment amount is listed on line 6, a payment will be determined for you by analyzing the information you provided on your financial statement.	1,060
7. Enter the date you want to make your payment each month. Do not enter a date later than the 28th	28th
8. If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 8a and 8b. This is the most convenient way to make your payments and it will ensure that they are made on time.	
a. Routing number	0 3 1 1 0 3 3 3 4
b. Account number	3 1 0 0 0 0 7 4 0 1 1 0

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 U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. 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.

c. If you are unable to make electronic payments through a debit instrument (debit payments) by entering into a direct debit installment agreement (DDIA) in Sections 8a. and b. above, please 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. See Instructions for line 8c. for details.

9. If you want to make your payments by payroll deduction, check this box and attach a completed Form 2159, Payroll Deduction Agreement

Part 2 - COLLECTION INFORMATION STATEMENT Complete Sections A through G below to provide financial information

A. ACCOUNTS / LINES OF CREDIT

PERSONAL BANK ACCOUNTS Include checking, online, mobile (e.g., PayPal), savings accounts, money market accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
TV Bank, ,		Checking	0	<input type="checkbox"/>
SoFi, ,	310000740110	Checking	0	<input type="checkbox"/>

Part 2 - COLLECTION INFORMATION STATEMENT (Continued)

INVESTMENTS Include Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds, Commodities (Silver, Gold, etc.), and other investments. If applicable, include business accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
..		401(k)	54,000	<input type="checkbox"/>
				<input type="checkbox"/>

VIRTUAL CURRENCY (CRYPTOCURRENCY) List all virtual currency you own or in which you have a financial interest (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.). (Use additional sheets if necessary.)

Type of Virtual Currency	Name of Virtual Currency Wallet, Exchange or Digital Currency Exchange (DCE)	Email Address Used to Set-up With the Virtual Currency Exchange or DCE	Location(s) of Virtual Currency (Mobile Wallet, Online, and/or External Hardware storage)	Virtual Currency Amount and Value in US dollars as of today (e.g., 10 Bitcoins \$64,600 USD)

B. REAL ESTATE Include home, vacation property, timeshares, vacant land and other real estate. (Use additional sheets if necessary.)

Description/Location/County	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Refinanced	Refinance Amount			
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Refinanced	Refinance Amount			
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Refinanced	Refinance Amount			
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Refinanced	Refinance Amount			
		Year Purchased	Purchase Price			

C. OTHER ASSETS Include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of Life Insurance company in Description. (Use additional sheets if necessary.)

Description	Monthly Payment	Year Purchased	Final Payment (mo/yr)	Current Value	Balance Owed	Equity
2021 KIA K5	558		/	0	0	0
2018 HONDA CIVIC	420		/	0	0	0
2013 MERCEDES	415		/	0	0	0
2015 MERCEDES	515		/	0	0	0
			/			
			/			
			/			

D. CREDIT CARDS (Visa, MasterCard, American Express, Department Stores, etc.)

Type	Credit Limit	Balance Owed	Minimum Monthly Payment

Part 2 - COLLECTION INFORMATION STATEMENT (Continued)

E. EMPLOYMENT INFORMATION If you have more than one employer, include the information on another sheet of paper. (If attaching a copy of current pay stub, you do not need to complete the lines regarding gross pay and taxes.)

Your current employer (name and address) COMCAST	Spouse's current employer (name and address) UPS
How often are you paid (Check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period <u>15,400</u> Taxes per pay period (Fed) <u>2,487</u> (State) <u>0</u> (Local) <u>0</u> How long at current employer <u> </u> years <u> </u> mo.	How often are you paid (Check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period <u>630</u> Taxes per pay period (Fed) <u>0</u> (State) <u>0</u> (Local) <u>0</u> How long at current employer <u> </u> years <u> </u> mo.

F. NON-WAGE HOUSEHOLD INCOME List monthly amounts.

Alimony Income	0	Net Rental Income	0	Interest/Dividends Income	0
Child Support Income	0	Unemployment Income	0	Social Security Income	0
Net Self Employment Income	0	Pension Income	0	Other	0

G. MONTHLY NECESSARY LIVING EXPENSES List monthly amounts. (For expenses paid other than monthly, see instructions.)

1. Food / Personal Care See instructions. National Standards for food, clothing and other items apply nationwide. For expenses claimed in box 1, you should provide the IRS allowable standards (found by accessing IRS.gov and entering "Collection Financial Standards" in the search box) or your actual expenses. If you claim a higher amount for a specific expense, you must be able to verify that amount.

4. Medical See instructions. National Standards for out of pocket health case expenses. For expenses claimed in box 4, you should provide the IRS allowable standards (found by accessing IRS.gov and entering "Collection Financial Standards" in the search box) or your actual expenses. If you claim a higher amount for a specific expense, you must be able to verify that amount.

	Actual Monthly Expenses	IRS Allowed
1. Food / Personal Care		
Food	1,400	1,320
Housekeeping Supplies	0	110
Clothing and Clothing Services	0	293
Personal Care Products & Services	0	115
Miscellaneous	0	511
Total	1,400	2,349
2. Transportation		
Gas / Insurance / Licenses / Parking / Maintenance etc.		
Public Transportation		
Total	1,054	702
3. Housing & Utilities		
Rent	3,100	
Electric, Oil/Gas, Water/Trash	600	
Telephone/Cell/Cable/Internet	450	
Real Estate Taxes and Insurance (if not included in B above)	0	
Maintenance and Repairs	0	
Total	4,150	2,376

	Actual Monthly Expenses	IRS Allowed
4. Medical		
Health Insurance	833	
Out of Pocket Health Care Expenses	500	395
Total	1,333	
5. Other		
Child / Dependent Care	0	
Estimated Tax Payments	0	
Term Life Insurance	100	
Retirement (Employer Required)	0	
Retirement (Voluntary)	0	
Union Dues	0	
Delinquent State & Local Taxes (minimum payment)	0	
Student Loans (minimum payment)	0	
Court Ordered Child Support		
Court Ordered Alimony	0	
Other Court Ordered Payments	900	
Other (specify) * See SUPPL. *	250	
Other (specify)		
Total	1,250	

Notes

Under penalty of perjury, I declare to the best of my knowledge and belief this request for installment agreement, statement of assets, liabilities and income, and all other information is true, correct and complete. Further, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it is approved by the Internal Revenue Service.

Your Signature 	Spouse's Signature 	Date <u>11/7/23</u>
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