

Form **433-B**

(February 2019)

Department of the Treasury  
Internal Revenue Service

**Collection Information Statement for Businesses**

**Note:** Complete all entry spaces with the current data available or "N/A" (not applicable). Failure to complete all entry spaces may result in rejection of your request or significant delay in account resolution. Include attachments if additional space is needed to respond completely to any question.

**Section 1: Business Information**

<p><b>1a</b> Business Name <u>Ace Builders Inc.</u></p> <p><b>1b</b> Business Street Address _____ Mailing Address _____ City _____ State _____ ZIP _____</p> <p><b>1c</b> County _____</p> <p><b>1d</b> Business Telephone ( ) _____</p> <p><b>1e</b> Type of Business _____</p> <p><b>1f</b> Business Website (web address) _____</p>	<p><b>2a</b> Employer Identification No. (EIN) <u>xx-xxxxxxx</u></p> <p><b>2b</b> Type of entity (Check appropriate box below)  <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____  <input type="checkbox"/> Limited Liability Company (LLC) classified as a corporation  <input checked="" type="checkbox"/> Other LLC - Include number of members <u>1</u></p> <p><b>2c</b> Date Incorporated/Established <u>01/01/99</u> mmddyyyy</p> <p><b>3a</b> Number of Employees _____</p> <p><b>3b</b> Monthly Gross Payroll _____</p> <p><b>3c</b> Frequency of Tax Deposits _____</p> <p><b>3d</b> Is the business enrolled in Electronic Federal Tax Payment System (EFTPS) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>4</b> Does the business engage in e-Commerce (Internet sales) If yes, complete 5a and 5b. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

**PAYMENT PROCESSOR** (e.g., PayPal, Authorize.net, Google Checkout, etc.) Include virtual currency wallet, exchange or digital currency exchange.

Name and Address (Street, City, State, ZIP code)	Payment Processor Account Number
<b>5a</b>	
<b>5b</b>	

**CREDIT CARDS ACCEPTED BY THE BUSINESS**

Type of Credit Card (e.g., Visa, Mastercard, etc.)	Merchant Account Number	Issuing Bank Name and Address (Street, City, State, ZIP code)
<b>6a</b>		Phone _____
<b>6b</b>		Phone _____
<b>6c</b>		Phone _____

**Section 2: Business Personnel and Contacts**

**PARTNERS, OFFICERS, LLC MEMBERS, MAJOR SHAREHOLDERS (Foreign and Domestic), ETC.**

<p><b>7a</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Taxpayer Identification Number _____ Home Telephone ( ) _____ Work/Cell Phone ( ) _____ Ownership Percentage &amp; Shares or Interest _____ Annual Salary/Draw _____</p>
<p><b>7b</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Taxpayer Identification Number _____ Home Telephone ( ) _____ Work/Cell Phone ( ) _____ Ownership Percentage &amp; Shares or Interest _____ Annual Salary/Draw _____</p>
<p><b>7c</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Taxpayer Identification Number _____ Home Telephone ( ) _____ Work/Cell Phone ( ) _____ Ownership Percentage &amp; Shares or Interest _____ Annual Salary/Draw _____</p>
<p><b>7d</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Taxpayer Identification Number _____ Home Telephone ( ) _____ Work/Cell Phone ( ) _____ Ownership Percentage &amp; Shares or Interest _____ Annual Salary/Draw _____</p>

**Section 3: Other Financial Information (Attach copies of all applicable documents)**

**8 Does the business use a Payroll Service Provider or Reporting Agent (If yes, answer the following)**  Yes  No

Name and Address (Street, City, State, ZIP code)	Effective dates (mmddyyyy)
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**9 Is the business a party to a lawsuit (If yes, answer the following)**  Yes  No

<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date (mmddyyyy)	Subject of Suit	

**10 Has the business ever filed bankruptcy (If yes, answer the following)**  Yes  No

Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No.	District of Filing
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**11 Do any related parties (e.g., officers, partners, employees) have outstanding amounts owed to the business (If yes, answer the following)**  Yes  No

Name and Address (Street, City, State, ZIP code)	Date of Loan	Current Balance As of mmddyyyy	Payment Date	Payment Amount \$
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**12 Have any assets been transferred, in the last 10 years, from this business for less than full value (If yes, answer the following)**  Yes  No

List Asset	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where Transferred
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**13 Does this business have other business affiliations (e.g., subsidiary or parent companies) (If yes, answer the following)**  Yes  No

Related Business Name and Address (Street, City, State, ZIP code)	Related Business EIN:
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**14 Any increase/decrease in income anticipated (If yes, answer the following)**  Yes  No

Explain (Use attachment if needed) Ceased operations and closed 04/30/20	How much will it increase/decrease \$ 100%	When will it increase/decrease 4/30/20
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**15 Is the business a Federal Government Contractor (Include Federal Government contracts in #18, Accounts/Notes Receivable)**  Yes  No

**Section 4: Business Asset and Liability Information (Foreign and Domestic)**

**16a CASH ON HAND** Include cash that is not in the bank **Total Cash on Hand** \$ **0**

**16b Is there a safe on the business premises**  Yes  No Contents

**BUSINESS BANK ACCOUNTS** Include online and mobile accounts (e.g., PayPal), money market accounts, savings accounts, checking accounts and stored value cards (e.g., payroll cards, government benefit cards, etc.)  
List safe deposit boxes including location, box number and value of contents. Attach list of contents.

Type of Account	Full Name and Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution	Account Number	Account Balance As of <u>5/1/2020</u> mmddyyyy
<b>17a</b> Checking	BOA	xxxxxxxxxx	\$ 0
<b>17b</b>			\$
<b>17c</b>			\$
<b>17d Total Cash in Banks</b> (Add lines 17a through 17c and amounts from any attachments)			\$ 0

**ACCOUNTS/NOTES RECEIVABLE** Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (List all contracts separately including contracts awarded, but not started). **Include Federal, state and local government grants and contracts.**

Name & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mmddyyyy)	Invoice Number or Government Grant or Contract Number	Amount Due
<b>18a N/A</b>				
Contact Name Phone				\$
<b>18b</b>				
Contact Name Phone				\$
<b>18c</b>				
Contact Name Phone				\$
<b>18d</b>				
Contact Name Phone				\$
<b>18e</b>				
Contact Name Phone				\$
<b>18f Outstanding Balance</b> (Add lines 18a through 18e and amounts from any attachments)				\$

**INVESTMENTS** List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposit, commodities (e.g., gold, silver, copper, etc.) and virtual currency (e.g., Bitcoin, Ripple and Litecoin).

Name of Company & Address (Street, City, State, ZIP code)	Used as collateral on loan	Current Value	Loan Balance	Equity Value Minus Loan
<b>19a N/A</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone		\$	\$	\$
<b>19b</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone		\$	\$	\$
<b>19c Total Investments</b> (Add lines 19a, 19b, and amounts from any attachments)				\$

**AVAILABLE CREDIT** Include all lines of credit and credit cards.

Full Name & Address (Street, City, State, ZIP code)	Credit Limit	Amount Owed As of _____ mmddyyyy	Available Credit As of _____ mmddyyyy
<b>20a N/A</b>			
Account No.		\$	\$
<b>20b</b>			
Account No.		\$	\$
<b>20c Total Credit Available</b> (Add lines 20a, 20b, and amounts from any attachments)			\$

**REAL PROPERTY** Include all real property and land contracts the business owns/leases/rents.

		Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>21a</b>	Property Description <b>NONE</b>		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				
<b>21b</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				
<b>21c</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				
<b>21d</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				

**21e Total Equity** (Add lines 21a through 21d and amounts from any attachments) \$

**VEHICLES, LEASED AND PURCHASED** Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, mobile homes, etc.

		Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>22a</b>	Year <b>2002</b>	Make/Model <b>Dodge Dakota</b>	<b>5/20/03</b> \$ <b>1,200</b>	\$ <b>0</b>	\$ <b>0</b>	<b>0</b>	\$ <b>1,200</b>
Mileage <b>245,000</b>	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN) <b>111111111xxxxxx</b>		Phone					
<b>22b</b>	Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22c</b>	Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22d</b>	Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					

**22e Total Equity** (Add lines 22a through 22d and amounts from any attachments) \$ **1,200**

**BUSINESS EQUIPMENT AND INTANGIBLE ASSETS** Include all machinery, equipment, merchandise inventory, and other assets in 23a through 23d. List intangible assets in 23e through 23g (*licenses, patents, logos, domain names, trademarks, copyrights, software, mining claims, goodwill and trade secrets.*)

	Purchase/ Lease Date (mmdyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmdyyyy)	Equity FMV Minus Loan
<b>23a</b> Asset Description <b>None</b>		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23b</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23c</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23d</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23e</b> Intangible Asset Description						\$
<b>23f</b> Intangible Asset Description						\$
<b>23g</b> Intangible Asset Description						\$
<b>23h Total Equity</b> ( <i>Add lines 23a through 23g and amounts from any attachments</i> )						\$

**BUSINESS LIABILITIES** Include notes and judgements not listed previously on this form.

Business Liabilities	Secured/ Unsecured	Date Pledged (mmdyyyy)	Balance Owed	Date of Final Payment (mmdyyyy)	Payment Amount
<b>24a</b> Description: <b>IRS</b>	<input checked="" type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$ <b>195,000</b>		\$
Name _____					
Street Address _____					
City/State/ZIP code _____			Phone _____		
<b>24b</b> Description:	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____					
Street Address _____					
City/State/ZIP code _____			Phone _____		
<b>24c Total Payments</b> ( <i>Add lines 24a and 24b and amounts from any attachments</i> )					\$

**Section 5: Monthly Income/Expenses Statement for Business**

**Accounting Method Used:**  Cash  Accrual

Use the prior 3, 6, 9 or 12 month period to determine your typical business income and expenses.

**Income and Expenses during the period** (mmdyyy) \_\_\_\_\_

to (mmdyyy) \_\_\_\_\_

Provide a breakdown below of your average monthly income and expenses, based on the period of time used above.

Total Monthly Business Income		Total Monthly Business Expenses	
Income Source	Gross Monthly	Expense items	Actual Monthly
<b>25</b> Gross Receipts from Sales/Services	\$	<b>36</b> Materials Purchased <sup>1</sup>	\$
<b>26</b> Gross Rental Income	\$	<b>37</b> Inventory Purchased <sup>2</sup>	\$
<b>27</b> Interest Income	\$	<b>38</b> Gross Wages & Salaries	\$
<b>28</b> Dividends	\$	<b>39</b> Rent	\$
<b>29</b> Cash Receipts (Not included in lines 25-28)	\$	<b>40</b> Supplies <sup>3</sup>	\$
Other Income (Specify below)		<b>41</b> Utilities/Telephone <sup>4</sup>	\$
<b>30</b>	\$	<b>42</b> Vehicle Gasoline/Oil	\$
<b>31</b>	\$	<b>43</b> Repairs & Maintenance	\$
<b>32</b>	\$	<b>44</b> Insurance	\$
<b>33</b>	\$	<b>45</b> Current Taxes <sup>5</sup>	\$
<b>34</b>	\$	<b>46</b> Other Expenses (Specify)	\$ <b>0</b>
<b>35 Total Income</b> (Add lines 25 through 34)	\$ <b>0</b>	<b>47</b> IRS Use Only-Allowable Installment Payments	\$
		<b>48 Total Expenses</b> (Add lines 36 through 47)	\$
		<b>49 Net Income</b> (Line 35 minus Line 48)	\$

- 1 Materials Purchased:** Materials are items directly related to the production of a product or service.
- 2 Inventory Purchased:** Goods bought for resale.
- 3 Supplies:** Supplies are items used to conduct business and are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.

- 4 Utilities/Telephone:** Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business internet.
- 5 Current Taxes:** Real estate, state, and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.

**Certification:** *Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.*

Signature	Title	Date

**Print Name of Officer, Partner or LLC Member**

After we review the completed Form 433-B, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, profit and loss statements, bank and investment statements, loan statements, financing statements, bills or statements for recurring expenses, etc.

**IRS USE ONLY** (Notes)

**Privacy Act:** The information requested on this Form is covered under Privacy Acts and Paperwork Reduction Notices which have already been provided to the taxpayer.

# Application for Certificate of Discharge of Property from Federal Tax Lien

Complete the entire application. Enter NA (*not applicable*), when appropriate. Attachments and exhibits should be included as necessary. Additional information may be requested of you or a third party to clarify the details of the transaction(s).

**1. Taxpayer Information** (*Individual or Business named on the notice of lien*):

Name ( <i>Individual First, Middle Initial, Last</i> ) or ( <i>Business</i> ) as it appears on lien Ace Builders LLC		Primary Social Security Number ( <i>last 4 digits only</i> )
Name Continuation ( <i>Individual First, Middle Initial, Last</i> ) or ( <i>Business d/b/a</i> )		Secondary Social Security Number ( <i>last 4 digits only</i> )
Address ( <i>Number, Street, P.O. Box</i> )		Employer Identification Number
City	State	ZIP Code
Telephone Number ( <i>with area code</i> )	Fax Number ( <i>with area code</i> )	

**2. Applicant Information:**  Check if also the Taxpayer (*If not the taxpayer, attach copy of lien. See Sec. 10*)

Name ( <i>First, Middle Initial, Last</i> ) Bill Jones		Relationship to taxpayer Member
Address ( <i>Number, Street, P.O. Box</i> )		
City	State	ZIP Code
Telephone Number ( <i>with area code</i> )	Fax Number ( <i>with area code</i> )	

**3. Purchase/Transferee/New Owner**  Check if also the Applicant

Bill Jones	Relationship to taxpayer Member
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**4. Attorney/Representative Information** **Attached:** Form 8821 or Power of Attorney Form 2848  Yes  No

Name ( <i>First, Middle Initial, Last</i> )	Interest Represented ( <i>e.g. taxpayer, lender, etc.</i> )	
Address ( <i>Number, Street, P.O. Box</i> )		
City	State	ZIP Code
Telephone Number ( <i>with area code</i> )	Fax Number ( <i>with area code</i> )	

**5. Lender/Finance Company Information - or (Settlement/Escrow Company for applications under Section 6325(b)(3) only)**

Company Name	Contact Name	Contact Phone Number
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**6. Monetary Information**

<b>Proposed sales price</b>	<b>\$1,000</b>
Expected proceeds to be paid to the United States in exchange for the certificate of discharge <i>(Enter NA if no proceeds are anticipated)</i>	<b>\$1,000</b>

**7. Basis for Discharge:** Check the box below that best addresses what you would like the United States to consider in your application for discharge. *(Publication 783 has additional descriptions of the Internal Revenue Code sections listed below.)*

- 6325(b)(1) Value of property remaining attached by the lien(s) is at least double the liability of the federal tax lien(s) plus other encumbrances senior to the lien(s)
- 6325(b)(2)(A) The United States receives an amount not less than the value of the United States' interest.  
*(Note: If you are applying under 6325(b)(2)(A) and are the property owner but not the taxpayer, see also section 16.)*
- 6325(b)(2)(B) Interest of the United States in the property to be discharged has no value.
- 6325(b)(3) Proceeds from property sale held in escrow subject to the liens and claims of the United States.
- 6325(b)(4) Deposit made or bond furnished in an amount equal to the value of the United States' interest.  
*(Note: This selection provides a remedy under 7426(a)(4) for return of deposit but is exclusively for a property owner not named as the taxpayer on the lien)*

**8. Description of property** *(for example, 3 bedroom rental house; 2002 Cessna twin engine airplane, serial number AT919000000000X00; etc.):*

Dodge Dakota, 2002, VIN 111111xxxxxx, 250,000 miles

**Address of real property** *(If this is personal property, list the address where the property is located):*Address *(Number, Street, P.O. Box)*

City

State

ZIP Code

**FOR REAL ESTATE:** a legible copy of the deed or title showing the legal description is required Attached  NA**FOR Discharge Requests under Section 6325(b)(1):** copy of deed(s) or title(s) for property remaining subject to the Federal Tax Lien is required Attached  NA**9. Appraisal and Valuations****REQUIRED APPRAISAL**

Professional appraisal completed by a disinterested third party

 Attached**PLUS ONE OF THE FOLLOWING ADDITIONAL VALUATIONS:**County valuation of property *(real property)* Attached

Informal valuation of property by disinterested third party

 AttachedProposed selling price *(for property being sold at auction)* AttachedOther: Kelly Blue Book Attached**AND** for applications under Section 6325(b)(1), valuation information (of the type described above in this section) must also be provided for property remaining subject to the lien.



**10. Copy of Federal Tax Lien(s)** *(Complete if applicant and taxpayer differ)*  Attached  No

OR list the lien number(s) found near the top right corner on the lien document(s) *(if known)*


**11. Copy of the sales contract/purchase agreement** *(if available)*  Attached  No

OR

Describe how and when the taxpayer will be divested of his/her interest in the property:

**12. Copy of a current title report**  Attached  No

OR

List encumbrances senior to the Federal Tax Lien. Include name and address of holder; description of encumbrance, e.g., mortgage, state lien, etc.; date of agreement; original loan amount and interest rate; amount due at time of application; and family relationship, if applicable **(Attach additional sheets as needed)**:

Enclosed is a copy of the title of the vehicle

**13. Copy of proposed closing statement (aka HUD-1)**  Attached  No

OR

Itemize all proposed costs, commissions, and expenses of any transfer or sale associated with property **(Attach additional sheets as needed)**:

**14. Additional information** that may have a bearing on this request, such as pending litigation, explanations of unusual situations, etc., is attached for consideration  Attached  No

**15. Escrow Agreement** *(For applications under IRC 6325(b)(3))*  Attached  No

Escrow agreement must specify type of account, name and depository for account, conditions under which payment will be made, cost of escrow, name and address of any party identified as part of escrow agreement, and signatures of all parties involved including Advisory Group Manager. Terms for agreement must be reached before discharge approved.

**16. WAIVER** *(For applications made by third parties under IRC 6325(b)(2))*

If you are applying as an owner of the property and you are not the taxpayer, to have this application considered under section 6325(b)(2), you must waive the rights that would be available if the application were made under section 6325(b)(4). If you choose not to waive these rights, the application will be treated as one made under 6325(b)(4) and any payment will be treated like a deposit under that section. Please check the appropriate box.

**I understand that an application and payment made under section 6325(b)(2) does not provide the judicial remedy available under section 7426(a)(4). In making such an application / payment, I waive the option to have the payment treated as a deposit under section 6325(b)(4) and the right to request a return of funds and to bring an action under section 7426(a)(4).**

Waive  No

**17. Declaration**

Under penalties of perjury, I declare that I have examined this application, including any accompanying schedules, exhibits, affidavits, and statements and to the best of my knowledge and belief it is true, correct and complete.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE

SMALL BUSINESS/SELF-EMPLOYED DIVISION

06/13/2019

Eric Green, Esq.  
700 State Street, Suite 100  
New Haven, CT 06511

re: Business Name LLC

Dear Attorney Green:

This letter is to inform you that we have reviewed your request for discharge. The Certificate of Discharge of Property From Federal Tax Lien pursuant to Internal Revenue Code Section 6325(b)(2)(A), relating to the property located at 2002 Dodge Dakota, VIN 11111111XXXXXX has been approved.

We will issue the Certificate of Discharge, which will list all recorded Notices of Federal Tax Lien against Business Name LLC, upon receipt of:

1. A **Cashier's or Certified Check** payable to the United States Treasury in the amount of \$1,000.00. If the check is not a cashier's or certified check, IRS will hold the discharge until proof is provided that the check has cleared.

If any information about this transaction changes (including the terms and conditions of the transaction or the priority of the debts affecting the property), you must provide that information immediately to our office for review.

**This approval will expire and be revoked 30 days after the date of this letter.**

We are granting this discharge on the condition that the taxpayer agrees that we will apply the payment in the best interest of the government.

Please mail all required information concerning this matter to Advisor, John D. Carroll Badge# 1000566142 at the Internal Revenue Service, Advisory Group, 380 Westminster Street, Providence, RI 02903. Any questions should be directed to the Advisor by phone at (401) 528-1854 or by fax at (855) 726-2508.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Mary Bishop".

Mary Bishop

Acting Manager, New England Advisory Group