Form **2159** (November 2016)

Department of the Treasury — Internal Revenue Service Payroll Deduction Agreement

(See Instructions of				on the back of this page.)				
TO: (Emp	oloyer name and address)		Regarding: (Taxpayer name and address)					
Contact	Person's Name	Telephone (Include area	elephone (Include area code)		Social security or employer identification number (Taxpayer) (Spouse, last four digits)			
on the riq	YER — See the instructions on the back of ght named you as an employer. Please read withhold amount(s) from the taxpayer's (employed)	d and sign the following st	atement to	Your telephone number (Include area code) (Home) (Work or business)				
I agree to participate in this payroll deduction agreement and will withhold the amount shown below from each wage or salary payment due this employee. I will send the money to the Internal Revenue Service every: (Check one box.)			For assistance, call: 1-800-829-0115 (Business) or 1-800-829-8374 (Individual – Self-Employed/Business Owners), or 1-800-829-0922 (Individuals – Wage Earners)					
WEEK TWO WEEKS MONTH OTHER (Specify.)				Or write: Campus (City, State, and ZIP Code)				
Signed:				Financial Institut	ion(s) (Name and address)			
Title:		Date:						
Kinds of	taxes (Form numbers)	Tax Periods		Amount owed as	s of			
				\$, plus all penalties and	d interest provided by law.		
I am paid	d every (Check one): WEEK TWO	WEEKS MONTH	OTHER (Spe	cify.)				
-		n my wage or salary paym	ents beginning		until the total liability is pa	id in full. I also agree and		
	e this deduction to be increased or decrease							
Date of	increase (or decrease)	Amount of Increase	(or decrease)		New installment paymer	it amount		
This ag or term has sig when re While the any (fee We will will will will be	nt or accrue an additional liability, contareement is based on your current financial inate the agreement if our information shownificantly changed. You must provide updatequested. In agreement is in effect, you must file all fideral) taxes you owe on time. Apply your federal tax refunds or overpaymential it is fully paid, including any shared the Affordable Care Act. In a \$225 user fee, which we have aut yment(s). You may be eligible for a reduced for qualifications and instructions. In a featult on your installment agreement, your tement fee if we reinstate the agreement. We this fee from your first payment(s) after the pall Terms (To be completed by IRS)	condition. We may modify to that your ability to pay ted financial information dederal tax returns and payments (if any) to the amount responsibility payment hority to deduct from your druser fee of \$43. See Formust pay a \$89 Ve have the authority to	• We car installm when d • If we te levy on propert agreem it or seizu • We ma tax is ir • This ag approv • We ma which r Federa	n terminate your interminate your and tent payments as used to not reminate your agree your income, ban y. You will receive lent. EXCEPTION sibility payment ur ure. y terminate this agn jeopardy. reement may reque or don't approve y file a Notice of Fnay negatively imm.	ederal Tax lien if one has repact your credit rating, but andividual shared responsibition. Note: Internal Reve	You do not make monthly of other federal tax debt in when requested. entire amount you owe by, or by seizing your ermination of your ividual shared at by levy on your income find that collection of the We'll notify you when we not been filed previously we will not file a Notice of lity payment under the		
Your sign	nature	Title (If Corp	orate Officer or F	Partner)		Date		
Spouse's	s signature (If a joint liability)					Date		
	AGREEMENT LOCATOR NUMBER	:	Origii	nator's ID #:	Originato	or Code:		
	Check the appropriate boxes:		. Name	e:	Title: _			
FOR IRS USE ONLY:	RSI "1" no further review RSI "5" PPIA IMF 2 year review AI "0" Not a PPIA RSI "5" PPIA IMF 2 year review AI "1" Field Asset PPIA RSI "6" PPIA BMF 2 year review AI "2" All other PPIAS Agreement Review Cycle: Barliest CSED: Check box if pre-assessed modules included A NOTICE OF FEDERAL TAX LIEN HAS ALREADY BEEN FILED WILL BE FILED IMMEDIATELY WILL BE FILED WHEN TAX IS A MAY BE FILED IF THIS AGREEN					SSESSED IENT DEFAULTS		
	Agreement examined or approved by (Sig	Date						

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(110	Vollisor 2010)		(See Ins	tructions	on the back of th	his page.	.)	
TO: (Emp	oloyer name and address)				Regarding: (Ta	axpayer n	name and address)	
Contact	Person's Name	Telephone (I	elephone (Include area code)		Social security or employer identification nu (Taxpayer) (Spouse,			mber last four digits)
EMPLOYER — See the instructions on the back of Part 2. The taxpayer identified above on the right named you as an employer. Please read and sign the following statement to agree to withhold amount(s) from the taxpayer's (employee's) wages or salary to apply to taxes owed.				ent to	(Home)			business)
I agree to shown be to the Int	o participate in this payroll deduction agree elow from each wage or salary payment du ernal Revenue Service every: (Check one bo	ie this employe ox.)	ee. I will send the	money	1-800-829-837 1-800-829-092	4 (Individ	800-829-0115 (Busine dual – Self-Employed/B luals – Wage Earners)	usiness Owners), or
	K TWO WEEKS MONTH C				Or write:			
					Filianciai ilisiiti	ulion(s) (i	ivarne and address)	
Kinds of	taxes (Form numbers)	Tax Periods	ate:					
Killus Ol	taxes (Fulli humbers)	Tax Fellous	•		Amount owed a	as of	nlus all nenalties and	I interest provided by law.
I am naid	d every (Check one): WEEK TWO	WEEKS I	монт отн	HFR (Sne	cify.)		prod an portantido arte	- moreot provided by idm.
	<i>'</i>		salary payments b				he total liability is pai	d in full. I also agree and
-	this deduction to be increased or decrease		saidly paymonio s			_	no total nability lo pai	a iii iaii. I aloo agroo ana
Date of	increase (or decrease)	Amount o	of Increase (or de			New i	installment paymen	t amount
date stapayme This ag or term has sig when re While the any (fee We will you ow under tee you mufirst para 13844 If you definished deduct	I make each payment so that we (IRS) receated on the front of this form. If you cannom to raccrue an additional liability, contarement is based on your current financial inate the agreement if our information show nificantly changed. You must provide updatequested. In agreement is in effect, you must file all fideral) taxes you owe on time. In apply your federal tax refunds or overpayment it is fully paid, including any shared the Affordable Care Act. In a \$225 user fee, which we have authorized the ending and instructions. In a state of the ending and instructions. In the ending and instructions and instructions. If a state of the ending and instructions are feel if we reinstate the agreement, your rement fee if we reinstate the agreement. We this fee from your first payment(s) after the limit and the end of the end o	t make a scheact us immedicondition. We we that your abted financial in federal tax returnents (if any) to responsibility perhority to deduce duser fee of \$100.000 must pay a \$850 We have the au	eduled iately. may modify sility to pay information urns and pay the amount payment ct from your 43. See Form guthority to	United statute, • We can installm when d • If we te levy on propert agreem respons or seizu • We may tax is in • This ag approve • We may which redera Afforda	States. Generall which is normal aterminate your lent payments as ue, or you do no rminate your agr your income, bay. You will receivent. EXCEPTIO sibility payment ure. by terminate this an jeopardy. reement may rece or don't approve of the pay negatively in I Tax Lien on an ble Care Act.	ly we will lly the old r install r install r s agreed to provide reement, ank acco we a notion. We counder the agreeme quire may be the agreed to the agreed read may be the agreed individual.	dest tax year or tax pment agreement if: d, you do not pay any e financial information we may collect the e- unts or other assets, ce from us prior to te annot collect the indi e Affordable Care Ac ent at any time if we finangerial approval. Wareement. Tax lien if one has no our credit rating, but val shared responsibil Note: Internal Revei	o the oldest collection beriod. You do not make monthly other federal tax debt in when requested, entire amount you owe by or by seizing your rimination of your vidual shared it by levy on your income and that collection of the le'll notify you when we ot been filed previously we will not file a Notice of ity payment under the
0								Data
Spouse s	s signature (If a joint liability)							Date
	AGREEMENT LOCATOR NUMBER			Origin	nator's ID #:			r Code:
	Check the appropriate boxes:		Name	me: Title: _				
FOR IRS USE ONLY:	RSI "1" no further review RSI "5" PPIA IMF 2 year review RSI "6" PPIA BMF 2 year review Agreement Review Cycle: Earliest CSED: Check box if pre-assessed modu Agreement examined or approved by (Signature)	Al "1" Al "2"			HAS ALF	READY FILED FILED	BEEN FILED IMMEDIATELY WHEN TAX IS AS IF THIS AGREEM	SSESSED
	Agreement examined of approved by (Sig	ırıature, title, fünd	cuori)					Dale

INSTRUCTIONS TO EMPLOYER

This payroll deduction agreement is subject to your approval. If you agree to participate, please complete the spaces provided under the employer section on the front of this form.

WHAT YOU SHOULD DO

- Enter the name and telephone number of a contact person. (This will allow us to contact you if your employee's liability is satisfied ahead of time.)
- Indicate when you will forward payments to IRS.
- · Sign and date the form.
- After you and your employee have completed and signed all parts of the form, please return the parts of the form which were requested on the letter the employee received with the form. Use the IRS address on the letter the employee received with the form or the address shown on the front of the form.

HOW TO MAKE PAYMENTS

Please deduct the amount your employee agreed with the IRS to have deducted from each wage or salary payment due the employee.
Make your check payable to the "United States Treasury." To insure proper credit, please write your employee's name and social security number on each payment.
Send the money to the IRS mailing address printed on the letter that came with the agreement. Your employee should give you a copy of this letter. If there is no letter, use the IRS address shown on the front of the form.

Note: The amount of the liability shown on the form may not include all penalties and interest provided by law. Please continue to make payments unless IRS notifies you that the liability has been satisfied. When the amount owed, as shown on the form, is paid in full and IRS hasn't notified you that the liability has been satisfied, please call the appropriate telephone number below to request the final balance due.

If you need assistance, please call the telephone number on the letter that came with the agreement or write to the address shown on the letter. If there's no letter, please call the appropriate telephone number below or write IRS at the address shown on the front of the form.

For assistance, call: 1-800-829-0115 (Business), or

1-800-829-8374 (Individual – Self-Employed/Business Owners), or

1-800-829-0922 (Individuals – Wage Earners)

THANK YOU FOR YOUR COOPERATION

Form **2159** (November 2016)

Department of the Treasury — Internal Revenue Service Payroll Deduction Agreement (See Instructions on the back of this page.)

	,		(366	IIISHUCHONS	OIT THE DACK OF THIS	s paye.)		
TO: (Employer name and address)				Regarding: (Taxpayer name and address)				
Contact	ntact Person's Name Telephone (I			ode)	Social security or employer identification number (Taxpayer) (Spouse, last four digits)			
EMPLOYER — See the instructions on the back of Part 2. The taxpayer identified above on the right named you as an employer. Please read and sign the following statement to agree to withhold amount(s) from the taxpayer's (employee's) wages or salary to apply to				Your telephone number (Include area code) (Home) (Work or business)				
I agree to participate in this payroll deduction agreement and will withhold the amount shown below from each wage or salary payment due this employee. I will send the money				For assistance, call: 1-800-829-0115 (Business) or 1-800-829-8374 (Individual – Self-Employed/Business Owners), or 1-800-829-0922 (Individuals – Wage Earners)				
to the Internal Revenue Service every: (Check one box.) WEEK TWO WEEKS MONTH OTHER (Specify.)					Or write: Campus (City, State, and ZIP Code)			
					Financial Institut			ode)
Title:		Date:				(3) (3 3 3 3	,	
	taxes (Form numbers)	Tax Periods			A I I			
Killus Ol	taxes (Form numbers)	Tax i ellous			Amount owed as			d interest provided by law.
	d avar. (OL / NEEK TWO	MEEKS ANONE		OTLIED (0				u interest provided by law.
	d every (Check one): WEEK TWO				ecify.)			Sales for Later a source and
	o have \$ deducted from e this deduction to be increased or decrease		paymen	ts beginning		until the total	liability is pa	id in full. I also agree and
	f increase (or decrease)	Amount of Incr	ease (o	r decrease)		New installment payment amount		
							, , , , , , , , , , , , , , , , , , ,	
or term has signification when it while it any (feet any (feet whe will you ow under expected by the signification of the significant of t	greement is based on your current financial of inate the agreement if our information show guificantly changed. You must provide update requested. In agreement is in effect, you must file all federal) taxes you owe on time. If apply your federal tax refunds or overpaymer until it is fully paid, including any shared rethe Affordable Care Act. Sust pay a \$225 user fee, which we have autly yment(s). You may be eligible for a reduced for qualifications and instructions. Sefault on your installment agreement, you net the fee if we reinstate the agreement. We this fee from your first payment(s) after the mal Terms (To be completed by IRS)	is that your ability to teed financial informat ederal tax returns an tents (if any) to the a esponsibility paymer hority to deduct from I user fee of \$43. Se must pay a \$89 fe have the authority	pay tition and pay amount nt your e Form	installn when of If we te levy on properl agreen respon or seiz We ma tax is ii This ag approv We ma which i Federa	nent payments as due, or you do not reminate your agree by your income, ban by. You will receive thent. EXCEPTION sibility payment urure. y terminate this agon jeopardy. I jeopardy. I jeopardy you gile a Notice of Fmay negatively impay negatively impagatively	agreed, you diprovide financement, we make accounts or a notice from the cannot conder the Afford greement at an uire managerial the agreement ederal Tax lies pact your credindividual share whose the may co	o not pay any any all information of the context of the collect the individual of the collect the collect the collect of the c	ct by levy on your income find that collection of the Ve'll notify you when we not been filed previously we will not file a Notice of illity payment under the enue Service employees arties in order to process
Your sig	nature	Title (Title (If Corporate Officer or Partner)			and me		Date
Spouse'	s signature (If a joint liability)							Date
	AGREEMENT LOCATOR NUMBER Check the appropriate boxes:			Origi Nam	nator's ID #: e:		Originato	or Code:
FOR IRS USE ONLY:	RSI "1" no further review RSI "5" PPIA IMF 2 year review RSI "6" PPIA BMF 2 year review Agreement Review Cycle: Earliest CSED: Check box if pre-assessed modul Agreement examined or approved by (Sign	es included	Asset I		HAS ALRI WILL BE F	EADY BEEN FILED IMME FILED WHEN	FILED DIATELY N TAX IS A	(Check one box.) SSESSED MENT DEFAULTS Date

INSTRUCTIONS TO TAXPAYER

If not already completed by an IRS employee, please fill in the information in the spaces provided on the front of this form for the following items:

- Your employer's name and address
- Your name(s) (plus spouse's name if the amount owed is for a joint return) and current address.
- Your social security number or employer identification number. (Use the number that appears on the notice(s) you received.) Also, enter the last four digits of your spouse's social security number if this is a joint liability.
- Your home and work telephone number(s)
- The complete name and address of your financial institution(s)
- The kind of taxes you owe (form numbers) and the tax periods
- The amount you owe as of the date you spoke to IRS
- · When you are paid
- The amount you agreed to have deducted from your pay when you spoke to IRS
- The date the deduction is to begin
- The amount of any increase or decrease in the deduction amount, if you agreed to this with IRS; otherwise, leave BLANK

After you complete, sign (along with your spouse if this is a joint liability), and date this agreement form, give it to your participating employer. If you received the form by mail, please give the employer a copy of the letter that came with it.

Your employer should mark the payment frequency on the form and sign it. Then, your employer should return the parts of the form which were requested on your letter or return Part 1 of the form to the address shown in the "For assistance" box on the front of the form.

If you need assistance, please call the appropriate telephone number below or write IRS at the address shown on the form. However, if you received this agreement by mail, please call the telephone number on the letter that came with it or write IRS at the address shown on the letter.

For assistance, call: 1-800-829-0115 (Business), or

1-800-829-8374 (Individual - Self-Employed/Business Owners), or

1-800-829-0922 (Individuals – Wage Earners)

Note: This agreement **will not** affect your liability (*if any*) for backup withholding under Public Law 98-67, the Interest and Dividend Compliance Act of 1983.