| Form | 2159 | | Department of the T | Treasury — Interi | nal Revenue | Service | | |
|--|--|--|---|---|--|--------------------------------------|--|--|
| (Rev. January 2015) | | | See Instruc | eduction Agreement | | | | |
| | ployer name and address, | | | | | ame and address) | | |
| | | | | | | | | |
| Contact | Person's Name | Telephone | (Include area code) | Social sec (Taxpayer) | urity or empl | oyer identification nu (Spouse, I | mber ast 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 (<i>employee's</i>) wages or salary to apply to | | | | | Your telephone number (Include area code) (Home) (Work or business) | | | |
| shown b | o participate in this pay elow from each wage | rroll deduction agreement and will or salary payment due this employ e every: (Check one box.) | ney 1-800-829 1-800-829 | 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) | | | | |
| | | | | | Or write: Campus | | | |
| Signed: | | | | Financial I | Financial Institution(s) (Name and address) | | | |
| Title: | | C | Date: | | | | | |
| Kinds of | taxes (Form numbers) | Tax Period | ds | | Amount owed as of, plus all penalties and interes | | | |
| | | | | R (Specify.) | | | | |
| | | deducted from my wage or | | inning | until t | he total liability is pai | d in full. I also agree and | |
| | | ncreased or decreased as follows | | | | | | |
| Date of | I INCREASE (or decrease |) Amount | of Increase (or decrea | ase) | New | installment paymen | t amount | |
| | | | | | | | | |
| Terms | of this agreement- | -By completing and submitting | a this agreement vo |) (the taxnaver) | agree to the | following terms: | | |
| This ag or term has sig when r While t any (fe We wil you ow under You mi first pa 13844 If you or reinsta | hinate the agreement if pnificantly changed. Yo requested. his agreement is in effi- deral) taxes you owe or l apply your federal tax ve until it is fully paid, ir the Affordable Care Ac ust pay a \$120 user fer yment(s). You may be for qualifications and ii befault on your installm tement fee if we reinst: | our current financial condition. We our information shows that your a u must provide updated financial ect, you must file all federal tax re n time. refunds or overpayments <i>(if any)</i> t icluding any shared responsibility t. e, which we have authority to ded eligible for a reduced user fee of s | Installment paymer when due, or you of we terminate you wy on your incom roperty. You will r greement. EXCEI asponsibility paym r seizure. /e may terminate ax is in jeopardy. his agreement ma pprove or don't an /e may file a Notic /hich may negativ | y terminate this agreement at any time if we find that collection of the n jeopardy. greement may require managerial approval. We'll notify you when we e or don't approve the agreement. y file a Notice of Federal Tax lien if one has not been filed previously may negatively impact your credit rating, but we will not file a Notice of I Tax Lien on an individual shared responsibility payment under the | | | | |
| Additional Terms (To be completed by IRS) | | | | | | | nue Service employees rties in order to process reement. | |
| Your signature | | | Title (If Corporate Officer or Partner) | | | | Date | |
| Spouse' | s signature (If a joint liab | ility) | | | | | Date | |
| | AGREEMENT LO | CATOR NUMBER: | | Originator's ID | #: | Originato | r Code: | |
| FOR IRS USE ONLY: | Check the approp | iate boxes: | | Name: | | Title: | | |
| | 🗌 RSI "6" PPIA B | MF 2 year review AI "1 MF 2 year review AI "2 | | A NOTICE OF FEDERAL TAX LIEN (Check one box.) | | | | |
| l Ö Ë M I | Agreement Review Cycle: WILL BE FILED IMMEDIATELY | | | | | | | |
| " | Earliest CSED: | | | | | | | |
| | Check box if pre-assessed modules included | | | | | | | |
| | Agreement examined or approved by (Signature, title, function) | | | | | | Date | |
| | | | | | | | | |

| 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) | | | | |
|--|--|--|--|--|
| TO: (Employer name and address) Regarding: (Taxpayer name and address) Contact Person's Name Telephone (Include area code) Social security or employer identification number (Taxpayer) Contact Person's Name Telephone (Include area code) Social security or employer identification number (Taxpayer) 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. Your telephone number (Include area code) (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 moment shown below from each wage or salary payment due this employee. I will send the moment Sinown below from each wage or salary payment due this employee. I will send the moment to the Internal Revenue Service every: (Check one box.) Or write: | | | | |
| Image: (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 taxes owed. Your telephone number (Include area code) (Home) 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 1-800-829-0922 (Individual - Self-Employed/Business Owne 1-800-829-0922 (Individual - Self-Employed | | | | |
| Image: (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 taxes owed. Your telephone number (Include area code) (Home) 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 1-800-829-0922 (Individual - Self-Employed/Business Owne 1-800-829-0922 (Individual - Self-Employed | | | | |
| 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. (Home) (Work or business) I agree to withhold amount(s) from the taxpayer's (employee's) wages or salary to apply to taxes owed. For assistance, call: 1-800-829-0115 (Business) or 1-800-829-0322 (Individual - Self-Employed/Business Owned 1-800-829-0322 (Individual - Self-Employed/Busines Owned 1-800-829-0322 (Individual - Self-Employed/Busines Owned 1-80 |) | | | |
| taxes owed. 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: (<i>Check one box.</i>) For assistance, call: 1-800-829-0115 (Business) or 1-800-829-0125 (Individual – Self-Employed/Business Owner 1-800-829-0922 (Individual – Self-Employed/Business Owner - Individual – Self-Employed/Business OwnerIndite instease owne | | | | |
| WEEK TWO WEEKS MONTH OTHER (Specify.) | 1-800-829-8374 (Individual – Self-Employed/Business Owners), or 1-800-829-0922 (Individuals – Wage Earners) | | | |
| Title: | Or write: Campus (City, State, and ZIP Code) | | | |
| Title: Date: Amount owed as of Kinds of taxes (Form numbers) Tax Periods Amount owed as of I am paid every (Check one): WEEK TWO WEEKS MONTH OTHER (Specify.) I agree to have \$ deducted from my wage or salary payments beginning until the total liability is paid in full. I als authorize this deduction to be increased or decreased as follows: | Financial Institution(s) (Name and address) | | | |
| Kinds of taxes (Form numbers) Tax Periods Amount owed as of | | | | |
| I am paid every (Check one): WEEK TWO WEEKS MONTH OTHER (Specify.) I agree to have \$ deducted from my wage or salary payments beginning until the total liability is paid in full. I als authorize this deduction to be increased or decreased as follows: | ovided by law. | | | |
| authorize this deduction to be increased or decreased as follows: | | | | |
| Date of increase (or decrease) Amount of Increase (or decrease) New installment payment amount Terms of this agreement—By completing and submitting this agreement, you (the taxpayer) agree to the following terms: • You will make each payment so that we (IRS) receive it by the monthly due date stated on the front of this form. If you cannot make a scheduled • We will apply all payments on this agreement in the best interests. United States. Generally we will apply the payment to the oldest | o agree and | | | |
| Terms of this agreement—By completing and submitting this agreement, you (<i>the taxpayer</i>) agree to the following terms: You will make each payment so that we (<i>IRS</i>) receive it by the monthly due date stated on the front of this form. <i>If you cannot make a scheduled</i> We will apply all payments on this agreement in the best interests. United States. Generally we will apply the payment to the oldest | | | | |
| • You will make each payment so that we (<i>IRS</i>) receive it by the monthly due date stated on the front of this form. <i>If you cannot make a scheduled</i> • We will apply all payments on this agreement in the best interest. United States. Generally we will apply the payment to the oldest | | | | |
| • You will make each payment so that we (<i>IRS</i>) receive it by the monthly due date stated on the front of this form. <i>If you cannot make a scheduled</i> • We will apply all payments on this agreement in the best interest. United States. Generally we will apply the payment to the oldest | | | | |
| • You will make each payment so that we (<i>IRS</i>) receive it by the monthly due date stated on the front of this form. <i>If you cannot make a scheduled</i> • We will apply all payments on this agreement in the best interest. United States. Generally we will apply the payment to the oldest | | | | |
| has significantly changed. You must provide updated financial information when requested. While this agreement is in effect, you must file all federal tax returns and pay any <i>(federal)</i> taxes you owe on time. We will apply your federal tax refunds or overpayments <i>(if any)</i> to the amount under the Affordable Care Act. You must pay a \$120 user fee, which we have authority to deduct from your first payment(s). You may be eligible for a reduced user fee of \$43. See Form 13844 for qualifications and instructions. If you default on your installment agreement, we have the authority to deduct this fee from your first payment(s) after the agreement is reinstated. when due, or you do not provide financial information when requested. If we terminate your agreement, we may collect the entire amount you owe until it is fully paid, including any shared responsibility payment under the Affordable Care Act. You must pay a \$120 user fee, which we have authority to deduct from your first payment(s). You may be eligible for a reduced user fee of \$43. See Form 13844 for qualifications and instructions. If you default on your installment agreement, we have the authority to deduct this fee from your first payment(s) after the agreement is reinstated. We may file a Notice of Federal Tax lien if one has not been filed which may negatively impact your credit rating, but we will not file | nent payments as agreed, you do not pay any other federal tax debt lue, or you do not provide financial information when requested. Infinite your agreement, we may collect the entire amount you owe by your income, bank accounts or other assets, or by seizing your ty. You will receive a notice from us prior to termination of your nent. EXCEPTION: We cannot collect the individual shared sibility payment under the Affordable Care Act by levy on your income ure. y terminate this agreement at any time if we find that collection of the n jeopardy. Ireement may require managerial approval. We'll notify you when we e or don't approve the agreement. y file a Notice of Federal Tax lien if one has not been filed previously may negatively impact your credit rating, but we will not file a Notice of I Tax Lien on an individual shared responsibility payment under the | | | |
| Additional Terms (<i>To be completed by IRS</i>) Note: Internal Revenue Service may contact third parties in order and maintain this agreement. | | | | |
| Your signature Title (If Corporate Officer or Partner) Date | | | | |
| Spouse's signature (If a joint liability) | | | | |
| AGREEMENT LOCATOR NUMBER: Originator's ID #: Originator Code: | | | | |
| Check the appropriate boxes: Name: Title: | r to prócess | | | |
| Image: Sign of | r to prócess | | | |
| Agreement Review Cycle: | r to prócess | | | |
| Agreement Review Cycle. | r to prócess | | | |
| Check box if pre-assessed modules included MAY BE FILED IF THIS AGREEMENT DEFA | r to prócess | | | |
| Agreement examined or approved by (Signature, title, function) Date | box.) | | | |
| | box.) | | | |

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 Department of the Treasury — Internal Revenue Service Payroll Deduction Agreement | | | | | | | |
|--|--|---|--|--|---|---|---|--|
| (Rev. January 2015) | | | (See Ins | | uctions on the back of this page.) | | | |
| <u>.</u> | ployer name and address | ;) | | | Regarding: (Taxpayer name and address) | | | |
| | | | | | | | | |
| Contact Person's Name | | | ephone (Include area code) Social secu (Taxpayer) | | - | ity or employer identification number (Spouse, last four digits) | | |
| on the ri | ght named you as an | employer. Please read and | | The taxpayer identified above the following statement to vages or salary to apply to | | | r business) | |
| taxes ov I agree t shown b | ved. o participate in this pa elow from each wage | yroll deduction agreement or salary payment due this | 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.) | | | | | Or write: Campus Cam | | | |
| Signed: | | | | | Financial Institution(s) (Name and address) | | | |
| Title: | | | Date: | | | | | |
| Kinds of | taxes (Form numbers) | Ta | ax Periods | | | Amount owed as of, plus all penalties and interest provided by la | | |
| l am pai | d every (Check one): | | | HER (Spe | | | | |
| | | | wage or salary payments b | | | | | |
| | | increased or decreased as | | | | | | |
| Date of | increase (or decrease | e) | Amount of Increase (or de | crease) | | New installment payme | nt amount | |
| | | | | | | | | |
| | | | Ibmitting this agreement | | | | | |
| date st payme • This ac or term has sig when r • While t any (<i>fe</i> • We will you ow under • You m first pa 13844 • If you c reinsta deduct | ated on the front of th ant, contact us imme preement is based on inate the agreement i gnificantly changed. Yo equested. his agreement is in eff <i>deral</i>) taxes you owe of apply your federal tax re until it is fully paid, i the Affordable Care Ac ust pay a \$120 user fe yment(s). You may be for qualifications and lefault on your installn tement fee if we reins | your current financial conc four information shows th but must provide updated f fect, you must file all feder n time. < refunds or overpayments including any shared respond t. e, which we have authorit eligible for a reduced use instructions. Thent agreement, you must tate the agreement. We have t payment(s) after the agree | Apply all payments on this agreement in the best interests of the States. Generally we will apply the payment to the oldest collection which is normally the oldest tax year or tax period. In terminate your installment agreement if: You do not make monthly nent payments as agreed, you do not pay any other federal tax debt due, or you do not provide financial information when requested. In the payments as agreement, we may collect the entire amount you owe by a your income, bank accounts or other assets, or by seizing your ty. You will receive a notice from us prior to termination of your nent. EXCEPTION: We cannot collect the individual shared isibility payment under the Affordable Care Act by levy on your income ure. By terminate this agreement at any time if we find that collection of the n jeopardy. The prove the agreement. By file a Notice of Federal Tax lien if one has not been filed previously may negatively impact your credit rating, but we will not file a Notice of al Tax Lien on an individual shared responsibility payment under the able Care Act. Note: Internal Revenue Service employees | | | | | |
| | | | Title //f Corporate | Title (If Corporate Officer or Partner) | | | arties in order to process greement. | |
| Your signature | | | | Unicer of F | annory | | | |
| Spouse' | s signature <i>(If a joint lia</i> | bility) | | | | | Date | |
| | AGREEMFNTIC | CATOR NUMBER: | | Oriai | nator's ID #: | Originat | or Code: | |
| | Check the approp | | | | e: | | | |
| FOR IRS USE ONLY: | RSI "1" no furt | | A | A NOTICE OI | FEDERAL TAX LIEN EADY BEEN FILED FILED IMMEDIATELY FILED WHEN TAX IS A FILED IF THIS AGREEN | SSESSED | | |
| | Check box if pre-assessed modules included MAY BE FILED IF THIS AGREEM Agreement examined or approved by (Signature, title, function) | | | | | | 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.