Form **2159**

Department of the Treasury — Internal Revenue Service Payroll Deduction Agreement

(Rev. J	anuary 2015)			(Se	ee Instructions	on the back of this	s page	e.)		
TO: (Employer name and address)						Regarding: (Taxpayer name and address)				
Contact	ntact Person's Name Teleph			' '		Social security or employer identification number (Taxpayer) (Spouse, last four digits)				
EMPLOYER — See the instructions on the back of Part 2. The taxpayer identified a on the right named you as an employer. Please read and sign the following stateme agree to withhold amount(s) from the taxpayer's (employee's) wages or salary to apply taxes owed.					atement to apply to	Your telephone number (Include area code) (Home) (Work or business) For assistance, call: 1-800-829-0115 (Business) or				
shown be	o participate in this pay elow from each wage ernal Revenue Service	or salary payment due	e this employ	vee. I will send	d the money	1-800-829-0922	(Individ	idual – Self-Employed/Bi duals – Wage Earners)		
WEE	K TWO WEEKS	MONTH O	THER (Specia	fy.)					de) Campus	
Signed:						Financial Institut	tion(s)	(Name and address)		
Title:			D	ate:						
Kinds of	taxes (Form numbers)		Tax Period	ls		Amount owed as		alas all assailes assaile	Participant in the Alberta Communication of t	
			AVEE VO	MONTH	OTUED (2			plus all penalties and	d interest provided by law.	
	d every (Check one):					•		des total liskility is used	dia full I alaa aasaa aasa	
	o nave \$ this deduction to be i				ents beginning		untii t	tne total liability is paid	d in full. I also agree and	
	increase (or decrease			of Increase	New installment paym		installment paymen	ent amount		
	of this agreement-									
This ag or term has sig when rewind the work of the w	ret, contact us immed reement is based on y inate the agreement if nificantly changed. You equested. In a greement is in efficially taxes you owe or apply your federal taxe e until it is fully paid, in the Affordable Care Activated and the second of the	rour current financial of our information show our information show ou must provide updat ect, you must file all feat time. refunds or overpaym acluding any shared rot. e, which we have autheligible for a reduced instructions. ent agreement, you nate the agreement.	rs that your a ed financial i ederal tax ret ents (if any) to esponsibility nority to deduuser fee of \$ nust pay a \$5 te have the a	bility to pay information turns and pay to the amount payment act from your 143. See Form 50 uthority to	We cal install nowhen control of the televy on proper agreen respon or seiz We man tax is in This agapprov We man which I Federa	n terminate your nent payments as due, or you do not traininate your agreen your income, ban ty. You will receive nent. EXCEPTION sibility payment ur ure. y terminate this agen jeopardy. If you will a neon to may reque or don't approve y file a Notice of Fmay negatively imi	install agreed providement had accorded a not all. We conder the greemed wire make the agreed apact your properties.	d, you do not pay any le financial information from the epounts or other assets, ice from us prior to te cannot collect the indine Affordable Care Action and the anagerial approval. Ware greement. I Tax lien if one has no our credit ratinformating and the sum of	You do not make monthly other federal tax debt n when requested. entire amount you owe by or by seizing your rmination of your vidual shared at by levy on your income ind that collection of the /e'll notify you when we	
Addition	nal Terms (To be comple	eted by IRS)							nue Service employees irties in order to process reement.	
Your signature				Title (If Corporate Officer or Partner)					Date	
Spouse's	s signature (If a joint liab	oility)							Date	
	AGREEMENT LO	CATOR NUMBER:	:		Origi	nator's ID #:		Originato	or Code:	
	Check the appropri				Nam	e:		Title:		
FOR IRS USE ONLY:	RSI "6" PPIA E Agreement Review Earliest CSED:	ner review MF 2 year review MF 2 year review v Cycle:	☐ AI "1' ☐ AI "2' — — —		t PPIA	HAS ALRI	EADY FILEC	DERAL TAX LIEN (BEEN FILED IMMEDIATELY WHEN TAX IS AS IF THIS AGREEM	SSESSED	
	<u> </u>	d or approved by (Sign							Date	

Department of the Treasury — Internal Revenue Service Payroll Deduction Agreement

(Rev. J	anuary 2015)	_	(See Instructions	on the back of this	s page.)			
TO: (Em	ployer name and address)		Regarding: (Taxpayer name and address)					
Contact	Person's Name	Telephone (Include	e area code)	Social security o	r employer identification nu (Spouse,	ımber last four digits)		
on the rig	YER — See the instructions on the back of ght named you as an employer. Please rewithhold amount(s) from the taxpayer's (end	ad and sign the follow	ing statement to	Your telephone number (Include area code) (Home) (Work or business)				
I agree to shown b	o participate in this payroll deduction agre elow from each wage or salary payment of ternal Revenue Service every: (Check one	due this employee. I wi	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)					
☐ WEE	EK 🗌 TWO WEEKS 🗌 MONTH 📗	OTHER (Specify.)		Or write: Campus (City, State, and ZIP Code)				
Signed:				Financial Institut	ion(s) (Name and address)			
Title:	tavas (5	Date:						
Kinds of	taxes (Form numbers)	Tax Periods		Amount owed as				
				\$, plus all penalties and	d interest provided by law.		
I am paid	d every (Check one): WEEK TW	O WEEKS 🗌 MONT	'H OTHER (Spe	ecify.)				
J			payments beginning	l	until the total liability is pa	id in full. I also agree and		
	e this deduction to be increased or decrea							
Date of	increase (or decrease)	Amount of Incr	rease (or decrease)		New installment paymer	nt amount		
You will date st payme This ag or term has sig when r While the any (feeling with the world) will be a sign of the will be any (feeling with the world) will be a sign of the world). The world will be a sign of the world) will be a sign of the world) will be a sign of the world) will be a sign of the world). The world will be a sign of the world) will be a sign of the world) will be a sign of the world) will be a sign of the world). The world will be a sign of the world) will be a sign of the world) will be a sign of the world). The world will be a sign of the world) will be a sign of the world) will be a sign of the world). The world will be a sign of the world will be a sign of the world) will be a sign of the world will be a s	of this agreement—By completing a li make each payment so that we (IRS) recated on the front of this form. If you cannet, contact us immediately, greement is based on your current financial inate the agreement if our information shippificantly changed. You must provide upon equested. his agreement is in effect, you must file all deral) taxes you owe on time. Apply your federal tax refunds or overpaying until it is fully paid, including any shared the Affordable Care Act. List pay a \$120 user fee, which we have a syment(s). You may be eligible for a reduct for qualifications and instructions. Default on your installment agreement, you tement fee if we reinstate the agreement. This fee from your first payment(s) after the mal Terms (To be completed by IRS)	ceive it by the monthly tot make a scheduled al condition. We may now that your ability to lated financial informal. I federal tax returns and responsibility payment uthority to deduct from the deduct from	due	I apply all payment States. Generally, which is normally in terminate your interminate your interminate your interminate your agree your income, ban ty. You will receive nent. EXCEPTION is ibility payment urure. In jeopardy. Greement may require or don't approve you file a Notice of Finany negatively impal Tax Lien on an interminate Act.	s on this agreement in the we will apply the payment the oldest tax year or tax installment agreement if: agreed, you do not pay any provide financial informationement, we may collect the k accounts or other assets a notice from us prior to te. We cannot collect the indider the Affordable Care Advicement at any time if we find the agreement at approval. We the agreement. eederal Tax lien if one has roact your credit rating, but adividual shared responsibility.	to 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 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 enue Service employees arties in order to process		
Spouse's	s signature (If a joint liability)					Date		
	AGREEMENT LOCATOR NUMBE	 R:	Origi	nator's ID #:	Originato	or Code:		
	Check the appropriate boxes:		Nam	e:				
l	RSI "1" no further review	∐ AI "0" Not a	a PPIA		FEDERAL TAX LIEN	(Check one box.)		
S	RSI "5" PPIA IMF 2 year review		Asset PPIA		EADY BEEN FILED	(
% N	RSI "6" PPIA BMF 2 year review		her PPIAs		FILED IMMEDIATELY			
FOR IRS USE ONLY	Agreement Review Cycle:	·			FILED IMMEDIATELY FILED WHEN TAX IS AS	ggeggen		
	Earliest CSED:	المامة المماريط عاما			TILED WHEN TAX IS A			
	Check box if pre-assessed mod Agreement examined or approved by (S				ILLD II THIO AGNEEN	Date		
	Agreement examined of approved by (S	унаше, ше, шпсиоп)				Date		

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 Pavroll Deduction Agreement

(Rev. J	January 2015)		(See Inst		on the back of this			
TO: (Employer name and address)			•	Regarding: (Taxpayer name and address)				
Contact	Person's Name	Telephone	(Include area code)		Social security o	r employer identification nu	ımber	
Oomaoi	r crooms rame	reiephone	(morade area code)		(Taxpayer)		last four digits)	
EMDL O	YER — See the instructions of	on the book of Port 2. The	toynover identified al	hovo	Variation by a second			
	ght named you as an employ				Your telephone number (Include area code) (Home) (Work or business)			
agree to taxes ow	withhold amount(s) from the	taxpayer's (employee's) wag	ges or salary to apply	y to			,	
	veu. o participate in this payroll de	eduction agreement and wi	II withhold the amour	nt		call: 1-800-829-0115 (Busin (Individual – Self-Employed/B		
shown b	elow from each wage or sala	ry payment due this emplo			1-800-829-0922	(Ìndividuals – Wage Éarners)	<i>"</i>	
	ternal Revenue Service every				Or write: Campus (City, State, and ZIP Code)			
	EK TWO WEEKS M						de)	
					Financiai institut	ion(s) (Name and address)		
Title:			Date:					
Kinds of	taxes (Form numbers)	Tax Perio	ods		Amount owed as			
					\$, plus all penalties and interest provided by law			
I am paid	d every (Check one): WE	EK TWO WEEKS	」момтн ∟ отн	IER (Spe	cify.)			
I agree to	o have \$	deducted from my wage o	or salary payments be	eginning		until the total liability is pai	id in full. I also agree and	
	e this deduction to be increas							
Date of	increase (or decrease)	Amoun	nt of Increase (or dec	crease)		New installment paymer	nt amount	
Torms	of this agreement—By co	ompleting and submittir	na this agreement	VOLL (the	o tavnavar) agree	to the following terms:		
This agor term has sig when r While trany (fe We will you ow under t You mu first pa 13844 If you creinsta deduct	ent, contact us immediately greement is based on your culinate the agreement if our informationally changed. You must equested. his agreement is in effect, you deral) taxes you owe on time. I apply your federal tax refunce until it is fully paid, including the Affordable Care Act. Just pay a \$120 user fee, which yment(s). You may be eligible for qualifications and instruct for the properties of the properties of the properties of the remaining the properties of the propertie	urrent financial condition. We formation shows that your trovide updated financial or must file all federal tax reds or overpayments (if any) and shared responsibility the have authority to dece for a reduced user fee of tions. The rement, you must pay a see agreement. We have the ent(s) after the agreement	ability to pay information eturns and pay to the amount y payment duct from your \$43. See Form 550 authority to	statute, We car installm when d If we te levy on propert agreem respons or seizz We ma tax is ir This ag approv We ma which r Federa	which is normally the reminate your in terminate your in the payments as the payments as your income, ban is biblity payment urure. If you will receive the payment urure, and is peopardy, reement may reque or don't approve your file a Notice of Finay negatively imparent to the payment in the paym	ederal Tax lien if one has r pact your credit rating, but v ndividual shared responsibi	period. You do not make monthly of ther federal tax debt of when requested. In when requested, entire amount you owe by or by seizing your ermination of your ividual shared of the level of the we'll notify you when we not been filed previously we will not file a Notice of lity payment under the	
Addition	nal Terms (To be completed by	IRS)					nue Service employees arties in order to process preement.	
Your sig	nature		Title (If Corporate Officer or F		Partner)	,	Date	
Spouse's	s signature (If a joint liability)		•				Date	
	AGREEMENT LOCATO	DR NUMBER:		Origi	nator's ID #:	Originato	or Code:	
	Check the appropriate b	oxes:		Name		Title:		
	RSI "1" no further rev	RSI "1" no further review AI "0" Not a P					(Chack and have)	
ا ∹ م	RSI "5" PPIA IMF 2 y	il "5" PPIA IMF 2 year review 🔲 Al "1" Field Asset PPI			A NOTICE OF FEDERAL TAX LIEN (Check one box.)			
R IRS	RSI "6" PPIA BMF 2	BMF 2 year review AI "2" All other PPIAs			HAS ALREADY BEEN FILED			
FOR IRS	Agreement Review Cycl	ent Review Cycle:			☐ WILL BE FILED IMMEDIATELY			
FOI	Earliest CSED:				WILL BE FILED WHEN TAX IS ASSESSED			
	•	sessed modules include			☐ MAY BE F	ILED IF THIS AGREEM	IENT DEFAULTS	
	Agreement examined or ap	proved by (Signature, title, for	unction)				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.