

688 (Y) (c)
October 1993

41035

Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

Serial Number

For Optional Use by Recording Office

Indianapolis, IN

359414224

provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue.

Name of Taxpayer **MICHAEL A WALKER AND ASSOCIATES INC**
a Corporation

Address **PO BOX 704
GREENWOOD, IN 46142-0704**

IMPORTANT RELEASE INFORMATION: For each assessment listed below, this notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in Section 6325(a).

Year of Tax (a)	Tax Period Ended (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
941	03/31/93	35-1854540	06/28/93	07/28/03	7917.52
941	06/30/93	35-1854540	09/13/93	10/13/03	8421.24
941	09/30/93	35-1854540	12/20/93	01/19/04	8483.38
941	12/31/93	35-1854540	03/14/94	04/13/04	10784.67
941	03/31/94	35-1854540	07/04/94	08/03/04	11138.94

County of Filing **COUNTY RECORDER
LAKE COUNTY
CROWN POINT, IN 46307**

Total \$ **46745.75**

This instrument was prepared by Charles B. Spicer, Internal Revenue Service. This notice was prepared and signed at Indianapolis, IN, on this,

01st day of December, 19 94.

Signature *Charles B Spicer* Title **CHIEF, SPB**
 4 35-01-1635

NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Notice of Federal Tax Lien (Rev. Rul. 71-486, 1971 - 2 C.B. 409)

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STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 94 DEC 28 AM 9:51
 SAMUEL OREN
 RECORDER

