Form 668 (Y)(c)

Susan A.

Hansen

Department of the Treasury - Internal Revenue Service

## **Notice of Federal Tax Lien**

(Rev. February 2004) Area: Serial Number For Optional Use by Recording Office SMALL BUSINESS/SELF EMPLOYED AREA #4 Lien Unit Phone: (800) 829-3903 273666406 As provided by section 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 a 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 D ERIC NEFF P C Residence 270 N MAIN ST STE A CROWN POINT, IN 46307-3249 IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of the 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 IRC 6325(a). Tax Period Last Day for Date of Unpaid-Balance Kind of Tax **Ending Identifying Number Assessment** Refiling of Assessment (a) **(b)** (c) I **(4)** 111 (e) **(1)** 941 09/30/2003 35-1982292 12/14/2015 12/14/2015 12/14/2015 11/14/2005 4095 11/14/2005 11/14/2005 941 12/31/2003 35-1982292 2293 10 2213 47 941 35-1982292 06/30/2004 917<u>1</u>3.52 941 12/31/2004 735-1982292 11/14/2005 012/14/2015 the Lake County Recorder! Place of Filing COUNTY RECORDER LAKE COUNTY Total 10317.99 CROWN POINT, IN 46307 This instrument was prepared by Susan A. Hansen, Internal Revenue Service. ST PAUL, MN This notice was prepared and signed at , on this, 09th day of February Signature Title Director, Campus Compliance

(NOTE: Certificate of officer authorized by law to take acknowledgment is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409)

Part 1 - Kept By Recording Office

Form 668(Y)(c) (Rev. 2-2004) CAT. NO 60025X

Operations 24-00-0008

County Form 170

## **Declaration**

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

- I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:
  - I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
  - 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

