Form 668 (Y)(c)

(Rev. February 2004)

Department of the Treasury - Internal Revenue Service

## **Notice of Federal Tax Lien**

Area: Serial Number For Optional Use by Recording Office SMALL BUSINESS/SELF EMPLOYED AREA #4 Lien Unit Phone: (800) 913-6050 273991106 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 AP COLOR PRODUCTS INC , a Corporation Residence PO BOX 1278 CROWN POINT, IN 46308-1278 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). Last Day for Refiling **Tax Period** Date of Unpaid Balance Kind of Tax **Ending** Identifying Number **Assessment** of Assessment (a) **(n)** (c) 1 1n(4) n1 <u>(b)</u> **(e)** 20-0600049 03/07/2005 20-0600049 10/03/2005 12/31/2004 941 04/06/2015 11/02/2015 26427.18 941 06/30/2005  $\stackrel{\sim}{\mathbb{G}}$  5 $\stackrel{\leftarrow}{6}$ 76.12 This Document is the property of the Lake County Recorder! Place of Filing COUNTY RECORDER LAKE COUNTY **Total** 32103.30 CROWN POINT, IN 46307 This instrument was prepared by Susan A. Hansen, Internal Revenue Service. ST PAUL, This notice was prepared and signed at MN , on this, 10th day of February Signature Title Director, Campus Compliance Operations 24-09-1841 Susan A. Hansen

(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

## 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.

