Form 668 (Y)(c)

(Rev. February 2004)

1872

Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien

For Optional Use by Recording Office Serial Number Area: WAGE & INVESTMENT AREA #2 Lien Unit Phone: (800) 829-7650 274414706 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 KEITH STAFFORD Residence 4741 TOD AVE APT 3 EAST CHICAGO, IN 46312-3302 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 Tax Period Date of Unpaid Balance Kind of Tax **Identifying Number** Ending Assessment Refiling of Assessment ⊤(f) (a) (b) (c) (e) XXX-XX-4881 5848.46 4977.50 01/03/2005 02/02/2015 12/31/2001 1040 12/31/2002 1040 XXX-XX-4881 03/07/2005 04/06/2015 S This Document is the property of the Lake County Recorder! Place of Filing COUNTY RECORDER LAKE COUNTY Total 10825.96 CROWN POINT, IN 46307 This instrument was prepared by Susan A. Hansen, Internal Revenue Service. PAUL, ST This notice was prepared and signed at , on this, 14th day of February 2006 Director, Title Campus Compliance Signature Operations 12-00-0000Susan A

(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

Prescribed by the State Board of Accounts (2005)

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:

- 1. 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.

