1872

Form 668 (Y)(c) (Rev. February 2004)

Susan

Hansen

Department of the Treasury - Internal Revenue Service

## **Notice of Federal Tax Lien**

Area: Serial Number For Optional Use by Recording Office WAGE & INVESTMENT AREA #2 Lien Unit Phone: (800) 829-7650 268472806 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 CRAIG M DAVALOS Residence P O BOX 597 E CHICAGO, IN 46312-0597 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 Tax Period Last Day for Refiling Date of Unpaid Balance Kind of Tax Ending **Identifying Number** Assessment of Assessment (a) (b) (c) 1111(d)=111 (e) 1040 12/31/2002 XXX-XX-4012 241<u>1</u>7.23 3047.42 11/23/2015 10/24/2005 1040 12/31/2003 XXX-XX-4012 10/24/2005 11/23/2015 This Document is the property of the Lake County Recorder! Place of Filing COUNTY RECORDER LAKE COUNTY Total 27164.65 CROWN POINT, IN 46307 This instrument was prepared by Susan A. Hansen, Internal Revenue Service. ST PAUL, MN on this, 12 This notice was prepared and signed at 17th day of January 2006 Signature Director, Title Campus Compliance Operations 12-00-0000

(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.

