Department of the Treasury - Internal Revenue Service

Form 668 (Y)(c)

**Notice of Federal Tax Lien** (Rev. February 2004)

For Optional Use by Recording Office Area: Serial Number SMALL BUSINESS/SELF EMPLOYED AREA #4 Lien Unit Phone: (800) 913-6050 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 AUTO DESIGN COLLISION CENTER INC a Corporation Residence 540 N SHERIDAN ST CROWN POINT, IN 46307-3361 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 Unpaid Balance Date of Kind of Tax **Identifying Number** Ending Assessment of Assessment (a) **(b)** (d) (c) (e) <u>⊅(f)</u> ⊅∂ 35-197**754**0 35-19**7754**0 09/30/2001 10/01/2013 10/26/2015 941 09/01/2003 09/26/2005 1830.18 12944.99 06/30/2005 941 This Document is the property of the Lake County Recorder! Place of Filing COUNTY RECORDER LAKE COUNTY Total Ś 14775.17 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, 22nd day of 2006 February Signature nitchell 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

Prescribed by the State Board of Accounts (2005)

## 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 forgoing declarations are true.

This Document is the property of the Lake County Received:

Signature of Declarant

Printed Name of Declarant