10194

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

Department of the Treasury - Internal Revenue Service

**Notice of Federal Tax Lien** 

Area: SMALL BUSINESS/SELF EMPLOYED AREA #4 Lien Unit Phone: (800) 913-6050			Serial Number 151573015			For Optional Use by Recording Office	
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.							15 022160
Name of Taxpayer CHIKARE HEALTH SYSTEM P C IMMANUEL FAMILY HEALTH CENTER a Corporation							
Residence 915 W CHICAGO AVE EAST CHICAGO, IN 46312-3308							~ C
<b>IMPORTANT RELEASE INFORMATION:</b> 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).							
Kind of Tax (a)	Tax Period Ending (b)	Identifying Nun		Date of ssessment	Ref	ay for iling e)	Unpaid Balance of Assessment (f)
941	12/31/2014	NOT This Documenthe Lake	OFInent is	- 4	AL! perty	5/2025 of	©2003.43
Place of Filing	LAKE C	RECORDER DUNTY POINT, IN 46	53.07 <sup>SEA</sup>			Total	\$ 2003.43
	as prepared and s  h day of Apr  Chenh C	il , 2015		GO, IL			on this, 12 creh 55 VNDNC
for MICHEI				REVENUE (219) 7:			24-09-2024

(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)

Form 668(Y)(c) (Rev. 2-20)

Part 1 - Kept By Recording Office

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