Report of Interview with Individual Relative to Trust Fund Recovery Penalty or Personal Liability for Excise Taxes				nstructions viewer must prepare either in person or vie e. Do not leave any on blank. Enter "N/A" i is not applicable.	e ria [X" if given or e Notice 60 Notice 78	erview Handouts explain why not in case history.) 9, Privacy Act Notice 84, Could You be Personally or Certain Unpaid Federal
Type of Interview	☐ IRC 66	- 70	to				
("x" one.) . IRC 4103, Failure to pay excise taxes from (mmddyyyy) to							
Section I.		Background Inform	nation fo	or Person Interv	riewed		•
1. Name			***		2	. Social Sec	curity Number (SSN)
3. Address (Street, City	y, State, ZIP c	ode)				()	phone number hone number
6. What was your job	title and how	were you associated with th	e busines	ss? (Describe your d	luties an	d responsibili	ties and dates of employment.)
c. To whom was it :	_ b. Is a co	py available? Yes N	lo inv	o/Did you have any vested in the busing Yes No	ess?	bank s your n \ N	were listed on the company's signature cards, did you have ame removed from them? J/A No Yes When?
Yes 'If yes, w		them and where are the		es If so, provide n			siness that had tax problems? nd dates.
Section II. (C	omplete sha	Background Infor aded items only if this is th	mation f e first Fo	for Business En rm 4180 secured	itity on the	business e	entity.)
Name of Business	and Employ	er Identification Number (EIN	I)	2	2. Busi (ness telepho	one number
3. Address (Street, City	r, State, ZIP co	de)			4. Has No Yes	Date F	er:
5. Type of Entity Partnership Sole Proprietor	State v Has th	ration ncorporated where incorporated e state ever revoked the cha		D T: T:	LLC tre Disregar axed as axed as C made	mpany (LLC) eated for tax ded Entity s a Partners s a Corporat	purposes?
What happe	When did it s			donated, or otherw	vise dis (Provid	posed of, fo le explanation	d, transferred, quit-claimed, r less than full value? .) financing agreements, etc.?
Name		Address	uarisacil	Types of Tr			Dates

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Section II. — continu	ied		Bac	kground Inf	format	ion for Business Entity		to the second	
			pelow, identify	ing the perso	ns who	occupied them and their dates of	service.		
Position (e.g. President, D	irecto	or)		Name		Address	Da	ites	
The same house.									
		İ						* 1012	
				· · · · · · · · · · · · · · · · · · ·					
							1100	· Walkington	
								· •	
10. Does the business use the Electronic Federal Tax Payment System (EFTPS) to make Federal Tax Deposits (FTDs) or payments? No Yes					nt	11. Other than the EFTPS, does the business do any other banking electronically?			
To whom are the PINs			vordo oppiero	.40		☐ No ☐ Yes Where?		Transla	
TO WHOM are the Fins	oi p	assv	vorus assigne	:u <i>?</i>		To whom are the PINs/passwords assigned?			
Who authorized the as	ssigni tes.)	men	t of EFTPS P	lNs/password	ls?	Who authorizes changes to th	e PINs/passwords	?	
12. Does the business file			1 electronical horized to sig	-	- 1100		MILL CONTRACTOR	***************************************	
13. Does/did the business Employer Organization No Yes If	n (PE yes, i	O) fo	or making dep	oosits and/or t r PEO	file retu	or Professional rns?		- 9004	
Section III.			****		?esnoi	nsibility			
Please state whether y performed these duties	ou pe	erfor	med any of th	e duties / fund	ctions I	isted below for the business and the periods that any other person perfo	e time periods duri	ng which you	
				ıtes	<u> </u>	benous that any other person perio	inted these duties.	Dates	
Did you	Yes	No	From	То	1	Who else performed this duty?	From		
a. Determine financial policy for the business?			i mand to			1 T T T T T T T T T T T T T T T T T T T			
b. Direct or authorize payments of bills/ creditors?									
c. Open or close bank accounts for the business?						, (A) (B)			
d. Guarantee or co-sign loans?									
e. Sign or counter-sign checks?									
f. Authorize payroll?									
g. Authorize or make Federal Tax Deposits?									
n. Prepare, review, sign, transmit payroll tax returns?									
. Hire/Fire?								6	

Section IV.	Knowledge	e / Willfulness	7,000		
When and how did you first become aw delinquent taxes?	are of the	2. What actions did you take to se	e that the taxes were paid?		
Were discussions ever held by stockho interested parties regarding nonpaymer No Yes Identify who attended, dates, any decisions.	nt of the taxes?	Who handled IRS contacts such correspondence, or visits by IRS	S personnel?		
whether any documentation is available.	ons reached, and	When did these contacts take place results of these contacts?	ace, and what were the		
5. During the time the delinquent taxes we No Yes Which obligation Who authorized		l ne thereafter, were any financial oblig	nations of the business paid?		
	·				
6. Were all or a portion of the payrolls met?	7. Did any p	person or organization provide funds	to pay net corporate payroll?		
☐ No ☐ Yes	No Yes (Explain in detail)				
Other than those previously listed, pleas knowledge about or control over the control	e provide the name, addre npany's financial affairs.	ess, and telephone number of anyone	else who may have additional		
Name	Add	ress	Telephone Number		
		()		
	17 to 2	()		
		()		
Section V. (Complet	Personal Liability for e only if Business is req	or Excise Tax Cases uired to file Excise Tax Returns)	7		
Are you aware of any required excise tag been filed? No Yes (List periods)	x returns which have not	With respect to excise taxes, we informed that the tax was included No Yes	re the patrons or customers and in the sales price?		
3. If the liability is one of the "collected" taxes (transportation of 4. Were you aware, during the period tax accrued, that the law					
persons or property and communications), wa	as the tax collected?	required collection of the tax? No Yes			
Section VI.	Signa	tures			
I declare that I have examined the information	given in this interview and	to the best of my knowledge and belief	, it is true, correct, and complete.		
Signature of person interviewed			Date		
Signature of Interviewer	44		Date		
Date copy of completed interview form given	to person interviewed	>			

Additional Information	
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Report of Interview with Individual Relative to Trust Fund Recovery Penalty or Personal Liability for Excise Taxes			Instructions The interviewer <i>must</i> prepare this form either in person or via telephone. <i>Do not</i> leave any information blank. Enter "N/A" if an item is not applicable.		Interview Handouts ("X" if given or explain why not in case history.) Notice 609, Privacy Act Notice Notice 784, Could You be Personally Liable for Certain Unpaid Federal Taxes?		
Type of Interview		672, Failure to collect and pay			to		
("x" one.) .	IRC 4	103, Failure to pay excise taxe	es from (mmddyyyy	<i></i>	to		
Section I.		Background Inforn	nation for Perso	n Interview	ved		
1. Name					2. Social Security Number (SSN)		
3. Address (Street, City					4. Home telephone number () 5. Work telephone number ()		
6. What was your job	title and ho	w were you associated with th	e business? (Descri	be your duties	s and responsibilities and dates of employment		
c. To whom was it s	b. Is a co	ppy available? Yes N	8. Do/Did you linvested in t	he business'] No	? bank signature cards, did you ha your name removed from them? N/A No Yes When?		
Yes ¹If yes, wh		d them and where are the	Yes If so, p	provide name	d in another business that had tax problen e of business and dates.		
Section II. (Co	omplete sh	Background Information Background Information Background Information Background Backgrou	mation for Busir e first Form 4180 s	ness Entity secured on t	the business entity.)		
		er Identification Number (EIN			business telephone number		
3. Address (Street, City,	State, ZIP o	ode)	-17 /		las the business ever filed bankruptcy? No Date Filed: Yes Chapter: Petition #		
5. Type of Entity Partnership Sole Proprietor	Date i	oration ncorporated where incorporated ne state ever revoked the chains o	Ho ter?	w is the LLC Disreg Taxed Taxed Taxed s the LLC m	Company (LLC) C treated for tax purposes? garded Entity d as a Partnership d as a Corporation hade any recent election for reclassification fes, explain		
What happer	When did it a		donated, o	or otherwise Yes (Pro	ne business sold, transferred, quit-claimed disposed of, for less than full value? pvide explanation.)		
3. Which banks or finan	cial institut		ransactions such a	s checking, s	savings, loans, financing agreements, etc		
Name	*	Address	Ту	pes of Transa	actions Dates		

Section II. — contin	ued		Bac	kground In	iformat	ion for Business Entity	and the second s	<u> </u>					
9. Please list corporate	posit	ions				occupied them and their dates of service	30						
Position (e.g. President,	Direct	tor)	,	Name	0110 11110	Address	Dates						
							Date	3					
			<u> </u>										
				 									
10. Does the business us	se the	Ele	ctronic Feder	al Tax Payme	ent	11. Other than the EFTPS, does the bu	siness do any o	ther					
System (EFTPS) to r	lake	reas Voc	эгаг гах реро	osits (F1Ds) o	or	banking electronically?							
				10		No Yes Where?							
To whom are the PIN	s or p	oassv	vords assigne	ed?		To whom are the PINs/passwords assigned?							
							_						
Who authorized the a	colon		+ ~ £ EETDO D	MAI- 6									
(If more than one, list da	əsiyi ites.)	IIIIEII	(O) EF IPS P	iivs/password	ds?	Who authorizes changes to the PIN	s/passwords?						
					l								
12. Does the business file	For	m 94	1 electronical	lly?				-7-					
☐ No ☐ Yes \	Vho i	s aut	horized to sig	n Form 941?									
13. Does/did the business	eve	r use	a Payroll Se	rvice Provider	r (PSP)	or Professional		···					
Employer Organizatio	n (PE	:O) fo	or making de _l	posits and/or	file retur	ns?							
No Yes If	yes,	ident	ify the PSP o	or PEO									
	V	Vho s	signed the co	ntract?	10.								
Section III.				F	Respon	sibility	****						
1. Please state whether	ou po	erfori	med any of th	ne duties / fun	ctions li	sted below for the business and the time	noriodo durina						
performed these duties	s. Ple	ase a	also provide t	he names an	d time p	eriods that any other person performed	these duties.	willon you					
Did you	1	1	ĺ	ĺ	1		s No	Da	ites				tes
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			From	То		Who else performed this duty?	From	То					
a. Determine financial								-					
policy for the business?		╽└┈┤											
b. Direct or authorize			<u></u>	<u> </u>	<del> </del>			<u></u>					
payments of bills/ creditors?				Ŧ			:						
c. Open or close bank													
accounts for the													
business?	<u> </u>	L  											
d. Guarantee or co-sign					<u> </u>		<del></del>	-					
loans?			i										
			<del>" " " " " " " " " " " " " " " " " " " </del>			- Appelies							
e. Sign or counter-sign checks?													
. Authorize payroll?								· · · · · · · · · · · · · · · · · · ·					
. Authorize payron?													
Authoriza			·										
. Authorize or make Federal Tax Deposits?													
. Prepare, review, sign, transmit payroll tax	$_{\square}$												
returns?		<b>"</b>											
					***************************************								
Hire/Fire?								•					

1. When and how did you first become sware of the delinquent taxes?  2. What actions did you take to see that the taxes were paid delinquent taxes?  3. Were discussions ever held by stockholders, officers, or other interested parties reparding nonpayment of the taxes?    No	Section IV.	Knowledg	e / Willfulness			
correspondence, or visits by IRS personner?  No   Yes   When did these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts take place, and what were the results of these contacts.  During the time the delinquent taxes were increasing, or at any time thereafter, were any financial obligations of the business paid the results of these contacts.  When did these contacts take place, and what were the results of these contacts.  Who authorized them to be paid?  7. Did any person or organization provide funds to pay net corporate payrol who was additionally funds to pay net corporate payrol have seem in details.  Name	<ol> <li>When and how did you first become a delinquent taxes?</li> </ol>			ee that the taxes were paid?		
Who authorized them to be paid?    Who authorized them to be paid?	Interested parties regarding nonpaym  No Yes  Identify who attended, dates, any decir	ent of the taxes?	correspondence, or visits by IRS personnel?  When did these contacts take place, and what were the			
Who authorized them to be paid?    Who authorized them to be paid?	• •					
No	☑ No ☑ Yes Which obligation	ons were paid?	ne thereafter, were any financial obli	gations of the business paid?		
No	6. Were all or a portion of the payrolls me	t2 7 Did ony				
Name  Address  Telephone Number  ( )  ( )  Section V.  Personal Liability for Excise Tax Cases (Complete only if Business is required to file Excise Tax Returns)  1. Are you aware of any required excise tax returns which have not been filed?  No Yes (List periods)  3. If the liability is one of the "collected" taxes (transportation of persons or property and communications), was the tax collected?  No Yes  Section VI.  Signatures  declare that I have examined the information given in this interview and to the best of my knowledge and belief, it is true, correct, and composing fignature of interviewer  Date	<u> </u>	provide rands to pay flet corporate payroll?				
Section V. Personal Liability for Excise Tax Cases (Complete only if Business is required to file Excise Tax Returns)  1. Are you aware of any required excise tax returns which have not been filed?   No	Other than those previously listed, plea knowledge about or control over the co	se provide the name, addrompany's financial affairs.	ess, and telephone number of anyon	e else who may have additional		
Section V. Personal Liability for Excise Tax Cases (Complete only if Business is required to file Excise Tax Returns)  1. Are you aware of any required excise tax returns which have not been filed?  No Yes (List periods)  2. With respect to excise taxes, were the patrons or customers informed that the tax was included in the sales price?  No Yes  Were you aware, during the period tax accrued, that the law required collection of the tax?  No Yes  Section VI. Signatures  declare that I have examined the information given in this interview and to the best of my knowledge and belief, it is true, correct, and compositionature of person interviewed  Date	Name	Add	ress Telephone Number			
(Complete only if Business is required to file Excise Tax Returns)  1. Are you aware of any required excise tax returns which have not been filed?    No   Yes (List periods)   No   Yes     No   Yes (List periods)   Yes     No   Yes			(	)		
(Complete only if Business is required to file Excise Tax Returns)  1. Are you aware of any required excise tax returns which have not been filed?    No   Yes (List periods)   No   Yes     No   Yes (List periods)   Yes     No   Yes		794	(	)		
(Complete only if Business is required to file Excise Tax Returns)  1. Are you aware of any required excise tax returns which have not been filed?    No   Yes (List periods)   No   Yes     No   Yes   Ves (List periods)			(	)		
1. Are you aware of any required excise tax returns which have not been filed?    No   Yes (List periods)   No   Yes (List periods)     3. If the liability is one of the "collected" taxes (transportation of persons or property and communications), was the tax collected?   No   Yes   No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Yes     No   Ye	Section V. (Comple	Personal Liability fo te only if Business is req	or Excise Tax Cases quired to file Excise Tax Returns)			
persons or property and communications), was the tax collected?  No Yes  Section VI.  Signatures  declare that I have examined the information given in this interview and to the best of my knowledge and belief, it is true, correct, and comp signature of person interviewed  Date  Date	been filed?	ax returns which have not	Informed that the tax was include	ere the patrons or customers ed in the sales price?		
declare that I have examined the information given in this interview and to the best of my knowledge and belief, it is true, correct, and comp ignature of person interviewed  ignature of Interviewer  Date	persons or property and communications), v	xes (transportation of ras the tax collected?	required collection of the tax?	od tax accrued, that the law		
ignature of person interviewed  Date  Date	Section VI.	Signa	atures			
ignature of Interviewer  Date	declare that I have examined the information	given in this interview and	to the best of my knowledge and belie	f, it is true, correct, and complete.		
Date			***	Date		
ate copy of completed interview form given to person interviewed	ignature of Interviewer			Date		
	ate copy of completed interview form give	n to person interviewed	<b>&gt;</b>			

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Additional Information