	(Rev. January 20	, ,	Notice of Levy on Wages, Salary, and Other Income							
	DATE: 02/24/2012 IRS ADDRESS: ACS SUPPORT			TELEPHONE NU OF IRS OFFICE: TOLL FREE			MBER SEQNUM 11268 1-800-829-7650			
	PO BOX 24017				WI					
	FRESNO, CA					NAME AND ADDRESS OF TAXPAYER:				
	TO: P	0 -		DPC05		ARNOLD MORRIS 1243 GILLESPIE SALT LAKE CTY	1	104-2519439		
	REDMAN \ 2571 W 2	/AN & STG								
	SALT LAN	•	UT	84119-1985716						
)00037	IDENTIFYING NUMBER(S): 528-23-1112 MORR A 04									
	Kind of Tax	Tax Period Ended	Unpai	d Balance of Assessment		Statutory Additions		Total		
	1040A 1040EZ	12-31-2007 12-31-2009	\$	657.24 968.92	\$	127.24 162.88	\$	784.48 1,131.80		
•	Employer or Othe	Addressee: Please cor	nplete the	back of thispage.	٠.	Total Amount Due	\$	1,916.28		
	We figured the interest and late payment penalty to									
	Revenue Service. Under p			of exemptions and filing status is tru-	le.			ecurity Number		
	ramo (2004 moi, mode mual)			· Vocale visite (rassard, wire, son, dauginer, etc.)			Coolar Georginy Names			
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		UST LOW	er	pock-				:		
		40,								
	Taxpayer's signature	9			Da	ate	-	:		

TAXPAYER'S NAME(S) MOYVIS, AVNOID IDENTIFICATION NUMER(S) 529 (as shown on the front)	8-23-1112	-
SECTION 1. LEVY ACKNOWLEDGEMENT  Signature of person responding  Printed name of person responding  Your telephone number  Date and time this levy received  Date and time this levy received		
SECTION 2. LEVY RESULTS (Check all applicable boxes.)  Check attached in the amount of \$ 100.10  Taxpayer no longer employed here as of	% basis of nount of each pay	
SECTION 3. ADDITIONAL INFORMATION - Additional Information (Please complete this section if this levy does not attach any funds).  Taxpayer's latest address, if different from the one on this levy: 3334 5. 3200 WLST VAILEY CITY, UT 84119	0 1	
Taxpayer's telephone number:( )  Name and Address of taxpayer's employer:(if different from addressee).		·
Other information you believe may help us: He is an over-the-road driver and does not permanent residence that we know of for m SECTION 4. Levy Processing Information (Please complete this section if this form was not sent to the p	proper address.)	<del></del>
Please provide us with the proper address and contact phone numbers for processing levience.  Department:	es:	
Address:		
Contact Person:		
Phone: ( )	: ·	
*0 103* *52823111210	03*	