-	Form 668-W(c) (Rev. January 2001								
_	DATE: 02/24/2012 IRS ADDRESS: ACS SUPPORT			TELEPHONE NUMBER SEQNUM 11268 OF IRS OFFICE: TOLL FREE 1-800-829-7650 WI					
	PO BOX 24017								
	FRESNO, CA 93779-4017					NAME AND ADDRESS OF TAXPAYER:			
	TO: P	0 -		DPC05		ARNOLD MORRIS 1243 GILLESPIE A SALT LAKE CTY U	i	04-2519439	
	REDMAN VA 2571 W 25								
	SALT LAKE	CITY	UT 8	34119-1985716					
!					МС	IDENTIFYING NUMBEI DRR A 04	R(S): 52	8-23-1112	
	Kind of Tax	Tax Period Ended	Unpaid	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	
							The second secon		
	Employer or Other Addressee: Please complete			back of thispage.		Total Amount Due	\$	1,916.28	
	We firm and the interest and lete payment penalty to 03/27/2012						. ;		
	Statement of Exemptions and Filing Status (to be completed by taxpayer; instructions are on the back of part 5) My filing status for my income tax return is (check one): Single; Married Filing a Joint Return; Married Filing a Separate Return; Head of Household; or Qualifying Widow(er) with dependent child ADDITIONAL STANDARD DEDUCTION: (enter amount only if you or your spouse is at least 65 and/or blind). I certify that I can claim the people named below as personal exemptions on my income tax return and that none are claimed on another Notice of Levy. No one I have listed is my minor child to whom (as required by court or administrative order) I make support payments that are already exempt from levy. I understand the information I have provided may be verified by the Internal Revenue Service. Under penalties of perjury, I declare that this statement of exemptions and filing status is true.								
,	Name (Last, first, middle initial)			Relationship (Husband, wife, son, daughter, etc.)		daughter, etc.)	Social Security Number		
	Walter and the state of the sta								
,									
	Taxpayer's signature)			D	ate			

TAXPAYER'S NAME(S) Arnold MOYYIS	IDENTIFICATION NUMER(S) 53831113 (as shown on the front)
SECTION 1. LEVY ACKNOWLEDGEMENT Signature of person responding Printed name of person responding Your telephone number Date and time this levy received	Janet 7 don (801) 972-4420
SECTION 2. LEVY RESULTS (Check all applicable boxe	es.)
Check attached in the amount of \$ 500.4	Additional checks will be sent :
Taxpayer no longer employed here as of	approximate amount of each payment
Remarks:	\$ (weekly, bi-weekly, monthly, etc.)
(if different from addressee).	
Other information you believe may help us:	
SECTION 4. Levy Processing Information(Please comp Please provide us with the proper address and cor	plete this section if this form was not sent to the proper address.) ntact phone numbers for processing levies:
Department:	
Address:	
Contact Person:	
Phone:	
O 103	*528231112103*