Form 668-W(c) (Rev. January 20	01)	Votice	of Levy on Wa	ges,	Salary, and C	Other	Inco	me
DATE: 02/24.	/2012				TELEPHONE NUI	MBER	SEQN	UM 11268
IRS ADDRESS: ACS SUPPORT					TOLL FREE 1-800-829-7650 WI			
PO BOX 2401					MI			
FRESNO, CA	93779-4017				NAME AND ADD	RESS OF	TAXPA	YER:
TO: P	0 -		DPC05		ARNOLD MORRI 1243 GILLESP SALT LAKE CT	IE AVE	8410) 4-25 19439
	/AN & STG							
2571 W 2 SALT LAK	•	UT	84119-1985716					
7	0211	•	04117 1703710					
				МС	IDENTIFYING NU IRR A 04	MBER(S)	: 52	8-23-1112
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
			, , , , ,		102.00		•	1,131.00
							The state of the s	
Employer or Otho	# Addresses Disease services		had a fathirm				100	
Employer or Other Addressee: Please complete the back of thispage.					otal Amount Due		\$	1,916.28
We figu	red the interest and	d late na	syment penalty to	0	3/27/2012			
Stater	ment of Exemptions a My filing status for my i	i nd Filing ncome ta	symbolic periodity to g Status (to be complete x return is (check one): Head of Househo	Sir	ngle; 🔲 Marrie	d Filing a	Joint R	eturn;
I certify that I can claim the whom (as required by court	ne people named below as person tor administrative order) I make su	nal exemption apport paymen	(enter amoun is on my income tax return and that that are already exempt from levy, of exemptions and filing status is true.	none are cl	aimed on another Notice of Le	vy. No one I	have listed	is my minor child to
Name (Last, first, middle initial)			Relationship (Husband, wife, son, daughter, etc.)		aughter, etc.)	So	cial Secu	rity Number
Taxpayer's signature				Da	te		5	
· · · · · · · · · · · · · · · · · · ·							•	

TAXPAYER'S NAME(S) Arnold Moyy'S	IDENTIFICATION NUMER(S) 53833113 (as shown on the front)
SECTION 1. LEVY ACKNOWLEDGEMENT Signature of person responding Printed name of person responding	Just rijder
Your telephone number	(501) 972 1112D
Date and time this levy received	118990
SECTION 2. LEVY RESULTS (Check all applicable boxe	s.)
Check attached in the amount of \$ 333.10	
Taxpayer no longer employed here as of	approximate amount of each paymen
Remarks:	\$ (weekly, bi-weekly, monthly, etc.)
Taxpayer's latest address, if different from the one of the control of the contro	
Name and Address of taxpayer's employer:(if different from addressee).	
Other information you believe may help us:	
SECTION 4. Levy Processing Information(Please comp	
Department:	
Address:	:
Contact Person:	
Phone:(
0 103	*528231112103*