

Form **900**
(Rev. April 2003)

Department of the Treasury — Internal Revenue Service

Tax Collection Waiver

Name(s) and address of taxpayer(s)

Statutory period extended to

Tax form number	Tax period ended	Assessment date	Taxpayer identification number	CSED Alpha Code	Amount outstanding

The taxpayer(s) and the Area Director of Internal Revenue agree that the above amount outstanding (*plus interest, penalties, and other additions provided by law*) may be collected from the taxpayers by levy or a proceeding in court begun on or before the date to which the statutory period has been extended.

Taxpayer's signature	Date	Taxpayer's signature	Date
By (<i>If signed by someone other than the taxpayer</i>)			Date
Area Director's name	By Delegated Representative (<i>Signature and title</i>)		Date

Form **900**
(Rev. April 2003)

Department of the Treasury — Internal Revenue Service

Tax Collection Waiver

Name(s) and address of taxpayer(s)

Statutory period extended to

Tax form number

Tax period ended

Assessment date

Taxpayer identification number

Amount outstanding

The taxpayer(s) and the Area Director of Internal Revenue agree that the above amount outstanding (*plus interest, penalties, and other additions provided by law*) may be collected from the taxpayers by levy or a proceeding in court begun on or before the date to which the statutory period has been extended.

Taxpayer's signature

Date

Taxpayer's signature

Date

By (*If signed by someone other than the taxpayer*)

Date

Area Director's name

By Delegated Representative (*Signature and title*)

Date

Form **900**
(Rev. April 2003)

Department of the Treasury — Internal Revenue Service

Tax Collection Waiver

Name(s) and address of taxpayer(s)

Statutory period extended to

Tax form number

Tax period ended

Assessment date

Taxpayer identification number

CSED Alpha Code

Amount outstanding

TC 550

Collection expiration date extended to

Taxpayer's signature

Date

Taxpayer's signature

Date

By *(If signed by someone other than the taxpayer)*

Date

Area Director's name

By Delegated Representative *(Signature and title)*

Date

Executed Tax Collection Waiver forwarded to Case Processing on *(Date)*

This copy is to be kept by the responsible unit and processed after Case Processing acknowledges and returns Part 4. *(In Area Offices where Case Processing is responsible for inputting TC 550, this copy should be forwarded to Case Processing together with Parts 1 and 4.)*

Catalog No. 20860C

Part 3 — (For processing as Form 3177)

www.irs.gov

Form **900** (Rev. 4-2003)

Form **900**
(Rev. April 2003)

Department of the Treasury — Internal Revenue Service

Tax Collection Waiver

Name(s) and address of taxpayer(s)

Statutory period extended to

Tax form number

Tax period ended

Assessment date

Taxpayer identification number

CSED Alpha Code

Amount outstanding

The taxpayer(s) and the Area Director of Internal Revenue agree that the above amount outstanding (*plus interest, penalties, and other additions provided by law*) may be collected from the taxpayers by levy or a proceeding in court begun on or before the date to which the statutory period has been extended.

Section A	To: Case Processing Transmitted is the executed Tax Collection Waiver shown above.		
	Statutory period previously extended to _____ by <input type="checkbox"/> Waiver <input type="checkbox"/> O/C <input type="checkbox"/> Other (Specify) _____		Area Office
	Signature _____		Date _____
Sec. B	To: Area Office Executed Tax Collection Waiver (Part 1) received		Case Processing
			Date _____

Catalog No. 20860C

Part 4 — Lien Refile Copy

www.irs.gov

Form **900** (Rev. 4-2003)