	Department of the Treasury–Internal Revenue Service								
Form 2750 (Rev. 5-2003)	Waiver Extending Statutory Period for Assessment of Trust Fund Recovery Pena (Section 6672, Internal Revenue Code, or corresponding provisions of prior internal revenue laws)								
1. Name and address of	2. Social security number (SSN)								
penalty under Internal be assessed against the	ove and the Area Director of Internal Revenu- Revenue Code section 6672 (applicable to that person on or before the date shown at the sessing the penalty. It does not mean that the	<i>he tax for th</i> e right. This	ne periods shown below) may sagreement extends the	3. Statutory period extended to					
4.	Taxpayer Data								
Name and A	ddress of Employer or Collection Agency	Form Number	Tax Period Ended						
Employer Identification Number (EIN)	•								
Person	I understand that I have a right to refuse to sign this waiver or to limit the extension to particular issues or periods of time as set forth in I.R.C. § 6501(c)(4)(B).								
Potentially Responsible	5. Signature			6. Date					
7. Name of Area Director			8. Name of Director of Appeals						
9. By (Signature and title)		·		10. Date					
Part 1— IRS Copy	Catalog Number	18857L	www.irs.gov	Form 2750 (Rev. 5-200)					

	Department of the Treasury–Internal Revenue Service Waiver Extending Statutory Period for Assessment of Trust Fund Recovery Penalty								
Form 2750									
(Rev. 5-2003)	(Section 6672, Internal Revenue Code, or corresponding provisions of prior internal revenue laws)								
1. Name and address	of person potentially responsible	2. Social security number (SSN)							
penalty under Interr be assessed agains	above and the Area Director of Internal Revenue of lal Revenue Code section 6672 (applicable to the that person on or before the date shown at the rassessing the penalty. It does not mean that the	<i>tax for th</i> ight. This	ne periods shown below) may sagreement extends the	Statutory period extended to					
4.	Taxpayer Data								
Name and Address of Employer or Collection Agency			Form Number	Tax Period Ended					
Employer Identificat Number <i>(EIN)</i>	ion •								
Person Potentially Responsible	I understand that I have a right to refuse to sign this waiver or to limit the extension to particular issues or periods of time as set forth in I.R.C. § 6501(c)(4)(B).								
	5. Signature	6. Date							
7. Name of Area Director		or	8. Name of Director of Appeals						
9. By (Signature and title)		•		10. Date					
Part 2— Conv for ne	rson potentially responsible Catalog Number 188	R57I	www.irs.gov	Form 2750 (Rev. 5-200)					

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Name and Address of Employer or Collection Agency			For	m Number	Tax Period Ended				
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Potentially Responsible	5. Signature	5. Signature							
7. Name of Area Director		or	8. Name o	f Director of Appeals					
9. By (Signature and title)			•		10. Date				
Part 3— Balance du	e File Copy C	Catalog Number 18857L		www.irs.gov	Form 2750 (Rev. 5-2003				