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IRS

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Form 433-D (July 2020)

Department of the Treasury - Internal Revenue Service

Installment Agreement

(See instructions on the back of this page)

Name and address of taxpayer(s) PATIENTS MUTUAL ASSISTANCE COLLECTIVE CORPORATION 2100 EMBARCADERO STE 202 OAKLAND, CA 94608

Social Security or Employer Identification Number (SSN/EIN) (Taxpayer) 54-2182390 (Spouse)

Your telephone numbers (including area code) (Home) (Work, cell, or business) 910-407-0881

For assistance, call: 1-800-829-0115 or write Internal Revenue Service Ogden, UT 84201-0000

Submit a new Form W-4 to your employer to increase your withholding.

Kind of taxes (form numbers) 940, 941, 943, 1120, CIVIL PENALTY

Tax periods 01/201712, 01/201803, 01/201806, 02/200707, 02/200807, 02/200907, 02/201007, 02/201107, 02/201207, 02/202012, 10/201812, 11/202112, 13/201812

Amount owed as of: 08/31/2022 \$22,124,351.15 Page 1 of 1

We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows: \$50,000.00 on 08/01/2022 and \$80,000.00 on the 1ST of each month thereafter.

We also agree to increase or decrease the above installment payment as follows:

Table with 3 columns: Date of increase (or decrease), Amount of increase (or decrease), New installment payment amount.

The terms of this agreement are provided on the back of this page. Please review them thoroughly.

By initialing here and my signature below, I agree to the terms of this agreement, as provided in this form, if it is approved by the Internal Revenue Service

Additional Conditions/Terms (To be completed by IRS)

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process and administer this agreement over its duration.

DIRECT DEBIT - Attach a voided check or complete this part only if you choose to make payments by direct debit. Read the instructions on the back of this page.

a. Routing number: b. Account number:

Blank boxes for routing and account numbers.

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my Federal taxes owed, and the financial institution to debit the entry to this account.

Debit Payments Self-identifier

If you are unable to make electronic payments through a debit instrument (debit payments) by providing your banking information in a. and b. above, please check the box below:

I am unable to make debit payments

Note: Not checking this box indicates that you are able but choosing not to make debit payments. See instructions to Taxpayer below for more details.

Table with 4 columns: Your signature, Date, Title (if corporate officer or partner), Spouse's signature (if a joint liability), Date.

FOR IRS USE ONLY:

AGREEMENT LOCATOR NUMBER: 0 2 0 9

Check the appropriate boxes:

- RSI "1" no further review
RSI "3" PPIA IMF 2 year review
RSI "6" PPIA BMF 2 year review
AI "0" not a PPIA
AI "1" Field Asset PPIA
AI "2" - All other PPIAs

Agreement Review Cycle:

Earliest CSED: 05/06/2023

Check box if pre-assessed modules included

Originator's ID #: 2812-2315 / 1000247370 Originator Code: 20

Name: PAUL J ENJALRAN Title: REVENUE OFFICER

Agreement examined or approved by (Signature, Title, function) MIGUELA TORRES, MANAGER miguel Torres

Date 07.20.2022

A NOTICE OF FEDERAL TAX LIEN (check one box below)

- HAS ALREADY BEEN FILED
WILL BE FILED IMMEDIATELY
WILL BE FILED WHEN TAX IS ASSESSED
MAY BE FILED IF THIS AGREEMENT DEFAULTS

NOTE: A NOTICE OF FEDERAL TAX LIEN WILL NOT BE FILED ON ANY PORTION OF YOUR LIABILITY WHICH REPRESENTS THE SHARED RESPONSIBILITY PAYMENT UNDER THE AFFORDABLE CARE ACT.