

Congratulations.

Within seven days, you will receive in the mail:

- Your PIN
- Instructions on how to create an EFTPS Internet password

Please note: We will mail your PIN to the IRS address of record for your employer identification number or social security number enrollment. That address may be different from the contact information you entered.

Your enrollment number is 577013942361103032.

This is important. Print for your records.

If your payment must reach the IRS today to be timely, please visit irs.gov/epay for options.

Personal information

Primary taxpayer Social Security Number:xxx-xx-xxxx

Primary taxpayer name:ERICK HAUSKEN

Primary taxpayer U.S. phone:(509) 303-6482

Joint filer name:SARA HAUSKEN

Joint filer Social Security Number:xxx-xx-xxxx

Contact information

Name:ERIC HAUSKEN

Country:UNITED STATES OF AMERICA

Address:5540 MARTIN RD

City:EPHRATA

State:WASHINGTON

ZIP:98823

U.S. phone:(509) 303-6482

Feedback

Financial information

Routing number: 325182506 HORIZON C U

Account number:xxxxxxxxxx7118

Account type: CHECKING

Authorization agreements

You agreed to this:

Debit Authorization Agreement

Please read the following Authorization Agreement:

By completing the Financial Institution information above, and electronically signing by selecting "Accept" below, I authorize designated Financial Agents of the U.S. Treasury to initiate EFTPS debit entries to the financial institution account indicated above, for payment of federal taxes owed to the IRS upon request by Taxpayer or his/her representative, using the Electronic Federal Tax Payment System (EFTPS). I further

authorize the financial institution named above to debit such entries to the financial institution account indicated above. All debits initiated by the U.S. Treasury designated Financial Agents pursuant to this authorization shall be made under U.S. Treasury regulations. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Disclosure Authorization Agreement

Please read the following Authorization Agreement:

I hereby authorize the contact person listed on this form and financial institutions involved in the processing of my Electronic Federal Tax Payment System (EFTPS) payments to receive confidential information necessary to effect enrollment in EFTPS, electronic payment of taxes, answer inquiries and resolve issues related to enrollment and payments. This information includes, but is not limited to, passwords, payment instructions, taxpayer name and identifying number, and payment transaction details. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification from me of termination in such time and in such manner to afford a reasonable opportunity to act on it.

Authority to Execute an Authorization

If this authorization is signed by a primary taxpayer or on behalf of joint filers, I certify that I have the authority to have payments made from the account identified with the payment option, above, without the secondary taxpayer's authorization. If signed by a representative of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer(s) (i.e. authority provided by Form 2848, Power of Attorney and Declaration of Representative, or other power of attorney).

We are signing this agreement by typing our names, social security numbers, and today's date below.

Electronic signature

Name:ERICK HAUSKEN

Date:March 01, 2023

Primary taxpayer Social Security Number:xxx-xx-xxxx

Joint filer name:SARA HAUSKEN

Joint filer Social Security Number:xxx-xx-xxxx

Date:March 01, 2023

Feedback