

Name and address of taxpayer(s):

Social Security or Employer Identification Number:

%LOGAN E ALLEC
1001 WILSHIRE BLVD # 1370
LOS ANGELES, CA 90017-2415010

Duplicate Original Notices Sent to the Following Addresses:

Kind of tax:

Copy to authorized representative(s):

INDIVIDUAL INCOME

LOGAN E ALLEC

DEFICIENCY — Increase in Tax and Penalties


Tax Year Ended:	Deficiency:	Addition to the tax — IRC Section(s):		
		IRC Section 6651(a)	IRC Section 6654(a)	IRC Section 6651(a)(2)
December 31, 2020	\$33,981.00	\$7,645.73	\$521.00	\$4,757.34 *


*This amount only reflects the addition to tax under Section 6651(a)(2) through the date of this notice. The addition to tax will continue to accrue from the due date of the return at a rate of 0.5 percent for each month, or fraction thereof, of nonpayment, not exceeding 25 percent.


See the attached explanation for additional information regarding the above deficiencies.

I consent to the immediate assessment and collection of the deficiencies (increase in tax and penalties) shown above, plus any interest. Also, I waive the requirement under section 6532 (a)(1) of the Internal Revenue Code that a notice of claim disallowance be sent to me by certified mail for any overpayment shown on the attached report.

I understand that the filing of this waiver is irrevocable and it will begin the 2-year period for filing suit for refund of the claims disallowed as if the notice of disallowance had been sent by certified or registered mail.

Your Signature  _____ (Signature) _____ (Date signed)

Spouse's Signature  _____ (Signature) _____ (Date signed)
(If A Joint Return Was Filed)

Taxpayer's Representative  _____ (Signature) _____ (Title) _____ (Date signed)
Sign Here

If you agree, please sign one copy of this form and return it; keep the other copy for your records.

(For instructions, please see the next page)

Instructions for Form 5564-A

Note:

If you consent to the assessment of the deficiencies shown in this waiver, please sign and return this form to limit the interest charge and expedite our bill to you. Please do not sign and return any prior notices you may have received. Your consent signature is required on this waiver, even if fully paid.

Your consent will not prevent you from filing a claim for refund (after you have paid the tax) if you later believe you are so entitled; nor prevent us from later determining, if necessary, that you owe additional tax; nor extend the time provided by law for either action.

If you later file a claim and the Service disallows it, you may file suit for refund in a District Court but you may not file a petition with the United States Tax Court.

* This amount only reflects the addition to tax under Section 6651 (a) (2) through the date of this notice. The addition to tax will continue to accrue from the due date of the return at a rate of 0.5 percent for each month, or fraction thereof, of nonpayment, not exceeding 25 percent.

Who Must Sign:

If you filed jointly, both you and your spouse must sign. Your attorney or agent may sign this waiver provided that action is specifically authorized by a power of attorney which, if not previously filed, must accompany this form.

If this waiver is signed by a person acting in a fiduciary capacity (for example, an executor, administrator or a trustee), Form 56, Notice Concerning Fiduciary Relationship, should unless previously filed, accompany this form.

Optional Paragraphs:

A check in the block to the left of a paragraph below it indicates that the paragraph applies to your situation.

- The amount shown as the deficiency may not be billed, since all or part of the refund due has been held to offset all or a portion of the amount of the deficiency. The amount that will be billed, if any, is shown on the attached examination report.
- The amount shown as a deficiency may not be billed, since the refund due will be reduced by the amount of the deficiency. The net refund due is shown on the attached examination report.

