

OFFER ACCEPTANCE REPORT

Taxpayer Name: [REDACTED]  
 Taxpayer Address: [REDACTED]  
 BOCA RATON, FL 33432

Employer Identification Number:  
 Social Security Number: [REDACTED]

Liability Description  
 (See attached transcript(s))

Tax ID#	Type of Tax	Tax Period	Dt Assessed	Balance as of 04/15/2000
[REDACTED]	1040	12/31/1994	01/21/1998	12,650.66
[REDACTED]	1040	12/31/1995	01/12/1998	2,814.09
[REDACTED]	1040	12/31/1996	01/21/1998	2,111.03
[REDACTED]	1040	12/31/1984	01/10/2000	3,254,701.36
[REDACTED]	1040	12/31/1985	02/21/2000	251,937.82
[REDACTED]	1040	12/31/1986	02/21/2000	89,577.72

**Total Liability: \$3,613,792.68**

Terms of this Offer:

Total amount of offer is \$5,000.00. To be paid within 30 days of acceptance of offer subject to the conditions and provisions stated on Form 656.

Reason for acceptance of this offer:

Doubt as to Collectibility  
 Taxpayer's assets and income are less than the tax liability.

The offer is consistent with the taxpayer's ability to pay.

Recommended By

*W. Rubel*  
 W. Rubel  
 OIC Specialist  
 Date: 3/13/00

*V. Gibbs*  
 V. Gibbs  
 Group Manager  
 Date: 3/1/00  
 MAR 31 2000

I accept.  
*Ervin Ramos-Moll*  
 Ervin Ramos-Moll  
 Chief, Special Procedures  
 Date: / /

This offer meets the legal requirements for compromise.  
 Date: 4/14/00  
 Signature *David Brown*  
 Title of Counsel Senior Atty