## Form **907** (Rev. June 1994)

## Department of the Treasury—Internal Revenue Service

Agreement to	Extend:	the Time to	o Brina	Suit
19.000	_/(		<b></b> :9	-

In Reply Refer to:	
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SSN or EIN

				, taxpayer(s)
		(Name)		,,
of	(Numbe	er, Street, City or Town, St	ate, ZIP Code)	
	Director of Internal Revenue, Regional Co			· · · · · · · · · · · · · · · · · · ·
Appeals agree tri	lat the taxpayer(s) may bring suit to recover the	e taxes described belo	w, on or belore	(Expiration date)
	own below have been timely filed by the tax been mailed to the taxpayer(s) by certified or r			·
	Period Ended	Kind of Tax	Amount of Tax	Date Notice of Disallowance Mailed or Waiver Filed
Refund Credit				
the issues invalove. You may residered at any the particular identify the claperiods involved which notice of	You must submit with this agreement a state olved in the claims for refund or credit of the tax quest in writing that the claims be reopened are time before the expiration date shown. You sho circumstances on which you base the request aims in the request by stating the amounts claimed, and the date and symbols appearing on the of disallowance was given, or the date the waived. Attach a copy of this agreement to your re	description descri	ant Commissioner (Intoeals signs it. You shouterests by bringing sument is signed. If the Desistant Commission Appeals signs this agree	e effective until the District Director, ernational), or the Regional Director ould therefore be prepared to protect uit, if desired, at any time before this District Director, Regional Compliance her (International), or Regional Director, the final decision in any case of them in the disposition, of the issues agreement.
Signature instru	uctions are on the back of this form.			
Your Signature	Here →			(Date signed)
Spouse's Signa	ature Here →			(Date signed)
Taxpayer's Rep	presentative			
Sign Here →				(Date signed)
Corporato				
Corporate Name <del>-</del>	·			
Corporate Officer(s)	(Title)			(Date signed)
Sign Here	(Title)			(Date signed)
	District Director of Internal Revenue		Re	gional Compliance Chief
	Regional Director of Appeals		Assistant	Commissioner (International)
Ву	(Signature and Title)			(Date signed)

## **Instructions**

If this agreement is for any year(s) you filed a joint return, both husband and wife must sign the original and copy of this form unless one, acting under a power of attorney, signs as agent for the other. The signatures must match the names as they appear on this form.

If you are an attorney or agent of the taxpayer(s), you may sign this agreement provided the action is specifically authorized by a power of attorney. If you didn't previously file the power of attorney, please include it with this form.

If you are acting as a fiduciary (such as executor, administrator, trustee, etc.) and you sign this agreement, also attach a completed Form 56, Notice Concerning Fiduciary Relationship, if you haven't already filed one.

If the taxpayer is a corporation, sign this agreement with the corporate name followed by the signature and title of the officer(s) authorized to sign.