DOUGLAS COUNTY, NV **2020-956080**
Rec:$40.00
Total:$40.00 **11/09/2020 02:22 PM**
INTERNAL REVENUE SERVICE Pgs=2

001222842020095608000020028

KAREN ELLISON, RECORDER

Assessor's Parcel Number:

Recording Requested By:

Name: **Internal Revenue Service**

Address: **P.O. Box 145595**

City/State/Zip **Cincinnati, OH 45250-9732**

Real Property Transfer Tax: $

Certificate of Release of Federal Tax Lien

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

--*-- **Form 668 (Z)** (Rev. 10-2000)	17489	Department of the Treasury - Internal Revenue Service **Certificate of Release of Federal Tax Lien**

Area: SMALL BUSINESS/SELF EMPLOYED AREA #7 Lien Unit Phone: (800) 913-6050	Serial Number 299190618	For Use by Recording Office

I certify that the following-named taxpayer, under the requirements of section 6325 (a) of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on _____ March 15 _____ 2018 ___ , is authorized to note the books to show the release of this lien for these taxes and additions.

Name of Taxpayer
DANIEL GOLDSMITH

Residence PO BOX 10131
ZEPHYR COVE, NV 89448

COURT RECORDING INFORMATION:

Liber	Page	UCC No.	Serial No.
n/a	n/a	n/a	2018-911620

Kind of Tax (a)	Tax Period Ending (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1040	12/31/2008	XXX-XX-4705	02/07/2011	03/09/2021	1664.37
1040	12/31/2013	XXX-XX-4705	04/04/2016	05/04/2026	3011.07
1040	12/31/2014	XXX-XX-4705	04/04/2016	05/04/2026	3334.54
1040	12/31/2015	XXX-XX-4705	06/06/2016	07/06/2026	4473.37

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Place of Filing COUNTY RECORDER DOUGLAS COUNTY MINDEN, NV 89423	Total	$	12483.35

This notice was prepared and signed at _____ SEATTLE, WA _____ , on this,

the ___ 28th ___ day of ___ October ___ , 2020 .

Signature *[signature]*	Title Operations Manager, Centralized Lien Operation

(**NOTE:** Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409)

Part 1 - RECORDING OFFICE

Form **668 (Z)** (Rev. 10-2000)
CAT. NO 600261