

Form **2750**  
(Rev. 5-2003)

**Waiver Extending Statutory Period for Assessment of Trust Fund Recovery Penalty**  
*(Section 6672, Internal Revenue Code, or corresponding provisions of prior internal revenue laws)*

1. Name and address of person potentially responsible	2. Social security number (SSN)
<b>The person named above and the Area Director of Internal Revenue or the Director of Appeals agree that the penalty under Internal Revenue Code section 6672 (applicable to the tax for the periods shown below) may be assessed against that person on or before the date shown at the right. This agreement extends the statutory period for assessing the penalty. It does not mean that the person named accepts responsibility for the penalty.</b>	3. Statutory period extended to

4. **Taxpayer Data**

Name and Address of Employer or Collection Agency	Form Number	Tax Period Ended
Employer Identification Number (EIN) <span style="float:right">▶</span>		

<b>Person Potentially Responsible</b>	<b>I understand that I have a right to refuse to sign this waiver or to limit the extension to particular issues or periods of time as set forth in I.R.C. § 6501(c)(4)(B).</b>
5. Signature	6. Date

7. Name of Area Director	<b>or</b>	8. Name of Director of Appeals
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9. By (Signature and title)	10. Date
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