

Addendum to Form 656

Part 1

Taxpayer Name TAXPAYER NAME	Offer Number 1001XXXXXX
Primary Taxpayer SSN/EIN (last 4 digits) XXXX	Secondary Taxpayer SSN/EIN (last 4 digits)

I/we submitted an offer dated 12/03/2014 in the amount of \$ 12,864 to compromise unpaid income tax, plus statutory additions for the tax periods 2007, 2008, 2009, 2010, 2011 *(kind of tax)*. The purpose of this addendum is to amend the above offer amount I/we are offering to pay and/or to specify the payment terms if the offer is accepted.

Part 2. Revised Offer in Compromise Amount

Accordingly, I/we offer to pay \$ 44,600, which includes the following amounts already paid or included with this addendum:

- A. \$ 2,573, paid with original offer dated 12/03/2014
- B. \$ _____, paid with an amended/revised Form 656 dated _____
- C. \$ 6,347, additional payment, if any, to be included with this addendum
- D. \$ _____, periodic payments, if any, made since original offer was submitted

Part 3. Revised Offer in Compromise Payment Amount

- E. \$ 35,680 payable within 5 months after acceptance
- F. \$ _____ payable within _____ months after acceptance
- G. \$ _____ payable within _____ months after acceptance
- H. \$ _____ payable within _____ months after acceptance
- I. \$ _____ payable within _____ months after acceptance

Part 4. Revised Offer in Compromise Payment Terms—Periodic Payment Offer payable in 6–24 months

\$ _____ will be sent beginning on the _____ of _____, and then \$ _____ will be sent on the _____ of each month for a total of _____ months with a final payment of \$ _____ due on the _____ of the _____ month of the agreement.

Part 5. Reason for the Offer

- Doubt as to Collectibility** IRS has determined that I have insufficient assets and income to pay the full amount.
- Exceptional Circumstance (Effective Tax Administration)** IRS has determined that I owe this amount and have sufficient assets to pay the full amount, but due to my exceptional circumstances, requiring full payment would cause an economic hardship or would be unfair and inequitable.

Date 2/1/17

Date _____ Signature of Taxpayer/Authorized Corporate Officer _____