

**Andy Smith**  
**Future Income Analysis**

<b>Income</b>	<u>Actual</u>	<b>Expenses</b>	<u>Actual</u>	<u>Allowable</u>	<u>30% Allocated</u>
Wages (yourself)		Food, Clothing and Misc	\$ 1,433	\$ 1,433	\$ 429
Wages (spouse)	\$ 7,656	Housing & utilities	\$ 3,377	\$ 2,504	\$ 1,013
Interest - Dividends	\$ -	Vehicle Ownership	\$ 392	\$ 392	\$ 392
Net Business Income	\$ -	Vehicle Operating Costs	\$ 242	\$ 242	\$ 242
Net Rental Income		Public Transportation	\$ 224	\$ 224	\$ 68
Distributions	\$ -	Health Insurance	\$ 537	\$ 537	\$ 161
Pension/Soc Sec (taxpayer)	\$ 3,611	Out of Pocket HealthCare	\$ 237	\$ 237	\$ 71
Pension/Soc Sec (spouse)	\$ -	Court ordered pmts	\$ -	\$ -	\$ -
Social Security (taxpayer)	\$ -	Child/Dep Care	\$ -	\$ -	\$ -
Social Security (spouse)	\$ -	Life Insurance	\$ 258	\$ 258	\$ 258
Child Support	\$ -	Current Year Taxes	\$ 490	\$ 490	\$ 490
Alimony	\$ -	Secured Debts	\$ -	\$ -	\$ -
Other Income	\$ 591	Delinquent State Taxes	\$ -	\$ -	\$ -
	\$ -	Student Loans	\$ 263	\$ 263	\$ 263
	\$ -	Total Living Expenses	\$ 7,452	\$ 6,580	\$ 3,387
Total	<u>\$ 11,858</u>	Net Difference	<u>\$ 4,406</u>	<u>\$ 5,278</u>	<u>\$ 224</u>

**Analysis - Future Income**

Income	\$ 3,611
Expense	\$ 3,387
Monthly Available	<u>\$ 224</u>

# GREEN & SKLARZ LLC

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New Haven, CT 06511

May 18, 2020

**VIA PRIORITY MAIL**

Brookhaven IRS Center COIC Unit  
P.O. Box 9007  
Holtsville, NY 11742-9007

**Re: Andy Smith, SSN XXXX**

Dear Sir or Madam:

Our office represents the above-mentioned taxpayer, Andy Smith. Enclosed please find the executed form 433A OIC, and form 656, along with supporting documentation, and the initial 20% payment and filing fee for Mr. Smith's Offer-in-Compromise. The taxpayer is retired and is living off his pension and social security. He lives with his wife who owns their house, and he contributes to the monthly mortgage payments along with utilities. We have included a breakdown of the allocated expenses.

The taxpayer's liability was created when he suddenly had medical issues and used most of his retirement funds to pay for emergency procedures. He is unable to pay the tax, and given his age and condition, it appears he will never have the means to do so. We respectfully ask the IRS to accept the taxpayer's offer of \$3,130.48. The taxpayer plans to borrow funds from family and friends to pay this balance.

Please call with any questions. I can be reached at (203) 285-8545. A copy of our Form 2848 is enclosed.

Very truly yours,

Eric L. Green

# Collection Information Statement for Wage Earners and Self-Employed Individuals

**Use this form if you are**

- ▶ An individual who owes income tax on a Form 1040, U.S. Individual Income Tax Return
- ▶ An individual with a personal liability for Excise Tax
- ▶ An individual responsible for a Trust Fund Recovery Penalty
- ▶ An individual who is self-employed or has self-employment income. You are considered to be self-employed if you are in business for yourself, or carry on a trade or business.
- ▶ An individual who is personally responsible for a partnership liability (only if the partnership is submitting an offer)
- ▶ An individual who operated as a disregarded single member Limited Liability Company (LLC) taxed as a sole proprietor prior to 2009
- ▶ An individual who is submitting an offer on behalf of the estate of a deceased person

**Note: Include attachments if additional space is needed to respond completely to any question. This form should only be used with the Form 656, Offer in Compromise.**

## Section 1 Personal and Household Information

Last name <b>Smith</b>	First name <b>Andy</b>	Date of birth (mm/dd/yyyy) <b>09/24/1960</b>	Social Security Number <b>XXX - XX - XXXX</b>
Marital status <input type="checkbox"/> Unmarried <input checked="" type="checkbox"/> Married If married, date of marriage (mm/dd/yyyy)	Home physical address (street, city, state, ZIP code) <b>MAIN STREET, Middletown, CT 06457</b>		Do you <input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input checked="" type="checkbox"/> Other (specify e.g., share rent, live with relative, etc.) <b>Property owned by wife</b>
County of residence <b>MIDDLESEX</b>	Primary phone ( ) -	Home mailing address (if different from above or post office box number)	
Secondary phone ( ) -	FAX number ( ) -		

**Provide information about your spouse.**

Spouse's last name <b>Smith (not liable for tax debt)</b>	Spouse's first name <b>Susan</b>	Date of birth (mm/dd/yyyy)	Social Security Number
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**Provide information for all other persons in the household or claimed as a dependent.**

Name	Age	Relationship	Claimed as a dependent on your Form 1040	Contributes to household income
<b>Elderly Mother</b>	<b>82</b>	<b>Mother</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 2 Employment Information for Wage Earners

Complete this section if you or your spouse are wage earners and receive a Form W-2. If you or your spouse have self-employment income (that is you file a Schedule C, E, F, etc.) instead of, or in addition to wage income, you must also complete Business Information in Sections 4, 5, and 6.

Your employer's name <b>Retired</b>	Pay period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Other	Employer's address (street, city, state, ZIP code) <b>, ,</b>
Do you have an ownership interest in this business <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, check the business interest that applies <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Sole proprietor	
Your occupation	How long with this employer (years) (months)	Employer's address (street, city, state, ZIP code) <b>Columbus Circle, Hartford, CT 06105</b>
Spouse's employer's name <b>State of CT</b>	Pay period <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	
Does your spouse have an ownership interest in this business <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, check the business interest that applies <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Sole proprietor	
Spouse's occupation	How long with this employer (years) (months)	

**Section 3**

**Personal Asset Information**

Use the most current statement for each type of account, such as checking, savings, money market and online accounts, stored value cards (such as a payroll card from an employer), investment, retirement accounts (IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit) and virtual currency (such as Bitcoin, Ripple, Ethereum, etc.), life insurance policies that have a cash value, and safe deposit boxes. Asset value is subject to adjustment by IRS based on individual circumstances. Enter the total amount available for each of the following (if additional space is needed include attachments).

**Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0".**

**Cash and Investments (domestic and foreign)**

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Account/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank name ---See Attached--	Account number	(1a) \$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Account/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank name ---See Attached--	Account number	(1b) \$
Total of bank accounts from attachment		(1c) \$ 0.00
<b>Add lines (1a) through (1c) minus (\$1,000) =</b>		<b>(1) \$ 0.00</b>

Investment account <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other		
Name of Financial Institution N/A	Account number	
Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	– \$ _____	(2a) \$ _____

Investment account <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other		
Name of Financial Institution N/A	Account number	
Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	– \$ _____	(2b) \$ _____

<input type="checkbox"/> Virtual currency	Name of virtual currency wallet, exchange or digital currency exchange (DCE)	Email address used to set-up with the virtual currency exchange or DCE	Location(s) of virtual currency	
Type of virtual currency N/A				
Current market value in U.S. dollars as of today				
\$ _____ X .8 = \$ _____				(2c) \$ _____
Total investment accounts from attachment. [current market value minus loan balance(s)]				(2d) \$ 0.00
<b>Add lines (2a) through (2d) =</b>				<b>(2) \$ 0.00</b>

Retirement account <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Other		
Name of Financial Institution -- See Attached --	Account number	
Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	– \$ _____	(3a) \$ _____
Total of retirement accounts from attachment. [current market value X .8 minus loan balance(s)]		(3b) \$ 22.48
<b>Add lines (3a) through (3b) =</b>		<b>(3) \$ 22.48</b>

Note: Your reduction from current market value may be greater than 20% due to potential tax consequences/withdrawal penalties.

Cash value of Life Insurance Policies		
Name of Insurance Company N/A	Policy number	
Current cash value	Minus loan balance	
\$ _____	– \$ _____	(4a) \$ _____
Total cash value of life insurance policies from attachment		
\$ 0.00		(4b) \$ 0.00
<b>Add lines (4a) through (4b) =</b>		<b>(4) \$ 0.00</b>

**Section 3 (Continued)****Personal Asset Information****Real property (enter information about any house, condo, co-op, time share, etc. that you own or are buying)**

Property description (indicate if personal residence) Property owned by wife		Purchase/Lease date (mm/dd/yyyy)		
Amount of mortgage/rent payment 0.00	Date of final payment	How title is held (joint tenancy, etc.)		
Location (street, city, state, ZIP code, county, and country) ,		Lender/Lessor/Landlord name, address (street, city, state, ZIP code) and phone		
Current market value \$ 0.00 X .8 = \$ 0.00		Minus loan balance (mortgages, etc.) - \$ 0.00		(5a) \$ 0.00
Property description (indicate if personal residence) N/A		Purchase/Lease date (mm/dd/yyyy)		
Amount of mortgage/rent payment	Date of final payment	How title is held (joint tenancy, etc.)		
Location (street, city, state, ZIP code, county, and country)		Lender/Lessor/Landlord name, address (street, city, state, ZIP code) and phone		
Current market value \$ X .8 = \$		Minus loan balance (mortgages, etc.) - \$		(5b) \$
Total value of property(s) from attachment [current market value X .8 minus any loan balance(s)]				(5c) \$ 0.00
<b>Add lines (5a) through (5c) =</b>				<b>(5) \$ 0.00</b>

**Vehicles (enter information about any cars, boats, motorcycles, etc. that you own or lease)**

Vehicle make & model Toyota/Camry		Year 2011	Date purchased	Mileage 155000	
<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Name of creditor Federal Credit Union		Date of final payment	Monthly lease/loan amount \$ 391.51	
Current market value \$ 2,455.00 X .8 = \$ 1,964.00		Minus loan balance - \$ 5,000.00		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =	(6a) \$ 0.00
				Subtract \$3,450 from line (6a) (If line (6a) minus \$3,450 is a negative number, enter "0")	(6b) \$ 0.00
Vehicle make & model N/A		Year	Date purchased	Mileage	
<input checked="" type="checkbox"/> Lease <input type="checkbox"/> Loan	Name of creditor		Date of final payment	Monthly lease/loan amount \$	
Current market value \$ X .8 = \$		Minus loan balance - \$		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =	(6c) \$
				If you are filing a joint offer, subtract \$3,450 from line (6c) (If line (6c) minus \$3,450 is a negative number, enter "0") If you are not filing a joint offer, enter the amount from line (6c)	(6d) \$
Total value of vehicles listed from attachment [current market value X .8 minus any loan balance(s)]				(6e) \$	0.00
<b>Total lines (6b), (6d), and (6e) =</b>				<b>(6) \$</b>	<b>0.00</b>

**Section 3 (Continued) Personal Asset Information**

Other valuable items (artwork, collections, jewelry, items of value in safe deposit boxes, interest in a company or business that is not publicly traded, etc.)

Description of asset(s) N/A		
Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	- \$ _____	= (7a) \$ _____

Value of remaining furniture and personal effects (not listed above)

Description of asset N/A		
Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	- \$ _____	= (7b) \$ _____

Total value of valuable items listed from attachment [current market value X .8 minus any loan balance(s)]		(7c) \$	0.00
<b>Add lines (7a) through (7c) minus IRS deduction of \$9,540 =</b>		<b>(7) \$</b>	<b>0.00</b>

Do not include amount on the lines with a letter beside the number. Round to the nearest whole dollar.  
Do not enter a negative number. If any line item is a negative, enter "0" on that line.

**Add lines (1) through (7) and enter the amount in Box A =**

<b>Box A</b> Available Individual Equity in Assets	
\$ _____	22.48

**NOTE: If you or your spouse are self-employed, Sections 4, 5, and 6 must be completed before continuing with Sections 7 and 8.**

**Section 4 Self-Employed Information**

If you or your spouse are self-employed (e.g., files Schedule(s) C, E, F, etc.), complete this section.

Is your business a sole proprietorship <input type="checkbox"/> Yes <input type="checkbox"/> No		Address of business (if other than personal residence)	
Name of business			
Business telephone number ( ) -	Employer Identification Number	Business website address	Trade name or DBA
Description of business	Total number of employees	Frequency of tax deposits	Average gross monthly payroll \$
Do you or your spouse have any other business interests? Include any interest in an LLC, LLP, corporation, partnership, etc. <input type="checkbox"/> Yes (percentage of ownership: ) Title <input checked="" type="checkbox"/> No		Business address (street, city, state, ZIP code)	
Business name	Business telephone number ( ) -	Employer Identification Number	
Type of business (select one) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			

**Section 5 Business Asset Information (for Self-Employed)**

List business assets such as bank accounts, virtual currency (cryptocurrency), tools, books, machinery, equipment, business vehicles and real property that is owned/leased/rented. If additional space is needed, attach a list of items. Do not include personal assets listed in Section 3.

**Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative number, enter "0".**

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Account/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank name		Account number	
		(8a) \$ _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Account/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank name		Account number	
		(8b) \$ _____	
<input type="checkbox"/> Virtual currency	Name of virtual currency wallet, exchange or digital currency exchange (DCE)	Email address used to set-up with the virtual currency exchange or DCE	Location(s) of virtual currency
Type of virtual currency			
Current market value in U.S. dollars as of today \$ _____ X .8 = \$ _____			(8c) \$ _____
Total bank accounts from attachment			(8d) \$ _____
<b>Add lines (8a) through (8d) =</b>			<b>(8) \$ _____</b>

**Section 5 (Continued)**

**Business Asset Information (for Self-Employed)**

Description of asset

Current market value	Minus loan balance	Total value (if leased or used in the production of income, enter 0 as the total value)	=	(9a) \$
\$ _____ X .8 = \$ _____	- \$ _____			
Description of asset:				
Current market value	Minus Loan Balance	Total value (if leased or used in the production of income, enter 0 as the total value)	=	(9b) \$
\$ _____ X .8 = \$ _____	- \$ _____			
Total value of assets listed from attachment [current market value X .8 minus any loan balance(s)]				(9c) \$
<b>Add lines (9a) through (9c) =</b>				<b>(9) \$</b>
IRS allowed deduction for professional books and tools of trade -				(10) \$
<b>Enter the value of line (9) minus line (10). If less than zero enter zero. =</b>				<b>(11) \$</b>

**Notes Receivable**

Do you have notes receivable  Yes  No

If yes, attach current listing that includes name(s) and amount of note(s) receivable

**Accounts Receivable**

Do you have accounts receivable, including e-payment, factoring companies, and any bartering or online auction accounts  Yes  No

If yes, you may be asked to provide a list of your account(s) receivable

Do not include amounts from the lines with a letter beside the number [for example: (9c)]. Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.

**Add lines (8) and (11) and enter the amount in Box B =**

**Box B**  
Available Business Equity in Assets

\$

**Section 6**

**Business Income and Expense Information (for Self-Employed)**

If you provide a current profit and loss (P&L) statement for the information below, enter the total gross monthly income on line 17 and your monthly expenses on line 29 below. Do not complete lines (12) - (16) and (18) - (28). You may use the amounts claimed for income and expenses on your most recent Schedule C; however, if the amount has changed significantly within the past year, a current P&L should be submitted to substantiate the claim.

**Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative number, enter "0".**

**Business income (you may average 6-12 months income/receipts to determine your gross monthly income/receipts)**

Gross receipts	(12) \$
Gross rental income	(13) \$
Interest income	(14) \$
Dividends	(15) \$
Other income	(16) \$
<b>Add lines (12) through (16) =</b>	<b>(17) \$</b>

**Business expenses (you may average 6-12 months expenses to determine your average expenses)**

Materials purchased (e.g., items directly related to the production of a product or service)	(18) \$
Inventory purchased (e.g., goods bought for resale)	(19) \$
Gross wages and salaries	(20) \$
Rent	(21) \$
Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	(22) \$
Utilities/telephones	(23) \$
Vehicle costs (gas, oil, repairs, maintenance)	(24) \$
Business insurance	(25) \$
Current business taxes (e.g., real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	(26) \$
Secured debts (not credit cards)	(27) \$
Other business expenses (include a list)	(28) \$
<b>Add lines (18) through (28) =</b>	<b>(29) \$</b>

Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.

**Subtract line (29) from line (17) and enter the amount in Box C =**

**Box C**  
Net Business Income

\$

**Section 7 Monthly Household Income and Expense Information**

Enter your household's gross monthly income. The information below is for yourself, your spouse, and anyone else who contributes to your household's income. The entire household includes spouse, non-liable spouse, significant other, children, and others who contribute to the household. This is necessary for the IRS to accurately evaluate your offer.

**Monthly Household Income**

**Note: Entire household income should also include income that is considered not taxable and may not be included on your tax return.**

Round to the nearest whole dollar.

<b>Primary taxpayer</b>						
Gross wages	Social Security	Pension(s)	Other income (e.g. unemployment)	Total primary taxpayer income =	(30) \$	3,611.00
\$ 0.00	+ \$ 0.00	+ \$ 3,611.00	+ \$ 0.00			
<b>Spouse</b>						
Gross wages	Social Security	Pension(s)	Other Income (e.g. unemployment)	Total spouse income =	(31) \$	7,656.00
\$ 7,656.00	+ \$	+ \$	+ \$			
Additional sources of income used to support the household, e.g., non-liable spouse, or anyone else who may contribute to the household income, etc. List source(s) <u>Mother</u>					(32) \$	591.00
Interest and dividends					(33) \$	0.00
Distributions (e.g., income from partnerships, sub-S Corporations, etc.)					(34) \$	0.00
Net rental income					(35) \$	0.00
Net business income from Box C					(36) \$	0.00
Child support received					(37) \$	0.00
Alimony received					(38) \$	0.00
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line. <b>Add lines (30) through (38) and enter the amount in Box D =</b>					<b>Box D</b> Total Household Income	<b>\$ 11,858</b>

**Monthly Household Expenses**

Enter your average monthly expenses.

**Note: For expenses claimed in boxes (39) and (45) only, you should list the full amount of the allowable standard even if the actual amount you pay is less. For the other boxes input your actual expenses. You may find the allowable standards at <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Collection-Financial-Standards>.**

Round to the nearest whole dollar.

Food, clothing, and miscellaneous (e.g., housekeeping supplies, personal care products, minimum payment on credit card). A reasonable estimate of these expenses may be used					(39) \$	429.00
Housing and utilities (e.g., rent or mortgage payment and average monthly cost of property taxes, home insurance, maintenance, dues, fees and utilities including electricity, gas, other fuels, trash collection, water, cable television and internet, telephone, and cell phone)					(40) \$	1,013.00
Vehicle loan and/or lease payment(s)					(41) \$	392.00
Vehicle operating costs (e.g., average monthly cost of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, tolls, etc.). A reasonable estimate of these expenses may be used					(42) \$	242.00
Public transportation costs (e.g., average monthly cost of fares for mass transit such as bus, train, ferry, taxi, etc.). A reasonable estimate of these expenses may be used					(43) \$	68.00
Health insurance premiums					(44) \$	161.00
Out-of-pocket health care costs (e.g. average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)					(45) \$	71.00
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)					(46) \$	0.00
Child/dependent care payments (e.g., daycare, etc.)					(47) \$	0.00
Term life insurance premiums					(48) \$	258.00
Current monthly taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)					(49) \$	490.00
Secured debts (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed student loan) List debt(s) <u>-- See Attached --</u>					(50) \$	263.00
Enter the amount of your monthly delinquent state and/or local tax payment(s)					(51) \$	0.00
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line. <b>Add lines (39) through (51) and enter the amount in Box E =</b>					<b>Box E</b> Total Household Expenses	<b>\$ 3,352.00</b>
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line. <b>Subtract Box E from Box D and enter the amount in Box F =</b>					<b>Box F</b> Remaining Monthly Income	<b>\$ 224.00</b>



**Section 8 Calculate Your Minimum Offer Amount**

The next steps calculate your minimum offer amount. The amount of time you take to pay your offer in full will affect your minimum offer amount. Paying over a shorter period of time will result in a smaller minimum offer amount.

**Note: The multipliers below (12 and 24) and the calculated offer amount (which included the amount(s) allowed for vehicles and bank accounts) do not apply if the IRS determines you have the ability to pay your tax debt in full within the legal period to collect.**

**Round to the nearest whole dollar.**

If you will pay your offer in 5 or fewer payments within 5 months or less, multiply "Remaining Monthly Income" (Box F) by 12 to get "Future Remaining Income" (Box G). Do not enter a number less than \$0.

<b>Enter the total from Box F</b> \$ 224.00	<b>X 12 =</b>	<b>Box G Future Remaining Income</b> \$ 2,688.00
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If you will pay your offer in 6 to 24 months, multiply "Remaining Monthly Income" (Box F) by 24 to get "Future Remaining Income" (Box H). Do not enter a number less than \$0.

<b>Enter the total from Box F</b> \$ 224.00	<b>X 24 =</b>	<b>Box H Future Remaining Income</b> \$ 5,376.00
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Determine your minimum offer amount by adding the total available assets from Box A and Box B (if applicable) to the amount in either Box G or Box H.

<b>Enter the amount from Box A plus Box B (if applicable)</b> \$ 22.48	<b>+</b>	<b>Enter the amount from either Box G or Box H</b> \$ 2,688.00	<b>=</b>	<b>Offer Amount</b> Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only. \$ 2,710.48
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**If you cannot pay the Offer Amount shown above due to special circumstances, explain on the Form 656, Offer in Compromise, Section 3, Reason for Offer, Explanation of Circumstances. You must offer an amount more than \$0.**

**Section 9 Other Information**

**Additional information IRS needs to consider settlement of your tax debt. If you or your business are currently in a bankruptcy proceeding, you are not eligible to apply for an offer.**

Are you a party to or involved in litigation (if yes, answer the following)  Yes  No

<input type="checkbox"/> Plaintiff	Location of filing	Represented by	Docket/Case number
<input type="checkbox"/> Defendant			
Amount of dispute \$	Possible completion date (mmddyyyy)	Subject of litigation	

Have you filed bankruptcy in the past 7 years (if yes, answer the following)  Yes  No

Date filed (mmddyyyy)	Date dismissed (mmddyyyy)	Date discharged (mmddyyyy)	Petition no.	Location filed
08/xx/2019		12/02/2019	19-XXXX	Connecticut

In the past 10 years, have you lived outside of the U.S. for 6 months or longer (if yes, answer the following)  Yes  No

Dates lived abroad: From (mmddyyyy)	To (mmddyyyy)
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Are you or have you ever been party to any litigation involving the IRS/United States (including any tax litigation)  Yes  No

If yes and the litigation included tax debt, provide the types of tax and periods involved

Are you the beneficiary of a trust, estate, or life insurance policy (if yes, answer the following)  Yes  No

Place where recorded	EIN	
Name of the trust, estate, or policy	Anticipated amount to be received \$	When will the amount be received

Are you a trustee, fiduciary, or contributor of a trust  Yes  No

Name of the trust	EIN	
-------------------	-----	--

Do you have a safe deposit box (business or personal) (if yes, answer the following)  Yes  No

Location (name, address and box number(s)) N/A	Contents	Value \$
---	----------	-------------

In the past 10 years, have you transferred any assets, including real property, for less than their full value (if yes, answer the following)  Yes  No

List asset(s)	Value at time of transfer \$	Date transferred (mmddyyyy)	To whom or where was it transferred
---------------	---------------------------------	-----------------------------	-------------------------------------

**Section 9 (Continued)****Other Information**

Do you have any assets or own any real property outside the U.S.

 Yes  No

If yes, provide description, location, and value

Do you have any funds being held in trust by a third party

 Yes  No

If yes, how much \$

Where

**Section 10****Signatures****Under penalties of perjury, I declare that I have examined this offer, including accompanying documents, and to the best of my knowledge it is true, correct, and complete.**

 <b>Signature of Taxpayer</b>	Date (mm/dd/yyyy)
 <b>Signature of Spouse</b>	Date (mm/dd/yyyy)

**Remember to include all applicable attachments listed below.**

- Copies of the most recent pay stub, earnings statement, etc., from each employer.
- Copies of the most recent statement for each investment and retirement account.
- Copies of the most recent statement, etc., from all other sources of income such as pensions, Social Security, rental income, interest and dividends (including any received from a related partnership, corporation, LLC, LLP, etc.), court order for child support, alimony, and rent subsidies.
- Copies of individual bank statements for the three most recent months. If you operate a business, copies of the six most recent statements for each business bank account.
- Copies of the most recent statement from lender(s) on loans such as mortgages, second mortgages, vehicles, etc., showing monthly payments, loan payoffs, and balances.
- List of Notes Receivable, if applicable.
- Verification of delinquent State/Local Tax Liability showing total delinquent state/local taxes and amount of monthly payments, if applicable.
- Documentation to support any special circumstances described in the "Explanation of Circumstances" on Form 656, if applicable.
- Attach a Form 2848, *Power of Attorney*, if you would like your attorney, CPA, or enrolled agent to represent you and you do not have a current form on file with the IRS.
- Completed and signed current Form 656.

## Personal Accounts

<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	
Big Bank	9630		2,968.36
<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	
Big Bank	0943		0.00
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	
Standard \$1,000 Deduction per IRM 5.8.5.7			-1,000.00
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	
Living Expenses Deduction per IRM 5.8.5.7			-1,968.36
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name	Account Number	Amount \$	

**Retirement Accounts**

**Loan Balance As of**

Investment Account:  401k  IRA  Other 403b

---

Name and Address of Financial Institution Financial Services Co Address City, State Zip		Account Number
		Phone

---

Gross Value	Percentage Owned	Adjusted Gross Value	Surrender/Liquidation Charges	Net Value
\$ 28.10	X 100.00 % =	\$ 28.10	- \$0.00	= \$ 28.10

---

Cost Basis	Net Gain
Net Value - 0.00 =	\$ 28.10

---

Additional Tax Rate on Qualified Plans < 59 1/2 (%)	Additional Taxes on Qualified Plans < 59 1/2 (\$)	Net Gain X	Combined Federal and State Tax Rate (%)	Combined Federal and State Taxes (\$)
0.00 % =	\$ 0.00	Net Gain X	20.00 % =	\$ 5.62

---

Net Value - (Additional Taxes on Qualified Plans < 59 1/2 (\$) + Combined Federal and State Taxes (\$))	Current Value	Less Loan Balance	Equity
= 22.48	= 22.48	- \$ 0.00	= \$ 22.48

Investment Account:  401k  IRA  Other

---

Name and Address of Financial Institution		Account Number
		Phone

---

Gross Value	Percentage Owned	Adjusted Gross Value	Surrender/Liquidation Charges	Net Value
\$	X	% = \$	- \$	= \$

---

Cost Basis	Net Gain
Net Value -	= \$

---

Additional Tax Rate on Qualified Plans < 59 1/2 (%)	Additional Taxes on Qualified Plans < 59 1/2 (\$)	Net Gain X	Combined Federal and State Tax Rate (%)	Combined Federal and State Taxes (\$)
	% = \$	Net Gain X	% = \$	

---

Net Value - (Additional Taxes on Qualified Plans < 59 1/2 (\$) + Combined Federal and State Taxes (\$))	Current Value	Less Loan Balance	Equity
=	=	- \$	= \$

Investment Account:  401k  IRA  Other

---

Name and Address of Financial Institution		Account Number
		Phone

---

Gross Value	Percentage Owned	Adjusted Gross Value	Surrender/Liquidation Charges	Net Value
\$	X	% = \$	- \$	= \$

---

Cost Basis	Net Gain
Net Value -	= \$

---

Additional Tax Rate on Qualified Plans < 59 1/2 (%)	Additional Taxes on Qualified Plans < 59 1/2 (\$)	Net Gain X	Combined Federal and State Tax Rate (%)	Combined Federal and State Taxes (\$)
	% = \$	Net Gain X	% = \$	

---

Net Value - (Additional Taxes on Qualified Plans < 59 1/2 (\$) + Combined Federal and State Taxes (\$))	Current Value	Less Loan Balance	Equity
=	=	- \$	= \$

## Secured Debt and Other Expenses

Description	Monthly Payment
Student Loan(s)	263.00

# Offer in Compromise

**▶ To: Commissioner of Internal Revenue Service**

**IRS Received Date**

In the following agreement, the pronoun "we" may be assumed in place of "I" when there are joint liabilities and both parties are signing this agreement.

I submit this offer to compromise the tax liabilities plus any interest, penalties, additions to tax, and additional amounts required by law for the tax type and period(s) marked in Section 1 or Section 2 below.

**Did you use the Pre-Qualifier tool located on our website at [http://irs.treasury.gov/oic\\_pre\\_qualifier/](http://irs.treasury.gov/oic_pre_qualifier/) prior to filling out this form**

Yes  No

**Note: The use of the Pre-Qualifier tool is not mandatory before sending in your offer. However, it is recommended.**

Include the \$186 application fee and initial payment (*personal check, cashier's check, or money order*) with your Form 656 unless you qualify for the low-income certification. You must also include the completed Form 433-A (OIC) and/or 433-B (OIC) and supporting documentation. You should fill out either Section 1 or Section 2, but not both, depending on the tax debt you are offering to compromise.

## Section 1 Individual Information (Form 1040 filers)

If you are a 1040 filer, an individual with personal liability for Excise tax, individual responsible for Trust Fund Recovery Penalty, self-employed individual, individual personally responsible for partnership liabilities, and/or an individual who operated as a disregarded single member Limited Liability Company (LLC) taxed as a sole proprietor prior to 2009 you should fill out Section 1.

Your first name, middle initial, last name

Andy Smith

Social Security Number (SSN)

XXX - XX - XXXX

If a joint offer, spouse's first name, middle initial, last name

Social Security Number (SSN)

Your home physical address (*street, city, state, ZIP code, county of residence*)

Main Street, Middletown, CT 06457

Your home mailing address (*if different from above or post office box number*)

Is this a new address

Yes  No

If yes, would you like us to update our records to this address

Yes  No

Your Employer Identification Number (*if applicable*)

-

## Individual Tax Periods (If Your Offer is for Individual Tax Debt Only)

1040 Income Tax-Year(s) 2018

Trust Fund Recovery Penalty as a responsible person of (*enter business name*) \_\_\_\_\_

for failure to pay withholding and Federal Insurance Contributions Act taxes (Social Security taxes), for period(s) ending \_\_\_\_\_

941 Employer's Quarterly Federal Tax Return - Quarterly period(s) \_\_\_\_\_

940 Employer's Annual Federal Unemployment (FUTA) Tax Return - Year(s) \_\_\_\_\_

Other Federal Tax(es) [specify type(s) and period(s)] \_\_\_\_\_

**Note:** If you need more space, use attachment and title it "Attachment to Form 656 dated \_\_\_\_\_." Make sure to sign and date the attachment.

**Warning:** The IRS will not compromise any amounts of restitution assessed by the IRS. Any liability arising from restitution is excluded from this offer.

**Low-Income Certification (Individuals and Sole Proprietors Only)**

Do you qualify for Low-Income Certification? You qualify if your adjusted gross income, as determined by your most recently filed Individual Income Tax return (Form 1040) or your household's gross monthly income from Form 433-A(OIC) x 12, is equal to or less than the amount shown in the chart below based on your family size and where you live. If you qualify, you are not required to submit any payments or the application fee upon submission or during the consideration of your offer. If your business is other than a sole proprietor or disregarded single member LLC taxed as a sole proprietor and you owe employment taxes on or after January 1, 2009, you cannot qualify for the waiver. The IRS will verify whether you qualify for low-income certification.

- I qualify for the low-income certification because my adjusted gross income is equal to or less than the amount shown in the table below.
- I qualify for the low-income certification because my household's size and gross monthly income x 12 is equal to or less than the income shown in the table below.

**Note: By checking one of the boxes you are certifying that your adjusted gross income or your household's gross monthly income x 12 and size of your family qualify you for the Low-Income Certification.**

**IF YOU QUALIFY FOR THE LOW-INCOME CERTIFICATION DO NOT INCLUDE ANY PAYMENTS WITH YOUR OFFER. However, if you elect to send in money and the Low-Income Certification box is checked, you MUST check ONE of the options listed below.**

- Payment** - By checking this box I am requesting all money to be applied to my tax debt
- Deposit** - By checking this box I am requesting all money to be treated as a deposit and returned if my offer is not accepted

**Please note that failure to check either box or checking both boxes above will result in all payments being applied to your tax debt and not returned to you.**

Size of family unit	48 contiguous states and D.C.	Hawaii	Alaska
1	\$30,348	\$34,896	\$37,956
2	\$41,148	\$47,328	\$51,456
3	\$51,948	\$59,748	\$64,956
4	\$62,748	\$72,180	\$78,456
5	\$73,548	\$84,600	\$91,956
6	\$84,348	\$97,020	\$105,456
7	\$95,148	\$109,452	\$118,956
8	\$105,948	\$121,872	\$132,456
For each additional person, add	\$10,800	\$12,420	\$13,500

**Section 2 Business Information (Form 1120, 1065, etc., filers)**

If your business is a Corporation, Partnership, LLC, or LLP and you want to compromise those tax debts, you must complete this section. You must also include all required documentation including the Form 433-B (OIC), and a separate \$186 application fee, and initial payment.

Business name \_\_\_\_\_

Business physical address (street, city, state, ZIP code) \_\_\_\_\_

Business mailing address (street, city, state, ZIP code) \_\_\_\_\_

Employer Identification Number (EIN) -	Name and title of primary contact	Telephone number ( ) -
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**Business Tax Periods (If Your Offer is for Business Tax Debt Only)**

- 1120 Income Tax-Year(s) \_\_\_\_\_
- 941 Employer's Quarterly Federal Tax Return - Quarterly period(s) \_\_\_\_\_
- 940 Employer's Annual Federal Unemployment (FUTA) Tax Return - Year(s) \_\_\_\_\_
- Other Federal Tax(es) [specify type(s) and period(s)] \_\_\_\_\_

**Note:** If you need more space, use attachment and title it "Attachment to Form 656 dated \_\_\_\_\_." Make sure to sign and date the attachment.

**Section 3 Reason for Offer**

- Doubt as to Collectibility** - I do not have enough in assets and income to pay the full amount
- Exceptional Circumstances (Effective Tax Administration)** - I owe this amount and have enough in assets and income to pay the full amount, but due to my exceptional circumstances, requiring full payment would cause an economic hardship or collection of the full liability would undermine public confidence that the tax laws are being administered in a fair and equitable manner. I am submitting a written narrative explaining my circumstances

**Explanation of Circumstances (Add additional pages, if needed)** – The IRS understands that there are unplanned events or special circumstances, such as serious illness, where paying the full amount or the minimum offer amount might impair your ability to provide for yourself and your family. If this is the case and you can provide documentation to prove your situation, then your offer may be accepted despite your financial profile. If applicable, describe your special circumstances below and attach appropriate documents to this offer application

The Taxpayer is retired. The liability is from cashing in his retirement to pay for emergency medical expenses. He has no way of repaying the tax debt.

**Section 4 Payment Terms**

**Check one of the payment options below to indicate how long it will take you to pay your offer in full. You must offer more than \$0. The offer amount should be in whole dollars only.**

**Lump Sum Cash**

- Check here if you will pay your offer in 5 or fewer payments within 5 or fewer months from the date of acceptance:**

Enclose a check for 20% of the offer amount (waived if you met the requirements for Low-Income Certification) and fill in the amount(s) of your future payment(s).

Total offer amount	-	20% initial payment	=	Remaining balance
\$ 2,710.48	-	\$ 542.09	=	\$ 2,168.39
<b>You may pay the remaining balance in one payment after acceptance of the offer or up to five payments, but cannot exceed 5 months.</b>				
Amount of payment	\$	0.00	payable within	1 Month after acceptance
Amount of payment	\$	0.00	payable within	2 Months after acceptance
Amount of payment	\$	0.00	payable within	3 Months after acceptance
Amount of payment	\$	0.00	payable within	4 Months after acceptance
Amount of payment	\$	2,168.39	payable within	5 Months after acceptance

**Periodic Payment**

- Check here if you will pay your offer in full in 6 to 24 months**

Enter the amount of your offer \$ \_\_\_\_\_

**Note: The total months may not exceed a total of 24, including the first payment. Your first payment is considered to be month 1; therefore, the remainder of the payments must be made within 23 months for a total of 24.**

Enclose a check for the first month's payment (waived if you met the requirements for the Low-Income Certification).

The first monthly payment of \$ \_\_\_\_\_ is included with this offer then \$ \_\_\_\_\_ will be sent in on the \_\_\_\_\_ day of each month thereafter for a total of \_\_\_\_\_ months with a final payment of \$ \_\_\_\_\_ to be paid on the \_\_\_\_\_ day of the \_\_\_\_\_ month.

**You must continue to make these monthly payments while the IRS is considering the offer (waived if you met the requirements for Low-Income Certification). Failure to make regular monthly payments until you have received a final decision letter will cause your offer to be returned with no appeal rights.**

**IRS Use Only**

- Attached is an addendum dated (insert date) \_\_\_\_\_ setting forth the amended offer amount and payment terms.



**Section 5 Designation of Payment, Electronic Federal Tax Payment System (EFTPS), and Deposit**

**Designation of Payment**

If you want your payment to be applied to a specific tax year and a specific tax debt, such as a Trust Fund Recovery Penalty, please tell us the tax year/quarter \_\_\_\_\_. If you do not designate a preference, we will apply any money you send to the government's best interest. If you want to designate any payments not included with this offer, you must designate a preference for each payment at the time the payment is made. However, you cannot designate the application fee or any payment after the IRS accepts the offer.

**Note: Payments submitted with your offer cannot be designated as estimated tax payments for a current or past tax year.**

**Electronic Federal Tax Payment System (EFTPS)**

Did you make your payment through the [Electronic Federal Tax Payment System \(EFTPS\)](#)

Yes  No

If yes, provide the amount of your payment(s) \$ \_\_\_\_\_, the date paid \_\_\_\_\_, and the 15 digit Electronic Funds Transfer (EFT) Number \_\_\_\_\_.

**Note: Any initial payments paid through the EFTPS system must be made the same date your offer is mailed.**

**Deposit**

**CAUTION: Do NOT designate the amounts sent in with your offer to cover the initial payment and application fee as "deposits." Doing so will result in the return of your offer without appeal rights.**

If you are paying **more than** the initial payment with your offer and you want any part of that payment treated as a deposit, check the box below and insert the amount.

My payment of \$ \_\_\_\_\_ includes the \$186 application fee and \$ \_\_\_\_\_ for my first month's payment. I am requesting the additional amount of \$ \_\_\_\_\_ be held as a deposit.

If your offer is rejected, returned, or withdrawn please check one of the boxes below and let us know what you would like us to do with your deposit.

Return it to you (Initial here \_\_\_\_\_)  Apply it to your tax debt (Initial here \_\_\_\_\_)

Your deposit will be returned to you, unless you indicated in the above check box that you want it applied to your tax debt.

**Section 6 Source of Funds, Making Your Payment, Filing Requirements, and Tax Payment Requirements**

**Source of Funds**

Tell us where you will obtain the funds to pay your offer. You may consider borrowing from friends and/or family, taking out a loan, or selling asset

The taxpayer is going to borrow money from family.  
\_\_\_\_\_  
\_\_\_\_\_

**Making Your Payment**

Include separate checks for the payment and application fee.

Make checks payable to the "United States Treasury" and attach to the front of your Form 656, Offer in Compromise. All payments must be in U.S. dollars. **Do not send cash.** Send a separate application fee with each offer; do not combine it with any other tax payments, as this may delay processing of your offer. You may also make payments through the [Electronic Federal Tax Payment System \(EFTPS\)](#). Your offer will be returned to you if the application fee and the required payment are not included, or if your check is returned for insufficient funds.

**Filing Requirements**

I have filed all required tax returns and have included a complete copy of any tax return filed within 60 days prior to this offer submission

I was not required to file a tax return for the following years \_\_\_\_\_

**Note: Do not include original tax returns with your offer. You must either electronically file your tax return or mail it to the appropriate IRS processing office before sending in your offer.**

**Tax Payment Requirements (check all that apply)**

I have made all required estimated tax payments for the current tax year

I am not required to make any estimated tax payments for the current tax year

I have made all required federal tax deposits for the current quarter

I am not required to make any federal tax deposits for the current quarter

**Section 7****Offer Terms**

**By submitting this offer, I have read, understand and agree to the following terms and conditions:**

**Terms, Conditions, and Legal Agreement**

a) I request that the IRS accept the offer amount listed in this offer application as payment of my outstanding tax debt (including interest, penalties, and any additional amounts required by law) as of the date listed on this form. I authorize the IRS to amend Section 1 and/or Section 2 if I failed to list any of my assessed tax debt or tax debt assessed before acceptance of my offer. By submitting a joint offer, both signers grant approval to the Internal Revenue Service to disclose the existence of any separate liabilities owed.

b) I also authorize the IRS to amend Section 1 and/or Section 2 by removing any tax years on which there is currently no outstanding liability. I understand that my offer will be accepted, by law, unless IRS notifies me otherwise, in writing, within 24 months of the date my offer was received by IRS. I also understand that if any tax debt that is included in the offer is in dispute in any judicial proceeding it/they will not be included in determining the expiration of the 24-month period.

**IRS will keep my payments, fees, and some refunds.**

c) I voluntarily submit the payments made on this offer and understand that they will not be returned even if I withdraw the offer or the IRS rejects or returns the offer except as otherwise provided in subpart (h) of this section (regarding "deposit" amounts) or subpart (i) of this section. Unless I designate how to apply each required payment in Section 5, the IRS will apply my payment in the best interest of the government, choosing which tax years and tax debts to pay off. The IRS will also keep my application fee unless the offer is not accepted for processing.

d) I understand that if I checked the Low-Income Certification in Section 1, then no payments are required. If I qualify for the Low-Income Certification and voluntarily submit payments, all money will be applied to my tax debt and will not be returned to me unless I designate it as a deposit. In making my deposit I do not have to designate any amounts to the application fee and my first month's payment.

e) The IRS will keep any refund, including interest, that I might be due for tax periods extending through the calendar year in which the IRS accepts my offer. I cannot designate that the refund be applied to estimated tax payments for the following year or the accepted offer amount. If I receive a refund after I submit this offer for any tax period extending through the calendar year in which the IRS accepts my offer, I will return the refund within 30 days of notification. The refund offset does not apply to offers accepted under the provisions of Effective Tax Administration or Doubt as to Collectibility with special circumstances based on public policy/equity considerations.

f) I understand that the amount I am offering may not include part or all of an expected or current tax refund, money already paid, funds attached by any collection action, or anticipated benefits from a capital or net operating loss.

g) The IRS will keep any monies it has collected prior to this offer. Under section 6331(k) the IRS may levy up to the time that the IRS official signs and acknowledges my offer as pending, which is accepted for processing and the IRS may keep any proceeds arising from such a levy. No levy will be issued on individual shared responsibility payments. However, if the IRS served a continuous levy on wages, salary, or certain federal payments under sections 6331(e) or (h), then the IRS could choose to either retain or release the levy.

h) The IRS will keep any payments that I make related to this offer. I agree that any funds submitted with this offer will be treated as a payment unless I checked the box to treat any amount more than the required initial payment as a deposit. For other than Low-Income taxpayers, only amounts that exceed the mandatory payments can be treated as a deposit. A Low-Income taxpayer who has checked the deposit box is not required to make payments with the offer. I also agree that any funds submitted with periodic payments made after the submission of this offer and prior to the acceptance, rejection, or return of this offer will be treated as payments, unless I identify the amount more than the required payment as a deposit on the check submitted with the corresponding periodic payment. A deposit will be returned if the offer is rejected, returned, or withdrawn. I understand that the IRS will not pay interest on any deposit. If the IRS attempts to return a deposit once and it comes back as undeliverable then the IRS will apply the funds to my tax liability.

i) If my offer is accepted and my final payment is more than the agreed amount by \$50 or less, the IRS will not return the difference, but will apply the entire payment to my tax debt. If my final payment exceeds the agreed amount by more than \$50, the IRS will return the excess payment to me.

**Pending status of an offer and right to appeal**

j) Once an authorized IRS official signs this form, my offer is considered pending as of that signature date and it remains pending until the IRS accepts, rejects, returns, or I withdraw my offer. An offer is also considered pending for 30 days after any rejection of my offer by the IRS, and during the time that any rejection of my offer is being considered by the Appeals Office. An offer will be considered withdrawn when the IRS receives my written notification of withdrawal by personal delivery or certified mail or when I inform the IRS of my withdrawal by other means and the IRS acknowledges in writing my intent to withdraw the offer.

k) I waive the right to an Appeals hearing if I do not request a hearing in writing within 30 days of the date the IRS notifies me of the decision to reject the offer.

**Section 7 (Continued)****Offer Terms**

**I must comply with my future tax obligations and understand I remain liable for the full amount of my tax debt until all terms and conditions of this offer have been met.**

l) I will comply with all provisions of the internal revenue laws, including requirements to timely file tax returns and timely pay taxes for the five year period beginning with the date of acceptance of this offer and ending through the fifth year, including any extensions to file and pay. I agree to promptly pay any liabilities assessed after acceptance of this offer for tax years ending prior to acceptance of this offer that were not otherwise identified in Section 1 or Section 2 of this agreement. I also understand that during the five year period I cannot request an installment agreement for unpaid taxes incurred before or after the accepted offer. If this is an offer being submitted for joint tax debt, and one of us does not comply with future obligations, only the non-compliant taxpayer will be in default of this agreement. An accepted offer will not be defaulted solely due to the assessment of an individual shared responsibility payment.

m) I agree that I will remain liable for the full amount of the tax liability, accrued penalties and interest, until I have met all of the terms and conditions of this offer. Penalty and interest will continue to accrue until all payment terms of the offer have been met. If I file for bankruptcy before the terms and conditions of the offer are met, I agree that the IRS may file a claim for the full amount of the tax liability, accrued penalties and interest, and that any claim the IRS files in the bankruptcy proceeding will be a tax claim.

n) Once the IRS accepts my offer in writing, I have no right to challenge the tax debt(s) in court or by filing a refund claim or refund suit for any liability or period listed in Section 1 or Section 2, even if the IRS defaults the offer.

**I understand what will happen if I fail to meet the terms of my offer (e.g., default).**

o) If I fail to meet any of the terms of this offer, the IRS may revoke the certificate of release of federal tax lien and file a new notice of federal tax lien; levy or sue me to collect any amount ranging from one or more missed payments to the original amount of the tax debt (less payments made) plus penalties and interest that have accrued from the time the underlying tax liability arose. The IRS will continue to add interest, as required by section 6601 of the Internal Revenue Code, on the amount the IRS determines is due after default. Shared responsibility payments are excluded from levy.

**I agree to waive time limits provided by law.**

p) To have my offer considered, I agree to the extension of the time limit provided by law to assess my tax debt (statutory period of assessment). I agree that the date by which the IRS must assess my tax debt will now be the date by which my debt must currently be assessed plus the period of time my offer is pending plus one additional year if the IRS rejects, returns, or terminates my offer or I withdraw it. (Paragraph (j) of this section defines pending and withdrawal.) I understand that I have the right not to waive the statutory period of assessment or to limit the waiver to a certain length or certain periods or issues. I understand, however, that the IRS may not consider my offer if I refuse to waive the statutory period of assessment or if I provide only a limited waiver. I also understand that the statutory period for collecting my tax debt will be suspended during the time my offer is pending with the IRS, for 30 days after any rejection of my offer by the IRS, and during the time that any rejection of my offer is being considered by the Appeals Office.

**I understand the IRS may file a Notice of Federal Tax Lien on my property.**

q) The IRS may file a Notice of Federal Tax Lien during consideration of the offer or for offers that will be paid over time. If the offer is accepted, the tax lien will be released within 30 days of when the payment terms have been satisfied and the payment has been verified. The time it takes to transfer funds to the IRS from commercial institutions varies based on the form of payment. The IRS will not file a Notice of Federal Tax Lien on any individual shared responsibility debt.

**Correction Agreement**

r) I authorize the IRS, to correct any typographical or clerical errors or make minor modifications to my/our Form 656 that I signed in connection to this offer.

**I authorize the IRS to contact relevant third parties in order to process my offer.**

s) By authorizing the IRS to contact third parties, I understand that I will not be notified of which third parties the IRS contacts as part of the offer application process, including tax periods that have not been assessed, as stated in §7602 (c) of the Internal Revenue Code. In addition, I authorize the IRS to request a consumer report on me from a credit bureau.

**I am submitting an offer as an individual for a joint liability.**

t) I understand if the liability sought to be compromised is the joint and individual liability of myself and my co-obligor(s) and I am submitting this offer to compromise my individual liability only, then if this offer is accepted, it does not release or discharge my co-obligor(s) from liability. The United States still reserves all rights of collection against the co-obligor(s).

**I understand the IRS Shared Responsibility Payment (SRP).**

u) If your offer includes any shared responsibility payment (SRP) amount that you owe for not having minimum essential health coverage for you and, if applicable, your dependents per Internal Revenue Code Section 5000A - Individual shared responsibility payment, it is not subject to penalties (except applicable bad check penalty) or to lien and levy enforcement actions. However, interest will continue to accrue until you pay the total SRP balance due. We may apply your federal tax refunds to the SRP amount that you owe until it is paid in full.

**I understand the IRS is required to make certain information public.**

v) The IRS is required to make certain information, such as taxpayer name, city/state/zip, liability amount, and offer terms, available for public inspection and review for one year after the date of offer acceptance.

**Section 8****Signatures**

Under penalties of perjury, I declare that I have examined this offer, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

 <b>Signature of Taxpayer/Corporation Name</b>	Phone number	Today's date (mm/dd/yyyy)
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By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

 <b>Signature of Spouse/Authorized Corporate Officer</b>	Phone number	Today's date (mm/dd/yyyy)
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By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

**Section 9****Paid Preparer Use Only**

Signature of Preparer	Phone number  203-285-8545	Today's date (mm/dd/yyyy)
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By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

Name of Paid Preparer  Eric Green	Preparer's CAF no. or PTIN  0100-75305R
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Firm's name (or yours if self-employed), address, and ZIP code  
One Audubon Street, Third Floor, New Haven, CT 06511

*If you would like to have someone represent you during the offer investigation, attach a valid, signed [Form 2848](#) with this application or a copy of a previously filed form. Form 2848 allows for representation and receipt of confidential information. You should also include the current tax year on the form, in the list of applicable years or periods.*

*[Form 8821](#) allows a third party to receive confidential information but they cannot represent you before the IRS in a Collection matter. If you would like a third party to receive confidential information on your behalf attach a copy if previously filed and include the current tax year on the form.*

<b>IRS Use Only.</b> I accept the waiver of the statutory period of limitations on assessment for the Internal Revenue Service, as described in Section 7(p).		
Signature of Authorized Internal Revenue Service Official	Title	Date (mm/dd/yyyy)

**Privacy Act Statement**

We ask for the information on this form to carry out the internal revenue laws of the United States. Our authority to request this information is section § 7801 of the Internal Revenue Code.

Our purpose for requesting the information is to determine if it is in the best interests of the IRS to accept an offer. You are not required to make an offer; however, if you choose to do so, you must provide all of the taxpayer information requested. Failure to provide all of the information may prevent us from processing your request.

If you are a paid preparer and you prepared the Form 656 for the taxpayer submitting an offer, we request that you complete and sign Section 9 on Form 656, and provide identifying information. Providing this information is voluntary. This information will be used to administer and enforce the internal revenue laws of the United States and may be used to regulate practice before the Internal Revenue Service for those persons subject to Treasury Department Circular No. 230, Regulations Governing the Practice of Attorneys, Certified Public Accountants, Enrolled Agents, Enrolled Actuaries, and Appraisers before the Internal Revenue Service. Information on this form may be disclosed to the Department of Justice for civil and criminal litigation. We may also disclose this information to cities, states and the District of Columbia for use in administering their tax laws and to combat terrorism. Providing false or fraudulent information on this form may subject you to criminal prosecution and penalties.

# APPLICATION CHECKLIST

Review the entire application using the Application Checklist below. Include this checklist with your application.

## Forms 433-A (OIC), 433-B (OIC), and 656

- Did you complete all fields and sign all forms
- Did you make an offer amount that is equal to the offer amount calculated on the Form 433-A (OIC) or Form 433-B (OIC)? If not, did you describe the special circumstances that are leading you to offer less than the minimum in the "Explanation of Circumstances" Section 3 of Form 656, and did you provide supporting documentation of the special circumstances
- Have you filed all required tax returns and received a bill or notice of balance due
- Did you include a complete copy of any tax return filed within 60 days prior to this offer submission
- Did you select a payment option on Form 656
- Did you sign and attach the Form 433-A (OIC), if applicable
- Did you sign and attach the Form 433-B (OIC), if applicable
- Did you sign and attach the Form 656
- If you are making an offer that includes business and individual tax debts, did you prepare a separate Form 656 package (including separate financial statements, supporting documentation, application fee, and initial payment)

## Supporting documentation and additional forms

- Did you include photocopies of all required supporting documentation
- If you want a third party to represent you and receive confidential information during the offer process, did you include a Form 2848? If you want a third party to only receive confidential information on your behalf did you include valid Form 8821? Does it include the current tax year
- Did you provide a letter of testamentary or other verification of person(s) authorized to act on behalf of the estate or deceased individual

## Payment

- Did you include a check or money order made payable to the "United States Treasury" for the initial payment? (Waived if you meet Low-Income Certification guidelines—see Form 656)
- Did you include a separate check or money order made payable to the "United States Treasury" for the \$186 application fee? (Waived if you meet Low-Income Certification guidelines—see Form 656)

## Mail your application package to the appropriate IRS facility

Mail the Form 656, 433-A (OIC) and/or 433-B (OIC), and related financial document(s) to the appropriate IRS processing office for your state. You may wish to send it by Certified Mail so you have a record of the date it was mailed.

### If you reside in:

AL, AR, FL, GA, HI, ID, KY, LA, MS, NC, NM, NV, OK, OR,  
TN, TX, WA, WI

AK, AZ, CA, CO, CT, DE, IA, IL, IN, KS, MA, MD, ME, MI,  
MN, MO, MT, ND, NE, NH, NJ, NY, OH, PA, RI, SC, SD,  
UT, VT, VA, WY, WV; DC, PR, or a foreign address

### Mail your application to:

Memphis IRS Center COIC Unit  
P.O. Box 30803, AMC  
Memphis, TN 38130-0803  
1-844-398-5025

Brookhaven IRS Center COIC Unit  
P.O. Box 9007  
Holtsville, NY 11742-9007  
1-844-805-4980