

# HOW TO COMPLETE A 433

## EXHIBITS

1. Form 433-A - Collection Information Statement for Wage Earners and Self-Employed Individuals
2. Form 433-B - Collection Information Statement for Business
3. Form 433-F – ACS Collection Information Statement
4. Form 433-D – Request for Installment Agreement
5. Form 433-H – Installment Agreement Request and
6. Collection Information Statement
7. Form 433-A (OIC) – Financial Forms for an Individual Offer
8. Form 433-B (OIC) Financial Form for an Entity in an Offer
9. National Standard for Food, Clothing & Misc
10. National Standard for Out-of-Pocket Health Care Expenses
11. Transportation Standards
12. Local Housing Standards (Connecticut)
13. One-Year and Six-Year Rules
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18. Case Study 5 – After Adjustments

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

**Wage Earners** Complete Sections 1, 2, 3, 4, and 5 including the signature line on page 4. *Answer all questions or write N/A if the question is not applicable.*

**Self-Employed Individuals** Complete Sections 1, 3, 4, 5, 6 and 7 and the signature line on page 4. *Answer all questions or write N/A if the question is not applicable.*

**For Additional Information**, refer to Publication 1854, "How To Prepare a Collection Information Statement."

**Include attachments if additional space is needed to respond completely to any question.**

Name on Internal Revenue Service (IRS) Account	SSN or ITIN on IRS Account	Employer Identification Number EIN
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**Section 1: Personal Information**

<b>1a</b> Full Name of Taxpayer and Spouse (if applicable)		<b>1c</b> Home Phone ( ) ( )	<b>1d</b> Cell Phone ( ) ( )
<b>1b</b> Address (Street, City, State, ZIP code) (County of Residence)		<b>1e</b> Business Phone ( ) ( )	<b>1f</b> Business Cell Phone ( ) ( )
<b>2a</b> Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		<b>2b</b> Name, Age, and Relationship of persons in household or claimed as a dependent(s)	
<b>3a</b> Taxpayer	SSN or ITIN	Date of Birth (mmddyyyy)	Driver's License Number and State
<b>3b</b> Spouse			

**Section 2: Employment Information for Wage Earners**

*If you or your spouse have self-employment income instead of, or in addition to wage income, complete Business Information in Sections 6 and 7.*

Taxpayer		Spouse	
<b>4a</b> Taxpayer's Employer Name		<b>5a</b> Spouse's Employer Name	
<b>4b</b> Address (Street, City, State, and ZIP code)		<b>5b</b> Address (Street, City, State, and ZIP code)	
<b>4c</b> Work Telephone Number ( ) ( )	<b>4d</b> Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5c</b> Work Telephone Number ( ) ( )	<b>5d</b> Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4e</b> How long with this employer (years)   (months)	<b>4f</b> Occupation	<b>5e</b> How long with this employer (years)   (months)	<b>5f</b> Occupation
<b>4g</b> Number of withholding allowances claimed on Form W-4	<b>4h</b> Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<b>5g</b> Number of withholding allowances claimed on Form W-4	<b>5h</b> Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

**Section 3: Other Financial Information (Attach copies of applicable documentation)**

<b>6</b> Are you a party to a lawsuit (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date (mmddyyyy)	Subject of Suit	
<b>7</b> Have you ever filed bankruptcy (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No.
			Location Filed
<b>8</b> In the past 10 years, have you lived outside of the U.S for 6 months or longer (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Dates lived abroad: from (mmddyyyy)		To (mmddyyyy)	
<b>9a</b> Are you the beneficiary of a trust, estate, or life insurance policy (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Place where recorded:			EIN:
Name of the trust, estate, or policy		Anticipated amount to be received \$	When will the amount be received
<b>9b</b> Are you a trustee, fiduciary, or contributor of a trust <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Name of the trust:			EIN:
<b>10</b> Do you have a safe deposit box (business or personal) (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Location (Name, address and box number(s))		Contents	Value \$
<b>11</b> In the past 10 years, have you transferred any assets for less than their full value (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
List Asset(s)	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where was it Transferred

**Section 4: Personal Asset Information for all Individuals (Foreign and Domestic)**

**12 CASH ON HAND** Include cash that is not in a bank **Total Cash on Hand** \$

**PERSONAL BANK ACCOUNTS** Include all checking, online and mobile (e.g., PayPal etc.) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.).

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union, or Financial Institution	Account Number	Account Balance As of _____ mmddyyyy
<b>13a</b>			\$
<b>13b</b>			\$
<b>13c Total Cash</b> (Add lines 13a, 13b, and amounts from any attachments)			\$

**INVESTMENTS** Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, 401(k) plans and commodities (e.g., gold, silver, copper, etc.). Include all corporations, partnerships, limited liability companies, or other business entities in which you are an officer, director, owner, member, or otherwise have a financial interest. Include attachment(s) if additional space is needed to respond.

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, ZIP code) of Company	Current Value	Loan Balance (if applicable) As of _____ mmddyyyy	Equity Value minus Loan
<b>14a</b>				
	Phone	\$	\$	\$
<b>14b</b>				
	Phone	\$	\$	\$

**VIRTUAL CURRENCY (CRYPTOCURRENCY)** List all virtual currency you own or in which you have a financial interest. (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.) If applicable, attach a statement with each virtual currency's public key.

Type of 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 (Mobile Wallet, Online, and/or External Hardware storage)	Virtual Currency Amount and Value in US dollars as of today (e.g., 10 Bitcoins \$64,600.00 USD)
<b>14c</b>				\$
<b>14d</b>				\$
<b>14e Total Equity</b> (Add lines 14a through 14d and amounts from any attachments)				\$

**AVAILABLE CREDIT** Include all lines of credit and bank issued credit cards.

Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of _____ mmddyyyy	Available Credit As of _____ mmddyyyy
<b>15a</b>			
Acct. No	\$	\$	\$
<b>15b</b>			
Acct. No	\$	\$	\$
<b>15c Total Available Credit</b> (Add lines 15a, 15b and amounts from any attachments)			\$

**16a LIFE INSURANCE** Do you own or have any interest in any life insurance policies with cash value (Term Life insurance does not have a cash value)  
 Yes  No If yes, complete blocks 16b through 16f for each policy.

<b>16b</b> Name and Address of Insurance Company(ies):			
<b>16c</b> Policy Number(s)			
<b>16d</b> Owner of Policy			
<b>16e</b> Current Cash Value	\$	\$	\$
<b>16f</b> Outstanding Loan Balance	\$	\$	\$
<b>16g Total Available Cash</b> (Subtract amounts on line 16f from line 16e and include amounts from any attachments)			\$

**REAL PROPERTY** Include all real property owned or being purchased

	Purchase Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>17a</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>17b</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>17c Total Equity</b> (Add lines 17a, 17b and amounts from any attachments)						\$

**PERSONAL VEHICLES LEASED AND PURCHASED** Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, etc.

Description (Year, Mileage, Make/Model, Tag Number, Vehicle Identification Number)		Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>18a</b> Year	Make/Model		\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone					
Vehicle Identification Number		Phone					
<b>18b</b> Year	Make/Model		\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone					
Vehicle Identification Number		Phone					
<b>18c Total Equity</b> (Add lines 18a, 18b and amounts from any attachments)							\$

**PERSONAL ASSETS** Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets. Include intangible assets such as licenses, domain names, patents, copyrights, mining claims, etc.

	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>19a</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>19b</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>19c Total Equity</b> (Add lines 19a, 19b and amounts from any attachments)						\$

**If you are self-employed, sections 6 and 7 must be completed before continuing.**

**Section 5: Monthly Income and Expenses**

Monthly Income/Expense Statement (For additional information, refer to Publication 1854.)

Total Income		Total Living Expenses		IRS USE ONLY
Source	Gross Monthly	Expense Items <sup>6</sup>	Actual Monthly	Allowable Expenses
<b>20</b> Wages (Taxpayer) <sup>1</sup>	\$	<b>35</b> Food, Clothing and Misc. <sup>7</sup>	\$	
<b>21</b> Wages (Spouse) <sup>1</sup>	\$	<b>36</b> Housing and Utilities <sup>8</sup>	\$	
<b>22</b> Interest - Dividends	\$	<b>37</b> Vehicle Ownership Costs <sup>9</sup>	\$	
<b>23</b> Net Business Income <sup>2</sup>	\$	<b>38</b> Vehicle Operating Costs <sup>10</sup>	\$	
<b>24</b> Net Rental Income <sup>3</sup>	\$	<b>39</b> Public Transportation <sup>11</sup>	\$	
<b>25</b> Distributions (K-1, IRA, etc.) <sup>4</sup>	\$	<b>40</b> Health Insurance	\$	
<b>26</b> Pension (Taxpayer)	\$	<b>41</b> Out of Pocket Health Care Costs <sup>12</sup>	\$	
<b>27</b> Pension (Spouse)	\$	<b>42</b> Court Ordered Payments	\$	
<b>28</b> Social Security (Taxpayer)	\$	<b>43</b> Child/Dependent Care	\$	
<b>29</b> Social Security (Spouse)	\$	<b>44</b> Life Insurance	\$	
<b>30</b> Child Support	\$	<b>45</b> Current year taxes (Income/FICA) <sup>13</sup>	\$	
<b>31</b> Alimony	\$	<b>46</b> Secured Debts (Attach list)	\$	
Other Income (Specify below) <sup>5</sup>		<b>47</b> Delinquent State or Local Taxes	\$	
<b>32</b>	\$	<b>48</b> Other Expenses (Attach list)	\$	
<b>33</b>	\$	<b>49</b> Total Living Expenses (add lines 35-48)	\$	
<b>34</b> Total Income (add lines 20-33)	\$	<b>50</b> Net difference (Line 34 minus 49)	\$	

**1 Wages, salaries, pensions, and social security:** Enter gross monthly wages and/or salaries. Do not deduct tax withholding or allotments taken out of pay, such as insurance payments, credit union deductions, car payments, etc. To calculate the gross monthly wages and/or salaries:

*If paid weekly* - multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33

*If paid biweekly (every 2 weeks)* - multiply biweekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

*If paid semimonthly (twice each month)* - multiply semimonthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

**2 Net Income from Business:** Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. **This figure is the amount from page 6, line 89.** If the net business income is a loss, enter "0". Do not enter a negative number. If this amount is more or less than previous years, attach an explanation.

**3 Net Rental Income:** Enter monthly net rental income. This is the amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0." Do not enter a negative number.

**4 Distributions:** Enter the total distributions from partnerships and subchapter S corporations reported on Schedule K-1, and from limited liability companies reported on Form 1040, Schedule C, D or E. Enter total distributions from IRAs if not included under pension income.

**5 Other Income:** Include agricultural subsidies, unemployment compensation, gambling income, oil credits, rent subsidies, sharing economy income from providing on-demand work, services or goods (e.g., Uber, Lyft, AirBnB, VRBO) and income through digital platforms like an app or website, etc.

**6 Expenses not generally allowed:** We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions or payments on unsecured debts. However, we may allow the expenses if proven that they are necessary for the health and welfare of the individual or family or the production of income. See Publication 1854 for exceptions.

**7 Food, Clothing and Miscellaneous:** Total of food, clothing, housekeeping supplies, and personal care products for one month. The miscellaneous allowance is for expenses incurred that are not included in any other allowable living expense items. Examples are credit card payments, bank fees and charges, reading material, and school supplies.

**8 Housing and Utilities:** For principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, homeowner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, telephone, cell phone, cable television and internet services.

**9 Vehicle Ownership Costs:** Total of monthly lease or purchase/loan payments.

**10 Vehicle Operating Costs:** Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.

**11 Public Transportation:** Total of monthly fares for mass transit (e.g., bus, train, ferry, taxi, etc.)

**12 Out of Pocket Health Care Costs:** Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)

**13 Current Year Taxes:** Include state and Federal taxes withheld from salary or wages, or paid as estimated taxes.

**Certification:** Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

Taxpayer's Signature	Spouse's signature	Date
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After we review the completed Form 433-A, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, pay statements, self-employment records, bank and investment statements, loan statements, bills or statements for recurring expenses, etc.

IRS USE ONLY (Notes)

**Sections 6 and 7 must be completed only if you are SELF-EMPLOYED.**

**Section 6: Business Information**

**51** Is the business a sole proprietorship (*filing Schedule C*)  **Yes**, Continue with Sections 6 and 7.  **No**, Complete Form 433-B. All other business entities, including limited liability companies, partnerships or corporations, must complete Form 433-B.

**52** Business Name & Address (*if different than 1b*)

<b>53</b> Employer Identification Number	<b>54</b> Type of Business	<b>55</b> Is the business a Federal Contractor <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>56</b> Business Website (web address)	<b>57</b> Total Number of Employees	<b>58</b> Average Gross Monthly Payroll
<b>59</b> Frequency of Tax Deposits	<b>60</b> Does the business engage in e-Commerce ( <i>Internet sales</i> ) If yes, complete <i>lines 61a and 61b</i> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**PAYMENT PROCESSOR** (*e.g., PayPal, Authorize.net, Google Checkout, etc.*) Include virtual currency wallet, exchange or digital currency exchange.

Name & Address ( <i>Street, City, State, ZIP code</i> ). Name & Address ( <i>Street, City, State, ZIP code</i> )	Payment Processor Account Number
<b>61a</b>	
<b>61b</b>	

**CREDIT CARDS ACCEPTED BY THE BUSINESS**

Credit Card	Merchant Account Number	Issuing Bank Name & Address ( <i>Street, City, State, ZIP code</i> )
<b>62a</b>		
<b>62b</b>		
<b>62c</b>		

**63 BUSINESS CASH ON HAND** Include cash that is not in a bank. **Total Cash on Hand** \$

**BUSINESS BANK ACCOUNTS** Include checking accounts, online and mobile (*e.g., PayPal*) accounts, money market accounts, savings accounts, and stored value cards (*e.g., payroll cards, government benefit cards, etc.*). Report Personal Accounts in Section 4.

Type of Account	Full name & Address ( <i>Street, City, State, ZIP code</i> ) of Bank, Savings & Loan, Credit Union or Financial Institution.	Account Number	Account Balance As of _____ <i>mmddyyyy</i>
<b>64a</b>			\$
<b>64b</b>			\$
<b>64c Total Cash in Banks</b> ( <i>Add lines 64a, 64b and amounts from any attachments</i> )			\$

**ACCOUNTS/NOTES RECEIVABLE** Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (*List all contracts separately, including contracts awarded, but not started.*) **Include Federal, state and local government grants and contracts.**

Accounts/Notes Receivable & Address ( <i>Street, City, State, ZIP code</i> )	Status ( <i>e.g., age, factored, other</i> )	Date Due ( <i>mmddyyyy</i> )	Invoice Number or Government Grant or Contract Number	Amount Due
<b>65a</b>				\$
<b>65b</b>				\$
<b>65c</b>				\$
<b>65d</b>				\$
<b>65e</b>				\$
<b>65f Total Outstanding Balance</b> ( <i>Add lines 65a through 65e and amounts from any attachments</i> )				\$

**BUSINESS ASSETS** Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include a list and show the value of all intangible assets such as licenses, patents, domain names, copyrights, trademarks, mining claims, etc.

	Purchase/Lease Date (mmd/yyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmd/yyyy)	Equity FMV Minus Loan
<b>66a</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and Country			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>66b</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and Country			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>66c Total Equity</b> (Add lines 66a, 66b and amounts from any attachments)						\$

**Section 7 should be completed only if you are SELF-EMPLOYED**

**Section 7: Sole Proprietorship Information (lines 67 through 87 should reconcile with business Profit and Loss Statement)**

Accounting Method Used:  Cash  Accrual

Use the prior 3, 6, 9 or 12 month period to determine your typical business income and expenses.

**Income and Expenses during the period** (mmd/yyyy) to (mmd/yyyy)

Provide a breakdown below of your average monthly income and expenses, based on the period of time used above.

Total Monthly Business Income		Total Monthly Business Expenses (Use attachments as needed)	
Source	Gross Monthly	Expense Items	Actual Monthly
<b>67</b> Gross Receipts	\$	<b>77</b> Materials Purchased <sup>1</sup>	\$
<b>68</b> Gross Rental Income	\$	<b>78</b> Inventory Purchased <sup>2</sup>	\$
<b>69</b> Interest	\$	<b>79</b> Gross Wages & Salaries	\$
<b>70</b> Dividends	\$	<b>80</b> Rent	\$
<b>71</b> Cash Receipts not included in lines 67-70	\$	<b>81</b> Supplies <sup>3</sup>	\$
Other Income (Specify below)		<b>82</b> Utilities/Telephone <sup>4</sup>	\$
<b>72</b>	\$	<b>83</b> Vehicle Gasoline/Oil	\$
<b>73</b>	\$	<b>84</b> Repairs & Maintenance	\$
<b>74</b>	\$	<b>85</b> Insurance	\$
<b>75</b>	\$	<b>86</b> Current Taxes <sup>5</sup>	\$
<b>76 Total Income</b> (Add lines 67 through 75)	\$	<b>87</b> Other Expenses, including installment payments (Specify)	\$
		<b>88 Total Expenses</b> (Add lines 77 through 87)	\$
		<b>89 Net Business Income</b> (Line 76 minus 88) <sup>6</sup>	\$

Enter the monthly net income amount from line 89 on line 23, section 5. If line 89 is a loss, enter "0" on line 23, section 5.  
Self-employed taxpayers must return to page 4 to sign the certification.

- |  |   |
|--|---|
| <p><b>1 Materials Purchased:</b> Materials are items directly related to the production of a product or service.</p> <p><b>2 Inventory Purchased:</b> Goods bought for resale.</p> <p><b>3 Supplies:</b> Supplies are items used in the business that are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.</p> <p><b>4 Utilities/Telephone:</b> Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business internet.</p> | <p><b>5 Current Taxes:</b> Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes.</p> <p><b>6 Net Business Income:</b> Net profit from Form 1040, Schedule C may be used if duplicated deductions are eliminated (e.g., expenses for business use of home already included in housing and utility expenses on page 4). Deductions for depreciation and depletion on Schedule C are not cash expenses and must be added back to the net income figure. In addition, interest cannot be deducted if it is already included in any other installment payments allowed.</p> |
|--|---|

**IRS USE ONLY (Notes)**

**Privacy Act:** The information requested on this Form is covered under Privacy Acts and Paperwork Reduction Notices which have already been provided to the taxpayer.

## Collection Information Statement for Businesses

**Note:** Complete all entry spaces with the current data available or "N/A" (not applicable). Failure to complete all entry spaces may result in rejection of your request or significant delay in account resolution. **Include attachments if additional space is needed to respond completely to any question.**

### Section 1: Business Information

<b>1a</b> Business Name _____  <b>1b</b> Business Street Address _____ Mailing Address _____ City _____ State _____ ZIP _____ <b>1c</b> County _____ <b>1d</b> Business Telephone (____) _____ <b>1e</b> Type of Business _____  <b>1f</b> Business Website (web address) _____	<b>2a</b> Employer Identification No. (EIN) _____ <b>2b</b> Type of entity (Check appropriate box below) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ <input type="checkbox"/> Limited Liability Company (LLC) classified as a corporation <input type="checkbox"/> Other LLC - Include number of members _____ <b>2c</b> Date Incorporated/Established _____ <span style="float: right; font-size: small;">mmddyyyy</span> <b>3a</b> Number of Employees _____ <b>3b</b> Monthly Gross Payroll _____ <b>3c</b> Frequency of Tax Deposits _____ <b>3d</b> Is the business enrolled in Electronic Federal Tax Payment System (EFTPS) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Does the business engage in e-Commerce (Internet sales) If yes, complete 5a and 5b. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PAYMENT PROCESSOR** (e.g., PayPal, Authorize.net, Google Checkout, etc.) Include virtual currency wallet, exchange or digital currency exchange.

Name and Address (Street, City, State, ZIP code)	Payment Processor Account Number
<b>5a</b>	
<b>5b</b>	

**CREDIT CARDS ACCEPTED BY THE BUSINESS**

Type of Credit Card (e.g., Visa, Mastercard, etc.)	Merchant Account Number	Issuing Bank Name and Address (Street, City, State, ZIP code)
<b>6a</b>		Phone _____
<b>6b</b>		Phone _____
<b>6c</b>		Phone _____

### Section 2: Business Personnel and Contacts

**PARTNERS, OFFICERS, LLC MEMBERS, MAJOR SHAREHOLDERS (Foreign and Domestic), ETC.**

<b>7a</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxpayer Identification Number _____ Home Telephone (____) _____ Work/Cell Phone (____) _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____
<b>7b</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxpayer Identification Number _____ Home Telephone (____) _____ Work/Cell Phone (____) _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____
<b>7c</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxpayer Identification Number _____ Home Telephone (____) _____ Work/Cell Phone (____) _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____
<b>7d</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxpayer Identification Number _____ Home Telephone (____) _____ Work/Cell Phone (____) _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____



**Section 3: Other Financial Information (Attach copies of all applicable documents)**

**8 Does the business use a Payroll Service Provider or Reporting Agent (If yes, answer the following)**  Yes  No

Name and Address (Street, City, State, ZIP code)	Effective dates (mmddyyyy)
--	----------------------------

**9 Is the business a party to a lawsuit (If yes, answer the following)**  Yes  No

<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date (mmddyyyy)	Subject of Suit	

**10 Has the business ever filed bankruptcy (If yes, answer the following)**  Yes  No

Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No.	District of Filing
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**11 Do any related parties (e.g., officers, partners, employees) have outstanding amounts owed to the business (If yes, answer the following)**  Yes  No

Name and Address (Street, City, State, ZIP code)	Date of Loan	Current Balance As of mmddyyyy	Payment Date	Payment Amount \$
--	--------------	-----------------------------------	--------------	----------------------

**12 Have any assets been transferred, in the last 10 years, from this business for less than full value (If yes, answer the following)**  Yes  No

List Asset	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where Transferred
------------	---------------------------------	-----------------------------	------------------------------

**13 Does this business have other business affiliations (e.g., subsidiary or parent companies) (If yes, answer the following)**  Yes  No

Related Business Name and Address (Street, City, State, ZIP code)	Related Business EIN:
---	-----------------------

**14 Any increase/decrease in income anticipated (If yes, answer the following)**  Yes  No

Explain (Use attachment if needed)	How much will it increase/decrease \$	When will it increase/decrease
------------------------------------	--	--------------------------------

**15 Is the business a Federal Government Contractor (Include Federal Government contracts in #18, Accounts/Notes Receivable)**  Yes  No

**Section 4: Business Asset and Liability Information (Foreign and Domestic)**

**16a CASH ON HAND** Include cash that is not in the bank **Total Cash on Hand** \$

<b>16b Is there a safe on the business premises</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Contents
--	----------

**BUSINESS BANK ACCOUNTS** Include online and mobile accounts (e.g., PayPal), money market accounts, savings accounts, checking accounts and stored value cards (e.g., payroll cards, government benefit cards, etc.)  
List safe deposit boxes including location, box number and value of contents. Attach list of contents.

Type of Account	Full Name and Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution	Account Number	Account Balance As of mmddyyyy
<b>17a</b>			\$
<b>17b</b>			\$
<b>17c</b>			\$
<b>17d Total Cash in Banks</b> (Add lines 17a through 17c and amounts from any attachments)			\$

**ACCOUNTS/NOTES RECEIVABLE** Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (List all contracts separately including contracts awarded, but not started). **Include Federal, state and local government grants and contracts.**

Name & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mmddyyyy)	Invoice Number or Government Grant or Contract Number	Amount Due
<b>18a</b>				
Contact Name Phone				\$
<b>18b</b>				
Contact Name Phone				\$
<b>18c</b>				
Contact Name Phone				\$
<b>18d</b>				
Contact Name Phone				\$
<b>18e</b>				
Contact Name Phone				\$
<b>18f Outstanding Balance</b> (Add lines 18a through 18e and amounts from any attachments)				\$

**INVESTMENTS** List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposit, commodities (e.g., gold, silver, copper, etc.) and virtual currency (e.g., Bitcoin, Ripple and Litecoin).

Name of Company & Address (Street, City, State, ZIP code)	Used as collateral on loan	Current Value	Loan Balance	Equity Value Minus Loan
<b>19a</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone		\$	\$	\$
<b>19b</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone		\$	\$	\$
<b>19c Total Investments</b> (Add lines 19a, 19b, and amounts from any attachments)				\$

**AVAILABLE CREDIT** Include all lines of credit and credit cards.

Full Name & Address (Street, City, State, ZIP code)	Credit Limit	Amount Owed As of _____ mmddyyyy	Available Credit As of _____ mmddyyyy
<b>20a</b>			
Account No.	\$	\$	\$
<b>20b</b>			
Account No.	\$	\$	\$
<b>20c Total Credit Available</b> (Add lines 20a, 20b, and amounts from any attachments)			\$

**REAL PROPERTY** Include all real property and land contracts the business owns/leases/rents.

		Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>21a</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				
<b>21b</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				
<b>21c</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				
<b>21d</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				

**21e Total Equity** (Add lines 21a through 21d and amounts from any attachments) \$

**VEHICLES, LEASED AND PURCHASED** Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, mobile homes, etc.

		Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>22a</b>	Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22b</b>	Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22c</b>	Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22d</b>	Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					

**22e Total Equity** (Add lines 22a through 22d and amounts from any attachments) \$

**BUSINESS EQUIPMENT AND INTANGIBLE ASSETS** Include all machinery, equipment, merchandise inventory, and other assets in 23a through 23d. List intangible assets in 23e through 23g (*licenses, patents, logos, domain names, trademarks, copyrights, software, mining claims, goodwill and trade secrets.*)

	Purchase/ Lease Date (mmdyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmdyyyy)	<b>Equity</b> FMV Minus Loan
<b>23a</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23b</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23c</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23d</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23e</b> Intangible Asset Description						\$
<b>23f</b> Intangible Asset Description						\$
<b>23g</b> Intangible Asset Description						\$
<b>23h Total Equity</b> ( <i>Add lines 23a through 23g and amounts from any attachments</i> )						\$

**BUSINESS LIABILITIES** Include notes and judgements not listed previously on this form.

Business Liabilities	Secured/ Unsecured	Date Pledged (mmdyyyy)	Balance Owed	Date of Final Payment (mmdyyyy)	Payment Amount
<b>24a</b> Description:	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____					
Street Address _____					
City/State/ZIP code _____			Phone _____		
<b>24b</b> Description:	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____					
Street Address _____					
City/State/ZIP code _____			Phone _____		
<b>24c Total Payments</b> ( <i>Add lines 24a and 24b and amounts from any attachments</i> )					\$

**Section 5: Monthly Income/Expenses Statement for Business**

**Accounting Method Used:**  Cash  Accrual

Use the prior 3, 6, 9 or 12 month period to determine your typical business income and expenses.

**Income and Expenses during the period** (mmddyyyy)

to (mmddyyyy)

Provide a breakdown below of your average monthly income and expenses, based on the period of time used above.

Total Monthly Business Income		Total Monthly Business Expenses	
Income Source	Gross Monthly	Expense items	Actual Monthly
<b>25</b> Gross Receipts from Sales/Services	\$	<b>36</b> Materials Purchased <sup>1</sup>	\$
<b>26</b> Gross Rental Income	\$	<b>37</b> Inventory Purchased <sup>2</sup>	\$
<b>27</b> Interest Income	\$	<b>38</b> Gross Wages & Salaries	\$
<b>28</b> Dividends	\$	<b>39</b> Rent	\$
<b>29</b> Cash Receipts (Not included in lines 25-28)	\$	<b>40</b> Supplies <sup>3</sup>	\$
Other Income (Specify below)		<b>41</b> Utilities/Telephone <sup>4</sup>	\$
<b>30</b>	\$	<b>42</b> Vehicle Gasoline/Oil	\$
<b>31</b>	\$	<b>43</b> Repairs & Maintenance	\$
<b>32</b>	\$	<b>44</b> Insurance	\$
<b>33</b>	\$	<b>45</b> Current Taxes <sup>5</sup>	\$
<b>34</b>	\$	<b>46</b> Other Expenses (Specify)	\$
<b>35 Total Income</b> (Add lines 25 through 34)	\$	<b>47</b> IRS Use Only-Allowable Installment Payments	\$
		<b>48 Total Expenses</b> (Add lines 36 through 47)	\$
		<b>49 Net Income</b> (Line 35 minus Line 48)	\$

- 1 Materials Purchased:** Materials are items directly related to the production of a product or service.
- 2 Inventory Purchased:** Goods bought for resale.
- 3 Supplies:** Supplies are items used to conduct business and are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.

- 4 Utilities/Telephone:** Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business internet.
- 5 Current Taxes:** Real estate, state, and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.

**Certification:** *Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.*

Signature	Title	Date

**Print Name of Officer, Partner or LLC Member**

After we review the completed Form 433-B, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, profit and loss statements, bank and investment statements, loan statements, financing statements, bills or statements for recurring expenses, etc.

**IRS USE ONLY** (Notes)

**Privacy Act:** The information requested on this Form is covered under Privacy Acts and Paperwork Reduction Notices which have already been provided to the taxpayer.

# Collection Information Statement

Name(s) and Address	Your Social Security Number or Individual Taxpayer Identification Number	
	Your Spouse's Social Security Number or Individual Taxpayer Identification Number	
<input type="checkbox"/> If address provided above is different than last return filed, please check here  County of Residence	Your telephone numbers	Spouse's telephone numbers
	Home: _____	Home: _____
	Work: _____	Work: _____
	Cell: _____	Cell: _____

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse. Under 65 \_\_\_\_\_ 65 and Over \_\_\_\_\_

If you or your spouse are self employed or have self employment income, provide the following information:

Name of Business	Business EIN	Type of Business	Number of Employees (not counting owner)
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## A. ACCOUNTS / LINES OF CREDIT

**PERSONAL BANK ACCOUNTS** Include checking, online, mobile (e.g., PayPal), savings accounts, money market accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
				<input type="checkbox"/>
				<input type="checkbox"/>

**INVESTMENTS** Include Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds, Commodities (Silver, Gold, etc.), and other investments. If applicable, include business accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
				<input type="checkbox"/>
				<input type="checkbox"/>

**VIRTUAL CURRENCY (CRYPTOCURRENCY)** List all virtual currency you own or in which you have a financial interest (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.). (Use additional sheets if necessary.)

Type of 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 (Mobile Wallet, Online, and/or External Hardware storage)	Virtual Currency Amount and Value in US dollars as of today (e.g., 10 Bitcoins \$64,600 USD)

**B. REAL ESTATE** Include home, vacation property, timeshares, vacant land and other real estate. (Use additional sheets if necessary.)

Description/Location/County	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			

**C. OTHER ASSETS** Include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of Life Insurance company in Description. If applicable, include business assets such as tools, equipment, inventory, etc. (Use additional sheets if necessary.)

Description	Monthly Payment	Year Purchased	Final Payment (mo/yr)	Current Value	Balance Owed	Equity
			/			
			/			

**D. CREDIT CARDS** (Visa, MasterCard, American Express, Department Stores, etc.)

Type	Credit Limit	Balance Owed	Minimum Monthly Payment

**TURN PAGE TO CONTINUE**

**E. BUSINESS INFORMATION** Complete E1 for Accounts Receivable owed to you or your business. (Use additional sheets if necessary.) Complete E2 if you or your business accepts credit card payments. Include virtual currency wallet, exchange or digital currency exchange.

**E1. Accounts Receivable owed to you or your business**

Name	Address	Amount Owed
List total amount owed from additional sheets		
Total amount of accounts receivable available to pay to IRS now		

**E2. Name of individual or business on account**

Credit Card (Visa, Master Card, etc.)	Issuing Bank Name and Address	Merchant Account Number

**F. EMPLOYMENT INFORMATION** If you have more than one employer, include the information on another sheet of paper. (If attaching a copy of current pay stub, you do not need to complete this section.)

Your current Employer (name and address)	Spouse's current Employer (name and address)
<p>How often are you paid (check one)</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period _____ Taxes per pay period (Fed) _____ (State) _____ (Local) _____ How long at current employer _____	<p>How often are you paid (check one)</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period _____ Taxes per pay period (Fed) _____ (State) _____ (Local) _____ How long at current employer _____

**G. NON-WAGE HOUSEHOLD INCOME** List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes and attach a copy of your current year profit and loss statement.

Alimony Income		Net Rental Income		Interest/Dividends Income	
Child Support Income		Unemployment Income		Social Security Income	
Net Self Employment Income		Pension Income		Other:	

**H. MONTHLY NECESSARY LIVING EXPENSES** List monthly amounts. (For expenses paid other than monthly, see instructions.)

1. Food / Personal Care See instructions. If you do not spend more than the standard allowable amount for your family size, fill in the Total amount only.		4. Medical		Actual Monthly Expenses	IRS Allowed
Food	Actual Monthly Expenses	IRS Allowed	Health Insurance		
Housekeeping Supplies			Out of Pocket Health Care		
Clothing and Clothing Services			Expenses		
Personal Care Products & Services			<b>Total</b>		
Miscellaneous					
<b>Total</b>					
2. Transportation		5. Other		Actual Monthly Expenses	IRS Allowed
Gas / Insurance / Licenses / Parking / Maintenance etc.	Actual Monthly Expenses	IRS Allowed	Child / Dependent Care		
Public Transportation			Estimated Tax Payments		
<b>Total</b>			Term Life Insurance		
			Retirement (Employer Required)		
			Retirement (Voluntary)		
			Union Dues		
			Delinquent State & Local Taxes (minimum payment)		
			Student Loans (minimum payment)		
			Court Ordered Child Support		
			Court Ordered Alimony		
			Other Court Ordered Payments		
			Other (specify)		
			Other (specify)		
			Other (specify)		
<b>Total</b>			<b>Total</b>		

Under penalty of perjury, I declare to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Your signature	Spouse's signature	Date
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# Instructions for Form 433-F, Collection Information Statement

## What is the purpose of Form 433F?

Form 433-F is used to obtain current financial information necessary for determining how a wage earner or self-employed individual can satisfy an outstanding tax liability.

Note: You may be able to establish an Online Payment Agreement on the IRS web site. To apply online, go to <https://www.irs.gov>, click on "I need to pay my taxes," and select "Installment Agreement" under the heading "What if I can't pay now?"

If you are requesting an Installment Agreement, you should submit Form 9465, *Installment Agreement Request*, along with Form 433-F. (A large down payment may streamline the installment agreement process, pay your balance faster and reduce the amount of penalties and interest.)

Please retain a copy of your completed form and supporting documentation. After we review your completed form, we may contact you for additional information. For example, we may ask you to send supporting documentation of your current income or substantiation of your stated expenditures.

**If any section on this form is too small for the information you need to supply, please use a separate sheet.**

## Section A – Accounts / Lines of Credit

List all accounts, even if they currently have no balance. However, do not enter bank loans in this section. Include business accounts, if applicable. If you are entering information for a stock or bond, etc. and a question does not apply, enter N/A.

## Section B – Real Estate

List all real estate you own or are purchasing including your home. Include insurance and taxes if they are included in your monthly payment. The county/description is needed if different than the address and county you listed above. To determine equity, subtract the amount owed for each piece of real estate from its current market value.

## Section C – Other Assets

List all cars, boats and recreational vehicles with their make, model and year. If a vehicle is leased, write "lease" in the "year purchased" column. List whole life insurance policies with the name of the insurance company. List other assets with a description such as "paintings", "coin collection", or "antiques". If applicable, include business assets, such as tools, equipment, inventory, and intangible assets such as domain names, patents, copyrights, etc. To determine equity, subtract the amount owed from its current market value. If you are entering information for an asset and a question does not apply, enter N/A.

## Section D – Credit Cards

List all credit cards and lines of credit, even if there is no balance owed.

## Section E – Business Information

Complete this section if you or your spouse are self-employed, or have self-employment income. This includes self-employment income from online sales.

**E1:** List all Accounts Receivable owed to you or your business. Include federal, state and local grants and contracts.

**E2:** Complete if you or your business accepts credit card payments (e.g., Visa, MasterCard, etc.) and/or virtual currency wallet, exchange or digital currency exchange.

## Section F – Employment Information

Complete this section if you or your spouse are wage earners.

If attaching a copy of current pay stub, you do not need to complete this section.

## Section G – Non-Wage Household Income

List all non-wage income received monthly.

**Net Self-Employment Income** is the amount you or your spouse earns after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly net profit from Schedule C on your Form 1040 or your current year profit and loss statement. Please attach a copy of Schedule C or your current year profit and loss statement. If net income is a loss, enter "0".

**Net Rental Income** is the amount you earn after you pay ordinary and necessary monthly rental expenses. This figure should relate to the amount reported on Schedule E of your Form 1040.

Do not include depreciation expenses. Depreciation is a non-cash expense. Only cash expenses are used to determine ability to pay).

If net rental income is a loss, enter "0".

**Other Income** includes distributions from partnerships and subchapter S corporations reported on Schedule K-1, and from limited liability companies reported on Form 1040, Schedule C, D or E. It also includes agricultural subsidies, gambling income, oil credits, and rent subsidies. Enter total distributions from IRAs if not included under Pension Income.

## Section H – Monthly Necessary Living Expenses

Enter monthly amounts for expenses. For any expenses not paid monthly, convert as follows:

If a bill is paid ...	Calculate the monthly amount by ...
Quarterly	Dividing by 3
Weekly	Multiplying by 4.3
Biweekly (every two weeks)	Multiplying by 2.17
Semimonthly (twice each month)	Multiplying by 2



For expenses claimed in boxes 1 and 4, you should provide the IRS allowable standards, or the actual amount you pay if the amount exceeds the IRS allowable standards. IRS allowable standards can be found by accessing <https://www.irs.gov/businesses/small-businesses-self-employed/collection-financial-standards>.

Substantiation may be required for any expenses over the standard once the financial analysis is completed.

The amount claimed for Miscellaneous cannot exceed the standard amount for the number of people in your family. The miscellaneous allowance is for expenses incurred that are not included in any other allowable living expense items. Examples are credit card payments, bank fees and charges, reading material and school supplies.

If you do not have access to the IRS web site, itemize your actual expenses and we will ask you for additional proof, if required. Documentation may include pay statements, bank and investment statements, loan statements and bills for recurring expenses, etc.

**Housing and Utilities** – Includes expenses for your primary residence. You should only list amounts for utilities, taxes and insurance that are not included in your mortgage or rent payments.

**Rent** – Do not enter mortgage payment here. Mortgage payment is listed in Section B.

**Transportation** – Include the total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.

**Public Transportation** – Include the total you spend for public transportation if you do not own a vehicle or if you have public transportation costs in addition to vehicle expenses.

**Medical** – You are allowed expenses for health insurance and out-of-pocket health care costs.

**Health insurance** – Enter the monthly amount you pay for yourself or your family.

**Out-of-Pocket health care expenses** – are costs not covered by health insurance, and include:

- Medical services
- Prescription drugs
- Dental expenses
- Medical supplies, including eyeglasses and contact lenses. Medical procedures of a purely cosmetic nature, such as plastic surgery or elective dental work are generally not allowed.

**Child / Dependent Care** – Enter the monthly amount you pay for the care of dependents that can be claimed on your Form 1040.

**Estimated Tax Payments** – Calculate the monthly amount you pay for estimated taxes by dividing the quarterly amount due on your Form 1040ES by 3.

**Life Insurance** – Enter the amount you pay for term life insurance only. Whole life insurance has cash value and should be listed in Section C.

**Delinquent State & Local Taxes** – Enter the minimum amount you are required to pay monthly. Be prepared to provide a copy of the statement showing the amount you owe and if applicable, any agreement you have for monthly payments.

**Student Loans** – Minimum payments on student loans for the taxpayer's post-secondary education may be allowed if they are guaranteed by the federal government. Be prepared to provide proof of loan balance and payments.

**Court Ordered Payments** – For any court ordered payments, be prepared to submit a copy of the court order portion showing the amount you are ordered to pay, the signatures, and proof you are making the payments. Acceptable forms of proof are copies of cancelled checks or copies of bank or pay statements.

**Other Expenses not listed above** – We may allow other expenses in certain circumstances. For example, if the expenses are necessary for the health and welfare of the taxpayer or family, or for the production of income. Specify the expense and list the minimum monthly payment you are billed.







## INSTRUCTIONS TO TAXPAYER

If not already completed by an IRS employee, please fill in the information in the spaces provided on the front of this form for:

- Your name (*include spouse's name if a joint return*) and current address; Your social security number and/or employer identification number (*whichever applies to your tax liability*); Your home and work, cell or business telephone numbers;
- The amount you can pay now as a partial payment;
- The amount you can pay each month (*or the amount determined by IRS personnel*); and
- The date you prefer to make this payment (*This must be the same day for each month, from the 1st to the 28th*). We must receive your payment by this date. If you elect the direct debit option, this is the day you want your payment electronically withdrawn from your financial institution account.

**Review the terms of this agreement. When you've completed this agreement form, please sign and date it. Then, return Part 1 to IRS at the address on the letter that came with it or the address shown in the "For assistance" box on the front of the form.**

### Terms of this agreement

By completing and submitting this agreement, you (*the taxpayer*) agree to the following terms:

- This agreement will remain in effect until your liabilities (*including penalties and interest*) are paid in full, the statutory period for collection has expired, or the agreement is terminated. You will receive a notice from us prior to termination of your agreement.
- You will make each payment so that we (*IRS*) receive it by the monthly due date stated on the front of this form. **If you cannot make a scheduled payment, contact us immediately.**
- This agreement is based on your current financial condition. We may modify or terminate the agreement if our information shows that your ability to pay has significantly changed. You must provide updated financial information when requested.
- While this agreement is in effect, you must file all federal tax returns and pay any (*federal*) taxes you owe on time.
- We will apply your federal tax refunds or overpayments (*if any*) to the entire amount you owe, including the shared responsibility payment under the Affordable Care Act, until it is fully paid or the statutory period for collection has expired.
- You must pay a \$225 user fee, which we have authority to deduct from your first payment(s) (\$107 for Direct Debit). For low-income taxpayers (at or below 250% of Federal poverty guidelines), the user fee is reduced to \$43. The reduced user fee will be waived if you agree to make electronic payments through a debit instrument by providing your banking information in the Direct Debit section of this Form. For low-income taxpayers, unable to make electronic payments through a debit instrument, the reduced user fee will be reimbursed upon completion of the installment agreement. See Debit Payment Self-Identifier on page 1 and Form 13844 for qualifications and instructions.
- If you default on your installment agreement, you must pay a \$89 reinstatement fee if we reinstate the agreement. We have the authority to deduct this fee from your first payment(s) after the agreement is reinstated. For low-income taxpayers (at or below 250% of Federal poverty guidelines), the reinstatement fee is reduced to \$43. The reduced reinstatement fee will be waived if you agree to make electronic payments through a debit instrument. For low-income taxpayers, unable to make electronic payments through a debit instrument, the reduced reinstatement fee will be reimbursed upon completion of the installment agreement.
- We will apply all payments on this agreement in the best interests of the United States. Generally we will apply the payment to the oldest collection statute, which is normally the oldest tax year or period.
- **We can terminate your installment agreement if:**
  - You do not make monthly installment payments as agreed. You do not pay any other federal tax debt when due. You do not provide financial information when requested.
  - If we terminate your agreement, we may collect the entire amount you owe, EXCEPT the Individual Shared Responsibility Payment under the Affordable Care Act, by levy on your income, bank accounts or other assets, or by seizing your property.
  - We may terminate this agreement at any time if we find that collection of the tax is in jeopardy.
  - This agreement may require managerial approval. We'll notify you when we approve or don't approve the agreement.
  - We may file a Notice of Federal Tax Lien if one has not been filed previously which, may negatively impact your credit rating, but we will not file a Notice of Federal Tax Lien with respect to the individual shared responsibility payment under the Affordable Care Act.
  - You authorize the IRS to contact third parties and to disclose your tax information to third parties in order to process and administer this agreement over its duration.

### HOW TO PAY BY DIRECT DEBIT

Instead of sending us a check, you can pay by direct debit (*electronic withdrawal*) from your checking account at a financial institution (*such as a bank, mutual fund, brokerage firm, or credit union*). To do so, fill in Lines a and b. Contact your financial institution to make sure that a direct debit is allowed and to get the correct routing and account numbers.

**Line a.** The first two digits of the routing number must be 01 through 12 or 21 through 32. Don't use a deposit slip to verify the number because it may contain internal routing numbers that are not part of the actual routing number.

**Line b.** The account number can be up to 17 characters. Include hyphens but omit spaces and special symbols. Enter the number from left to right and leave any unused boxes blank.

### CHECKLIST FOR MAKING INSTALLMENT PAYMENTS:

1. Write your social security or employer identification number on each payment.
2. Make your check or money order payable to "*United States Treasury.*"
3. Make each payment in an amount at least equal to the amount specified in this agreement.
4. Don't double one payment and skip the next without contacting us first.
5. Enclose a copy of the reminder notice, if you received one, with each payment using the envelope provided. Make a payment even if you do not receive a reminder notice, write the type of tax, the tax period and "Installment Agreement" on your payment. For example, "1040, 12/31/2014, Installment Agreement". You should choose the oldest unpaid tax period on your agreement. Mail the payment to the IRS address indicated on the front of this form.
6. If you didn't receive an envelope, call the number below.

This agreement will not affect your liability (*if any*) for backup withholding under Public Law 98-67, the Interest and Dividend Compliance Act of 1983

**QUESTIONS?** — If you have **any** questions, about the direct debit process or completing this form, please call the applicable telephone number below for assistance.

**NOTE: If you are unable to make your monthly payments or if you accrue additional liability, please contact us immediately.**

1-800-829-0115 (*Business*)

1-800-829-8374 (*Individuals – Self-Employed / Business Owners*)

1-800-829-0922 (*Individuals – Wage Earners*)



**Part 2 - COLLECTION INFORMATION STATEMENT (Continued)**

**INVESTMENTS** Include Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds, Commodities (Silver, Gold, etc.), and other investments. If applicable, include business accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
				<input type="checkbox"/>
				<input type="checkbox"/>

**VIRTUAL CURRENCY (CRYPTOCURRENCY)** List all virtual currency you own or in which you have a financial interest (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.). (Use additional sheets if necessary.)

Type of 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 (Mobile Wallet, Online, and/or External Hardware storage)	Virtual Currency Amount and Value in US dollars as of today (e.g., 10 Bitcoins \$64,600 USD)

**B. REAL ESTATE** Include home, vacation property, timeshares, vacant land and other real estate. (Use additional sheets if necessary.)

Description/Location/County	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			

**C. OTHER ASSETS** Include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of Life Insurance company in Description. (Use additional sheets if necessary.)

Description	Monthly Payment	Year Purchased	Final Payment (mo/yr)	Current Value	Balance Owed	Equity
			/			
			/			
			/			
			/			
			/			
			/			
			/			

**D. CREDIT CARDS** (Visa, MasterCard, American Express, Department Stores, etc.)

Type	Credit Limit	Balance Owed	Minimum Monthly Payment

**Part 2 - COLLECTION INFORMATION STATEMENT** (Continued)

**E. EMPLOYMENT INFORMATION** If you have more than one employer, include the information on another sheet of paper. (If attaching a copy of current pay stub, you do not need to complete the lines regarding gross pay and taxes.)

Your current employer (name and address)	Spouse's current employer (name and address)
How often are you paid (Check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period _____ Taxes per pay period (Fed) _____ (State) _____ (Local) _____ How long at current employer _____	How often are you paid (Check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period _____ Taxes per pay period (Fed) _____ (State) _____ (Local) _____ How long at current employer _____

**F. NON-WAGE HOUSEHOLD INCOME** List monthly amounts.

Alimony Income _____	Net Rental Income _____	Interest/Dividends Income _____	
Child Support Income _____	Unemployment Income _____	Social Security Income _____	
Net Self Employment Income _____	Pension Income _____	Other _____	

**G. MONTHLY NECESSARY LIVING EXPENSES** List monthly amounts. (For expenses paid other than monthly, see instructions.)

**1. Food / Personal Care** See instructions. National Standards for food, clothing and other items apply nationwide. For expenses claimed in box 1, you should provide the IRS allowable standards (found by accessing [IRS.gov](https://www.irs.gov) and entering "Collection Financial Standards" in the search box) or your actual expenses. If you claim a higher amount for a specific expense, you must be able to verify that amount.

	Actual Monthly Expenses	IRS Allowed
Food		
Housekeeping Supplies		
Clothing and Clothing Services		
Personal Care Products & Services		
Miscellaneous		
<b>Total</b>		

2. Transportation	Actual Monthly Expenses	IRS Allowed
Gas / Insurance / Licenses / Parking / Maintenance etc.		
Public Transportation		
<b>Total</b>		

3. Housing & Utilities	Actual Monthly Expenses	IRS Allowed
Rent		
Electric, Oil/Gas, Water/Trash		
Telephone/Cell/Cable/Internet		
Real Estate Taxes and Insurance (if not included in B above)		
Maintenance and Repairs		
<b>Total</b>		

Notes

**4. Medical** See instructions. National Standards for out of pocket health case expenses. For expenses claimed in box 4, you should provide the IRS allowable standards (found by accessing [IRS.gov](https://www.irs.gov) and entering "Collection Financial Standards" in the search box) or your actual expenses. If you claim a higher amount for a specific expense, you must be able to verify that amount.

	Actual Monthly Expenses	IRS Allowed
Health Insurance		
Out of Pocket Health Care Expenses		
<b>Total</b>		

5. Other	Actual Monthly Expenses	IRS Allowed
Child / Dependent Care		
Estimated Tax Payments		
Term Life Insurance		
Retirement (Employer Required)		
Retirement (Voluntary)		
Union Dues		
Delinquent State & Local Taxes (minimum payment)		
Student Loans (minimum payment)		
Court Ordered Child Support		
Court Ordered Alimony		
Other Court Ordered Payments		
Other (specify)		
Other (specify)		
<b>Total</b>		

Under penalty of perjury, I declare to the best of my knowledge and belief this request for installment agreement, statement of assets, liabilities and income, and all other information is true, correct and complete. Further, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it is approved by the Internal Revenue Service.

Your Signature	Spouse's Signature	Date
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## Instructions for Form 433-H, Installment Agreement Request and Collection Information Statement

### What is the purpose of Form 433-H?

Form 433-H, *Installment Agreement Request and Collection Information Statement*, is used by wage earners to provide current financial information and request an installment agreement, allowing the Service to determine how best to satisfy outstanding tax liabilities.

**However, before requesting an installment agreement, you should consider other payment options, which may be less costly, such as getting a bank loan or using available credit on a credit card.**

You must file all required returns that have not been filed. Your request for an installment agreement will be denied if all required tax returns have not been filed.

Use Form 433-H if you earn wages and are requesting an installment agreement and either:

- You cannot pay your outstanding liability within 72 months, or
- Your outstanding liability exceeds \$50,000.

Do not use Form 433-H if:

- Your outstanding liability is \$50,000 or less and you can pay within 72 months. Instead, use Form 9465, *Installment Agreement Request*. See the tip below.
- You are self-employed. Instead, use Form 433-D, *Installment Agreement*.
- You operate a business. Instead, use Form 433-D, *Installment Agreement*.

**TIP** If you can pay your outstanding liability within 120 days, there is no user fee for this type of agreement, and you may be able to establish an Online Payment Agreement (OPA). To apply online, go to <http://www.irs.gov>, and enter "Online Payment Agreement" in the "Search" box.

**TIP** If you owe \$50,000 or less in combined tax, penalties and interest and filed all required returns, you may be able to establish an installment agreement online. Go to [IRS.gov](http://IRS.gov) to pay online. You may owe a lower user fee if you establish your agreement through the OPA application.

A large down payment to reduce your liability to \$50,000 or less may streamline the installment agreement process, pay your balance faster and reduce the amount of penalties and interest charged.

**Bankruptcy or offer-in-compromise.** If you are in bankruptcy or we have accepted your offer-in-compromise, do not file this form. Instead, call 1-800-829-1040 to get the number of your local IRS Insolvency function for bankruptcy or Technical Support function for offer-in-compromise.

Please retain a copy of your completed form and supporting documentation. After we review your completed form, we may contact you for additional information. For example, we may ask you to send

supporting documentation of your current income or substantiation of your stated expenditures.

### Instructions

#### Part 1 – Installment Agreement Request

We will usually let you know within 30 days after we receive your request whether it is approved or denied. However, if this request is for tax due on a return you filed after March 31, it may take us longer than 30 days to reply.

We will review the financial information provided in Sections A through G, determine your ability to pay and compare it with the monthly payment amount you proposed in Part 1, Line 6. We will contact you if we have questions or believe you can pay your liability more quickly.

If your request is approved, we will send you a notice detailing the terms of your agreement and requesting a fee of \$225 (\$107 if you make your payments by direct debit).

**Low income taxpayer.** You are a low-income taxpayer if your adjusted gross income meets the low-income threshold (at or below 250% of the federal poverty guidelines, as determined for the most recent year for which information is available). You may qualify to pay a reduced fee of \$43 if your income is below a certain level. The IRS will let you know whether you have low income taxpayer status. If you agree to establish a direct debit installment agreement (DDIA), you will not be charged a user fee.

If the IRS does not say you qualify for low-income taxpayer status, you can request reconsideration by using Form 13844, *Application For Reduced User Fee For Installment Agreements*. The user fee for low income taxpayers is \$43, which may be waived or reimbursed if certain conditions are met. See the instructions for line 8c. for details.

You will also be charged interest and may be charged a late payment penalty on any tax not paid by its due date, even if your request to pay in installments is granted. Interest and any applicable penalties will be charged until the balance is paid in full. To limit interest and penalty charges, file your return on time and pay as much of the tax as possible with your return (*or notice*).

By approving your request, we agree to let you pay the tax you owe in monthly installments instead of immediately paying the amount in full. In return, you agree to make your monthly payments on time. You agree to provide updated financial information when requested.

You also agree to meet all your future tax obligations. This means that you must have enough withholding or estimated tax payments so that your tax obligation for future years is paid in full when payment is due. And you agree to timely file your return.

## Part 1 – Installment Agreement Request (Continued)

Any refund you are due in a future year will be applied against the amount you owe. If your refund is applied to your balance, you are still required to make your regular monthly installment payment.

**Payment methods.** You can make your payments by check, money order, credit card, or one of the other payment methods shown next. The fee for setting up an installment agreement for each payment method is also shown.

Payment Method	Applicable User Fee
Check, money order, credit card or payroll deduction installment agreement	\$225
Direct debit installment agreement	\$107

Your specific tax situation will determine which payment options are available to you. You may owe a lower user fee if you establish your agreement through the OPA application on the IRS web site; however, not all taxpayers qualify to apply for an installment agreement online to pay off their balance over time. Go to [IRS.gov](https://www.irs.gov), and enter "Online Payment Agreement" in the "Search" box for more information.

After we receive each payment, we will send you a notice showing the remaining amount you owe, and the due date and amount of your next payment. But if you choose to have your payments automatically withdrawn from your checking account, you will not receive a notice. Your bank statement is your record of payment.

We will also send you an annual statement showing the amount you owed at the beginning of the year, all payments made during the year, and the amount you owe at the end of the year.

**What happens if the taxpayer doesn't comply with the terms of the installment agreement?** If you do not make your payments on time or do not pay any balance due on a return you file later, you will be in default on your agreement and we may terminate the agreement and take enforcement actions, such as the filing of a Notice of Federal Tax Lien or initiating an IRS levy action, to collect the entire amount you owe.

For additional information on the IRS collection process, see Pub. 594, *The IRS Collection Process*, or Pub. 1, *Know Your Rights as a Taxpayer*. You may also visit [IRS.gov](https://www.irs.gov) and put "collection process" into the "Search" box. To ensure that your payments are made timely, you should consider making them by direct debit. See the instructions for lines 8a and 8b on page 5.



An installment agreement may be terminated if you provide materially incomplete or inaccurate information in response to an IRS request for a financial update.

**Notice of Federal Tax Lien.** A Notice of Federal Tax Lien (NFTL) may be filed to protect the government's interests until you pay in full. If you meet certain criteria, you may be able to get the NFTL withdrawn. To learn more about NFTL withdrawals and to see if you qualify, visit [www.irs.gov](https://www.irs.gov) and enter "lien" in the "Search" box.

### Where To File

Send Form 433-H, *Installment Agreement Request and Collection Information Statement*, with any attachments, to the Internal Revenue Service Center at the address in the table below that applies to you.

IF you live in . . .	THEN use this address . . .
Alaska, Arizona, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Maine, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New Mexico, Nevada, North Dakota, Oregon, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Washington, Wisconsin, Wyoming	Internal Revenue Service PO Box 9041 CSCO Bal Due Andover, MA 01810-9041
Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Texas, Virginia	Internal Revenue Service PO Box 47421, Stop 74 Doraville, GA 30362
Arkansas, California, Iowa, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, New York, Ohio, Oklahoma, Pennsylvania, West Virginia	Internal Revenue Service Stop P-4 5000 PO Box 219236 Kansas City, MO 64121-9236
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), Guam, the U.S. Virgin Islands, or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien	Internal Revenue Service CSCO Stop 4-N31.142 2970 Market St. Philadelphia, PA 19104
For all taxpayers who are bona fide residents of Guam, the U.S. Virgin Islands, or the Commonwealth of the Northern Mariana Islands, See Pub. 570, Tax Guide for Income From U.S. Possessions.	

## Part 1 – Installment Agreement Request (Continued)

### Line 1

Enter the tax form, tax period, and the total amount you owe as shown on your tax return(s) (or notice(s)).

### Line 2

List additional tax forms, tax periods, and balances due that are not reflected on Line 1 (even if they are included in an existing installment agreement).

### Line 3

Add lines 1 & 2 and enter the result.

### Line 4

Enter the amount of the payment you are making with this request.

Even if you cannot pay the full amount you owe now, you should pay as much as possible to limit penalty and interest charges. If you are filing this form with your tax return, make the payment with your return. For details on how to pay, see your tax return instructions.

Attach a check or money order payable to "United States Treasury." Do not send cash. Be sure to include:

- Your name, address, SSN/ITN, and daytime phone number.
- The tax year and tax return (for example, "2012 Form 1040") for which you are making this request.

### Line 5

Subtract line 4 from line 3 and enter the result.

### Line 6

Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. The charges will continue until you pay in full. (If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities.)

If no payment amount is listed on line 6, a payment will be determined for you by analyzing the information provided on your financial statement.

### Line 7

You can choose the day of each month your payment is due. This can be on or after the 1st of the month, but no later than the 28th of the month. For example, if your rent or mortgage payment is due on the 1st of the month, you may want to make your installment payments on the 15th. If we approve your request, we will tell you the month and day that your first payment is due.

If we have not replied by the date you chose for your first payment, you can send the first payment to the Internal Revenue Service Center at the address shown earlier that

applies to you. See the instructions for line 4 for details on what to write on your payment.

### Line 8a, 8b, and 8c



Making your payments by direct debit will help ensure that your payments are made timely and that you are not in default of this agreement.

To pay by direct debit from your checking account at a bank or other financial institution (such as a mutual fund, brokerage firm, or credit union), fill in lines 8a and 8b. Check with your financial institution to make sure that a direct debit is allowed and to get the correct routing and account numbers.

**Line 8a.** The routing number must be nine digits. The first two digits of the routing number must be 01 through 12 or 21 through 32. Use a check to verify the routing number. On the following sample check, the routing number is 250250025. But if your check is payable through a financial institution different from the one at which you have your checking account, do not use the routing number on that check. Instead, contact your financial institution for the correct routing number.

**Line 8b.** The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. Enter the number from left to right and leave any unused boxes blank. On the following sample check, the account number is 20202086. Do not include the check number.



We may file a Notice of Federal Tax Lien (NFTL) against you, or may have previously filed one. If you meet certain criteria, you may be able to get the NFTL withdrawn. To learn more about NFTL withdrawals and to see if you qualify, visit IRS.gov and enter "lien" in the "Search" box.

If you qualify as a low income taxpayer, you will receive a waiver of the installment agreement user fees if you agree to make electronic payments through a debit instrument (debit payments) by following the direct debit instructions in lines 8 a. and b.

**Line 8c.** If you are a low income taxpayer that is unable to make debit payments, please indicate by checking the box in line 8c. to receive a reimbursement of the reduced user fees upon completion of your agreement.

If you do not check the box in line 8c. and you do not provide your checking account information in lines 8a. and b., then you will be treated as being able to but choosing not to make debit payments and your user fees will not be reimbursed upon completion of your installment agreement.

## Part 1 – Installment Agreement Request (Continued)

### Sample Check - Lines 8a and 8b

Paul Maple  
Roberta Maple  
123 Pear Lane  
Anyplace, VA 20000

SAMPLE

1234

15-000000000

PAY TO THE ORDER OF

Routing Number Line 8a

Account Number Line 8b

ANYPLACE BANK  
Anyplace, VA 20000

For

250250023 202020\*\*86\* 1234

Do not include the check number.

DOLLARS

The routing and account numbers may be in different places on your check.

### Line 9

If you want to make your payments by payroll deduction, check the box on line 9 and attach a completed and signed Form 2159, *Payroll Deduction Agreement*, with your request. Ask your employer to complete and sign their portion of Form 2159, *Payroll Deduction Agreement*.

## Part 2 – Collection Information Statement

### Section A – Accounts/Lines of Credit

List all accounts, even if they currently have no balance. However, do not enter bank loans in this section. Include business accounts, if applicable. If you are entering information for a stock or bond, etc. and a column box does not apply, enter N/A.

### Section B – Real Estate

List all real estate you own or are purchasing including your home. Include insurance, taxes and homeowner's association dues if they are included in your monthly payment. The county/description is needed if different than the address and county you listed above. To determine equity, subtract the amount owed for each piece of real estate from its current market value.

### Section C – Other Assets

List all cars, boats and recreational vehicles with their make, model and year. If a vehicle is leased, write "lease" in the "year purchased" column. List whole life insurance policies with the name of the insurance company. List other assets with a description such as "paintings", "coin collection", or "antiques". If applicable, include business assets, such as tools, equipment, inventory, and intangible assets such as domain names, patents, copyrights, etc. To determine equity, subtract the amount owed from its current market value. If you are entering information for an asset and a column box does not apply, enter N/A.

### Section D – Credit Cards

List all credit cards and lines of credit, even if there is no balance owed.

### Section E – Employment Information

Enter wage information for you or your spouse as applicable. If attaching a copy of current pay stub(s), you do not need to complete this section.

### Section F – Non-Wage Household Income

List all non-wage income received monthly.

Other Income includes distributions from partnerships and subchapter S corporations reported on Schedule K-1, and from limited liability companies reported on Form 1040, Schedule C, D or E. It also includes agricultural subsidies, gambling income, and oil credits. Enter total distributions from RAs if not included under Pension Income.

### Section G – Monthly Necessary Living Expenses

Enter monthly amounts for expenses. For any expenses not paid monthly, convert as follows:

If a bill is paid	Calculate the monthly amount by
Quarterly	Dividing by 3
Weekly	Multiplying by 4 3
Biweekly (every two weeks)	Multiplying by 2.17
Semimonthly (twice each month)	Multiplying by 2

National Standards for food, clothing and other items apply nationwide. For expenses claimed in boxes 1 and 4 you should provide the IRS allowable standards that can be found by accessing IRS.gov and entering "Collection Financial Standards" in the search box.

If you claim a higher amount for a specific expense, you must verify and substantiate that amount.

The amount claimed for Miscellaneous cannot exceed the standard amount for the number of people in your family. The miscellaneous allowance is for expenses incurred that are not included in any other allowable living expense items. Examples are credit card payments, bank fees and charges, reading material and school supplies.

If you do not have access to the IRS web site, itemize your actual expenses and we will ask you for additional proof, if required. Documentation may include pay statements, bank and investment statements, loan statements and bills for recurring expenses, etc.

**Housing and Utilities** – Includes expenses for your primary residence. You should only list amounts for utilities, taxes, insurance and homeowner's association dues that are not included in your mortgage or rent payments.

**Rent** – Do not enter mortgage payment here. Mortgage payment is listed in Section B.

**Transportation** – Include the total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.

**Public Transportation** – Include the total you spend for public transportation if you do not own a vehicle or if you have public transportation costs in addition to vehicle expenses.

**Medical** – You are allowed expenses for health insurance and out-of-pocket health care costs.

**Health insurance** – Enter the monthly amount you pay for yourself or your family.

**Out-of-Pocket health care expenses** – Are costs not covered by health insurance, and include:

- Medical services
- Prescription drugs
- Dental expenses
- Medical supplies, including eyeglasses and contact lenses. Medical procedures of a purely cosmetic nature, such as plastic surgery or elective dental work are generally not allowed.

**Child / Dependent Care** – Enter the monthly amount you pay for the care of dependents that can be claimed on your Form 1040.

**Estimated Tax Payments** – Calculate the monthly amount you pay for estimated taxes by dividing the quarterly amount due on your Form 1040ES by 3.

**Life Insurance** – Enter the amount you pay for term life insurance only. Whole life insurance has cash value and should be listed in Section C.

**Delinquent State & Local Taxes** – Enter the minimum amount you are required to pay monthly. Be prepared to provide a copy of the statement showing the amount you owe and if applicable, any agreement you have for monthly payments.

**Student Loans** – Minimum payments on student loans for the taxpayer's post-secondary education may be allowed if they are guaranteed by the federal government. Be prepared to provide proof of loan balance and payments.

**Court Ordered Payments** – For any court ordered payments, be prepared to submit a copy of the court order portion showing the amount you are ordered to pay, the signatures, and proof you are making the payments. Acceptable forms of proof are copies of cancelled checks or copies of bank or pay statements.

**Other Expenses** (not listed above) – We may allow other expenses in certain circumstances. For example, if the expenses are necessary for the health and welfare of the taxpayer or family, or for the production of income. Specify the expense and list the minimum monthly payment you are billed.

**Signature(s) & Date** - Review the terms of this agreement and financial information entered. Please sign and date this completed agreement form. Then, return it to IRS at the address shown on page 5.

### Privacy Act and Paperwork Reduction Act Notice.

Our legal right to ask for the information on this form is sections 6001, 6011, 6012(a), 6109, and 6159 and their regulations. We will use the information to process your request for an installment agreement. The reason we need your name and social security number is to secure proper identification. We require this information to gain access to the tax information in our files and properly respond to your request. You are not required to request an installment agreement. If you do request an installment agreement, you are required to provide the information requested on this form. Failure to provide this information may prevent processing your request; providing false information may subject you to fines or penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103. However, we may give this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**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 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	First name	Date of birth (mm/dd/yyyy)	Social Security Number - -
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married If married, date of marriage (mm/dd/yyyy)	Home physical address (street, city, state, ZIP code)	Do you <input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input type="checkbox"/> Other (specify e.g., share rent, live with relative, etc.)	
County of residence	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	Spouse's first name	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
			<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
			<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	Pay period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Employer's address (street, city, state, ZIP code)
Do you have an ownership interest in this business <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check the business interest that applies <input type="checkbox"/> Partner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Officer (complete Form 433-B (OIC))	
Your occupation	How long with this employer (years)                      (months)	
Spouse's employer's name	Pay period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Employer's address (street, city, state, ZIP code)
Does your spouse have an ownership interest in this business <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check the business interest that applies <input type="checkbox"/> Partner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Officer (complete Form 433-B (OIC))	
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)**

Cash  Checking  Savings  Money Market Account/CD  Online Account  Stored Value Card

Bank name	Account number	
		(1a) \$

Checking  Savings  Money Market Account/CD  Online Account  Stored Value Card

Bank name	Account number	
		(1b) \$

Total of bank accounts from attachment	(1c) \$
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<b>Add lines (1a) through (1c) minus (\$1,000) =</b>	<b>(1) \$</b>
--	---------------

Investment account  Stocks  Bonds  Other

Name of Financial Institution	Account number	
Current market value		Minus loan balance
\$ _____ X .8 = \$ _____		- \$ _____ =
		(2a) \$

Investment account  Stocks  Bonds  Other

Name of Financial Institution	Account number	
Current market value		Minus loan balance
\$ _____ X .8 = \$ _____		- \$ _____ =
		(2b) \$

Virtual currency

Type of 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
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) \$			

<b>Add lines (2a) through (2d) =</b>	<b>(2) \$</b>
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Retirement account  401K  IRA  Other

Name of Financial Institution	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) \$

<b>Add lines (3a) through (3b) =</b>	<b>(3) \$</b>
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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	Policy number	
Current cash value		Minus loan balance
\$ _____		- \$ _____ =
		(4a) \$
Total cash value of life insurance policies from attachment		Minus loan balance(s)
\$ _____		- \$ _____ =
		(4b) \$

<b>Add lines (4a) through (4b) =</b>	<b>(4) \$</b>
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**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 including any assets owned by your spouse if you live in a community property state)**

Is your real property currently for sale or do you anticipate selling your real property to fund the offer amount

Yes (listing price) \_\_\_\_\_  No

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

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

Vehicle make & model		Year	Date purchased	Mileage	
<input type="checkbox"/> Lease	Name of creditor	Date of final payment	Monthly lease/loan amount		
<input type="checkbox"/> Loan			\$		
Current market value		Minus loan balance		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =	(6a) \$
\$ _____ X .8 = \$ _____		- \$ _____			
Subtract \$3,450 from line (6a) (If line (6a) minus \$3,450 is a negative number, enter "0")					(6b) \$
Vehicle make & model		Year	Date purchased	Mileage	
<input type="checkbox"/> Lease	Name of creditor	Date of final payment	Monthly lease/loan amount		
<input type="checkbox"/> Loan			\$		
Current market value		Minus loan balance		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =	(6c) \$
\$ _____ X .8 = \$ _____		- \$ _____			
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) \$
<b>Total lines (6b), (6d), and (6e) =</b>				<b>(6) \$</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)	
Current market value	Minus loan balance
\$ _____ X .8 = \$ _____	- \$ _____ =
(7a) \$	

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

Description of asset	
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) \$	
<b>Add lines (7a) through (7c) minus IRS deduction of \$9,790 =</b>	
<b>(7) \$</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 \$ _____
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**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.		Business address (street, city, state, ZIP code)	
<input type="checkbox"/> Yes (percentage of ownership:    ) Title <input type="checkbox"/> No			
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) \$ [4,890]
<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, provide a list of your current accounts 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.

Period provided beginning \_\_\_\_\_ through \_\_\_\_\_

**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. Gross monthly income includes wages, social security, pension, unemployment, and other income. Examples of other income include but are not limited to: agricultural subsidies, gambling income, oil credits, rent subsidies, Uber & Lyft driver income, and Airbnb rentals etc. 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) \$
<b>Spouse</b>				
Gross wages	Social Security	Pension(s)	Other Income (e.g. unemployment)	
\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	Total spouse income = (31) \$
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) _____				(32) \$
Interest, dividends, and royalties				(33) \$
Distributions (e.g., income from partnerships, sub-S Corporations, etc.)				(34) \$
Net rental income				(35) \$
Net business income from Box C				(36) \$
Child support received				(37) \$
Alimony received				(38) \$
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>Box D</b> Total Household Income
<b>Add lines (30) through (38) and enter the amount in Box D =</b>				<b>\$</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) \$
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) _____ monthly rent payment				(40) \$
Vehicle loan and/or lease payment(s)				(41) \$
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) \$
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) \$
Health insurance premiums				(44) \$
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) \$
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)				(46) \$
Child/dependent care payments (e.g., daycare, etc.)				(47) \$
Life insurance premiums				(48) \$
Current monthly taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)				(49) \$
Secured debts/Other (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed student loan, employer required retirement or dues) List debt(s)/expense(s) _____				(50) \$
Enter the amount of your monthly delinquent state and/or local tax payment(s). Total tax owed _____				(51) \$
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>Box E</b> Total Household Expenses
<b>Add lines (39) through (51) and enter the amount in Box E =</b>				<b>\$</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>Box F</b> Remaining Monthly Income
<b>Subtract Box E from Box D and enter the amount in Box F =</b>				<b>\$</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.

Enter the total from Box F \$ _____	X 12 =	Box G Future Remaining Income \$ _____
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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.

Enter the total from Box F \$ _____	X 24 =	Box H Future Remaining Income \$ _____
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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.

Enter the amount from Box A plus Box B (if applicable) \$ _____	+	Enter the amount from either Box G or Box H \$ _____	=	<b>Offer Amount</b> Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only. \$ _____
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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
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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)
-------------------------------------	---------------

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))	Contents	Value \$ _____
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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, royalties, and rent subsidies.
- Copies of individual complete bank statements for the three most recent months. If you operate a business, copies of the six most recent complete 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 Accounts Receivable or Notes Receivable, if applicable.
- Verification of delinquent State/Local Tax Liability showing total delinquent state/local taxes and amount of monthly payments, if applicable.
- Copies of court orders for child support/alimony payments claimed in monthly expense section.
- Copies of Trust documents if applicable per Section 9.
- 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. Make sure the current tax year is included.
- Completed and signed current Form 656.

# Collection Information Statement for Businesses

Complete this form if your business is a

- ▶ Corporation
- ▶ Limited Liability Company (LLC) classified as a corporation
- ▶ Partnership
- ▶ Other LLC

**Note:** If your business is a sole proprietorship do not use this form. Instead, complete Form 433-A (OIC) Collection Information Statement for Wage Earners and Self-Employed Individuals. This form should only be used with the Form 656, Offer in Compromise.

Include attachments if additional space is needed to respond completely to any question.

**Section 1 Business Information**

Business name		Employer Identification Number
Business physical address ( <i>street, city, state, ZIP code</i> )		County of business location
		Description of business and DBA or "Trade Name"
Primary phone ( ) -	Secondary phone ( ) -	Business mailing address ( <i>if different from above or post office box number</i> )
Business website address		
FAX number ( ) -	Does the business outsource its payroll processing and tax return preparation for a fee	
Federal contractor <input type="checkbox"/> Yes <input type="checkbox"/> No	Total number of employees	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list provider name and address in box below ( <i>street, city, state, ZIP code</i> )
Frequency of tax deposits	Average gross monthly payroll \$	

**Provide information about all partners, officers, LLC members, major shareholders (foreign and domestic), etc., associated with the business. Include attachments if additional space is needed.**

Last name	First name	Title
Percent of ownership and annual salary	Social Security Number - -	Home address ( <i>street, city, state, ZIP code</i> )
Primary phone ( ) -	Secondary phone ( ) -	
Last name	First name	Title
Percent of ownership and annual salary	Social Security Number - -	Home address ( <i>street, city, state, ZIP code</i> )
Primary phone ( ) -	Secondary phone ( ) -	
Last name	First name	Title
Percent of ownership and annual salary	Social Security Number - -	Home address ( <i>street, city, state, ZIP code</i> )
Primary phone ( ) -	Secondary phone ( ) -	

**Section 2**

**Business Asset Information**

Gather the most current statement from banks, lenders on loans, mortgages (including second mortgages), monthly payments, loan balances, and accountant's depreciation schedules, if applicable. Also, include make/model/year/mileage of vehicles and current value of business assets. To estimate the current value, you may consult resources like Kelley Blue Book (www.kbb.com), NADA (www.nada.com), local real estate postings of properties similar to yours, and any other websites or publications that show what the business assets would be worth if you were to sell them. Asset value is subject to adjustment by IRS. Enter the total amount available for each of the following (if additional space is needed, please 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)

Cash  Checking  Savings  Money Market Account/CD  Online Account  Stored Value Card

Bank name	Account number	
		(1a) \$

Cash  Checking  Savings  Money Market Account/CD  Online Account  Stored Value Card

Bank name	Account number	
		(1b) \$

Cash  Checking  Savings  Money Market Account/CD  Online Account  Stored Value Card

Bank name	Account number	
		(1c) \$

Total bank accounts from attachment

	(1d) \$
<b>Add lines (1a) through (1d) =</b>	<b>(1) \$</b>

Investment account  Stocks  Bonds  Other

Name of Financial Institution	Account number	
-------------------------------	----------------	--

Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	- \$ _____	= (2a) \$

Investment Account:  Stocks  Bonds  Other

Name of Financial Institution	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			

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) \$
<b>Add lines (2a) through (2d) =</b>	<b>(2) \$</b>

**Notes Receivable**

Do you have notes receivable  Yes  No

If yes, attach current listing which includes name, age, 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, provide a list of name, age, and amount of the current accounts receivable

**Section 2 (Continued)**

**Business Asset Information**

If the business owns more properties, vehicles, or equipment than shown in this form, please list on a separate attachment.

**Real estate** (buildings, lots, commercial property, etc.)

Is your real property currently for sale or do you anticipate selling your real property to fund the offer amount

Yes (listing price)  No

Property address (street address, city, state, ZIP code, county, and country)	Property description (indicate if rental property, vacant, etc.)	Date purchased	
	Monthly mortgage payment	Date of final payment	
	Name of lender/contract holder		

Current market value	Minus loan balance (mortgages, etc.)	
\$ _____ X .8 = \$ _____	– \$ _____	Total value of real estate = (3a) \$ _____

Property address (street address, city, state, ZIP code, county, and country)	Property description (indicate if rental property, vacant, etc.)	Date purchased	
	Monthly mortgage payment	Date of final payment	
	Name of lender/contract holder		

Current market value	Minus loan balance (mortgages, etc.)	
\$ _____ X .8 = \$ _____	– \$ _____	Total value of real estate = (3b) \$ _____

Total value of property(s) listed from attachment [current market value X .8 minus any loan balance(s)]	(3c) \$ _____
---	---------------

<b>Add lines (3a) through (3c) =</b>	<b>(3) \$ _____</b>
--------------------------------------	---------------------

**Business vehicles** (cars, boats, motorcycles, trailers, etc.). If additional space is needed, list on an attachment

Vehicle make & model	Year	Date purchased	Mileage or use hours
<input type="checkbox"/> Lease	Monthly lease/loan amount	Name of creditor	Date of final payment
<input type="checkbox"/> Loan	\$ _____		

Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	– \$ _____	Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = (4a) \$ _____

Vehicle make & model	Year	Date purchased	Mileage or use hours
<input type="checkbox"/> Lease	Monthly lease/loan amount	Name of creditor	Date of final payment
<input type="checkbox"/> Loan	\$ _____		

Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	– \$ _____	Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = (4b) \$ _____

Vehicle make & model	Year	Date purchased	Mileage or use hours
<input type="checkbox"/> Lease	Monthly lease/loan amount	Name of creditor	Date of final payment
<input type="checkbox"/> Loan	\$ _____		

Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	– \$ _____	Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = (4c) \$ _____

Total value of vehicles listed from attachment [current market value X .8 minus any loan balance(s)]	(4d) \$ _____
--	---------------

<b>Add lines (4a) through (4d) =</b>	<b>(4) \$ _____</b>
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**Section 2 (Continued)**

**Business Asset Information**

**Other business equipment**

[If you have more than one piece of equipment, please list on a separate attachment and put the total of all equipment in box (5b)]

Type of equipment	
Current market value	Minus loan balance
Total value of equipment <i>(if leased or used in the production of income enter 0 as the total value) =</i>	
\$ _____ X .8 = \$ _____	– \$ _____
Total value of equipment listed from attachment [current market value X .8 minus any loan balance(s)]	
	(5a) \$
	(5b) \$
Total value of all business equipment <b>Add lines (5a) and (5b) =</b>	
	<b>(5) \$</b>
Do not include amount on the lines with a letter beside the number. Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0" on that line. <b>Add lines (1) through (5) and enter the amount in Box A =</b>	
	<b>Box A</b> Available Equity in Assets \$

**Section 3**

**Business Income Information**

Enter the average gross monthly income of your business. To determine your gross monthly income use the most recent 6-12 months documentation of commissions, invoices, gross receipts from sales/services, etc.; most recent 6-12 months earnings statements, etc., from every other source of income (such as rental income, interest and dividends, or subsidies); or you may use the most recent 6-12 months Profit and Loss (P&L) to provide the information of income and expenses.

**Note: If you provide a current profit and loss statement for the information below, enter the total gross monthly income in Box B below. Do not complete lines (6) - (10).**

Period provided beginning	through	
Gross receipts		(6) \$
Gross rental income		(7) \$
Interest income		(8) \$
Dividends		(9) \$
Other income <i>(specify on attachment)</i>		(10) \$
Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0" on that line. <b>Add lines (6) through (10) and enter the amount in Box B =</b>		<b>Box B</b> Total Business Income \$

**Section 4**

**Business Expense Information**

Enter the average gross monthly expenses for your business using your most recent 6-12 months statements, bills, receipts, or other documents showing monthly recurring expenses.

**Note: If you provide a current profit and loss statement for the information below, enter the total monthly expenses in Box C below. Do not complete lines (11) - (20).**

Period provided beginning	through	
Materials purchased <i>(e.g., items directly related to the production of a product or service)</i>		(11) \$
Inventory purchased <i>(e.g., goods bought for resale)</i>		(12) \$
Gross wages and salaries		(13) \$
Rent		(14) \$
Supplies <i>(items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)</i>		(15) \$
Utilities/telephones		(16) \$
Vehicle costs <i>(gas, oil, repairs, maintenance)</i>		(17) \$
Insurance <i>(other than life)</i>		(18) \$
Current taxes <i>(e.g., real estate, state, and local income tax, excise franchise, occupational, personal property, sales and employer's portion of employment taxes, etc.)</i>		(19) \$
Other expenses <i>(e.g., secured debt payments. Specify on attachment. Do not include credit card payments)</i>		(20) \$
Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0" on that line. <b>Add lines (11) through (20) and enter the amount in Box C =</b>		<b>Box C</b> Total Business Expenses \$
Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0" on that line. <b>Subtract Box C from Box B and enter the amount in Box D =</b>		<b>Box D</b> Remaining Monthly Income \$

**Section 5 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.

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

**Note: The multipliers below (12 and 24) and the calculated offer amount do not apply if 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.

Enter the total from Box D \$	X 12 =	Box E Future Remaining Income \$
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If you will pay your offer in 6 to 24 months, multiply "Remaining Monthly Income" (Box D) by 24 to get "Future Remaining Income". Do not enter a number less than zero.

Enter the total from Box D \$	X 24 =	Box F Future Remaining Income \$
----------------------------------	--------	-------------------------------------

Determine your minimum offer amount by adding the total available assets from Box A to the amount in either Box E or Box F. Your offer amount must be more than zero.

Enter the amount from Box A* \$	+	Enter the amount from either Box E or Box F \$	=	<b>Offer Amount</b> Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only. \$
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You must offer an amount more than \$0.

\*You may exclude any equity in income producing assets (except real estate) shown in Section 2 of this form.

**Section 6 Other Information**

Additional information IRS needs to consider settlement of your tax debt. If this business is currently in a bankruptcy proceeding, the business is not eligible to apply for an offer.

Is the business currently in bankruptcy

Yes  No

Has the business filed bankruptcy in the past 10 years

Yes  No

If yes, provide

Date filed (mm/dd/yyyy) \_\_\_\_\_ Date dismissed or discharged (mm/dd/yyyy) \_\_\_\_\_  
 Petition no. \_\_\_\_\_ Location filed \_\_\_\_\_

Does this business have other business affiliations (e.g., subsidiary or parent companies)

Yes  No

If yes, list the name and Employer Identification Number

Do any related parties (e.g., partners, officers, employees) owe money to the business

Yes  No

Is the business currently, or in the past, party to litigation

Yes  No

If yes, answer the following

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

Are you or have you been party to 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.

**Section 6 (Continued)**

**Other Information**

In the past 10 years, has the business transferred any assets for less than their full value

Yes  No

If yes, provide date, value, and type of asset transferred

In the past 3 years have you transferred any real property (*land, house, etc.*)

Yes  No

If yes, list the type of property, value, and date of the transfer

Has the business been located outside the U.S. for 6 months or longer in the past 10 years

Yes  No

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

Yes  No

If yes, please provide description, location, and value

Does the business have any funds being held in trust by a third party

Yes  No If yes, how much \$ \_\_\_\_\_ Where \_\_\_\_\_

Does the business have any lines of credit

Yes  No If yes, credit limit \$ \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

What property secures the line of credit \_\_\_\_\_

**Section 7**

**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.**

Signature of Taxpayer	Title	Date (mm/dd/yyyy)
▶		

**Remember to include all applicable attachments from the list below.**

- A current Profit and Loss statement covering at least the most recent 6–12 month period, if appropriate.
- Copies of the six most recent complete bank statements for each business account and copies of the three most recent statements for each investment account.
- If an asset is used as collateral on a loan, include copies of the most recent statement from lender(s) on loans, monthly payments, loan payoffs, and balances.
- Copies of the most recent statement of outstanding accounts and notes receivable.
- Copies of the most recent statements from lenders on loans, mortgages (including second mortgages), monthly payments, loan payoffs, and balances.
- Copies of relevant supporting documentation of the 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. Make sure the current tax year is included.
- Completed and current signed Form 656.

## 2021 Allowable Living Expenses National Standards

<b>Expense</b>	<b>One Person</b>	<b>Two Persons</b>	<b>Three Persons</b>	<b>Four Persons</b>
Food	\$400	\$724	838	\$955
Housekeeping supplies	\$41	\$76	69	\$79
Apparel & services	\$92	\$150	191	\$259
Personal care products & services	\$42	\$76	72	\$89
Miscellaneous	\$148	\$266	303	\$358
<b>Total</b>	<b>\$723</b>	<b>\$1,292</b>	<b>1,473</b>	<b>\$1,740</b>

<b>More than four persons</b>	<b>Additional Persons Amount</b>
For each additional person, add to four-person total allowance:	<b>\$341</b>

## 2021 Allowable Living Expenses Health Care Standards

	<b>Out of Pocket Costs</b>
Under 65	\$68
65 and Older	\$142

2021 Allowable Living Expenses Transportation Standards

***Public Transportation***

**National** \$217

***Ownership Costs***

	<b>One Car</b>	<b>Two Cars</b>
<b>National</b>	\$533	\$1,066

***Operating Costs***

	<b>One Car</b>	<b>Two Cars</b>
<b>Northeast Region</b>	\$274	\$548
Boston	\$271	\$542
New York	\$355	\$710
Philadelphia	\$293	\$586
<b>Midwest Region</b>	\$201	\$402
Chicago	\$226	\$452
Cleveland	\$201	\$402
Detroit	\$305	\$610
Minneapolis-St. Paul	\$203	\$406
St. Louis	\$233	\$466
<b>South Region</b>	\$224	\$448
Atlanta	\$251	\$502
Baltimore	\$262	\$524
Dallas-Ft. Worth	\$277	\$554
Houston	\$309	\$618
Miami	\$379	\$758
Tampa	\$238	\$476
Washington, D.C.	\$247	\$494
<b>West Region</b>	\$242	\$484
Anchorage	\$203	\$406
Denver	\$267	\$534
Honolulu	\$210	\$420
Los Angeles	\$313	\$626
Phoenix	\$246	\$492
San Diego	\$280	\$560
San Francisco	\$267	\$534
Seattle	\$242	\$484

2021 Allowable Living Expenses Housing Standards

County	State Name	2021 Published Housing and Utilities for a Family of 1	2021 Published Housing and Utilities for a Family of 2	2021 Published Housing and Utilities for a Family of 3	2021 Published Housing and Utilities for a Family of 4	2021 Published Housing and Utilities for a Family of 5
San Juan County	Colorado	1,533	1,800	1,897	2,115	2,149
San Miguel County	Colorado	2,094	2,459	2,591	2,889	2,936
Sedgwick County	Colorado	992	1,165	1,228	1,369	1,391
Summit County	Colorado	1,860	2,185	2,302	2,567	2,608
Teller County	Colorado	1,572	1,847	1,946	2,170	2,205
Washington County	Colorado	1,351	1,587	1,672	1,864	1,894
Weld County	Colorado	1,666	1,957	2,062	2,299	2,336
Yuma County	Colorado	1,381	1,622	1,709	1,906	1,936
Fairfield County	Connecticut	2,624	3,081	3,247	3,620	3,679
Hartford County	Connecticut	1,899	2,230	2,350	2,620	2,663
Litchfield County	Connecticut	1,887	2,217	2,336	2,605	2,647
Middlesex County	Connecticut	2,035	2,390	2,518	2,808	2,853
New Haven County	Connecticut	1,971	2,315	2,439	2,719	2,763
New London County	Connecticut	1,832	2,151	2,267	2,528	2,569
Tolland County	Connecticut	1,906	2,239	2,359	2,630	2,673
Windham County	Connecticut	1,681	1,975	2,081	2,320	2,358
Kent County	Delaware	1,499	1,760	1,855	2,068	2,102
New Castle County	Delaware	1,662	1,952	2,057	2,294	2,331
Sussex County	Delaware	1,501	1,763	1,858	2,072	2,105
District of Columbia	District of Columbia	2,409	2,829	2,981	3,324	3,377
Alachua County	Florida	1,459	1,714	1,806	2,014	2,046
Baker County	Florida	1,288	1,513	1,594	1,777	1,806
Bay County	Florida	1,438	1,689	1,780	1,985	2,017
Bradford County	Florida	1,150	1,350	1,423	1,587	1,612
Brevard County	Florida	1,407	1,652	1,741	1,941	1,973
Broward County	Florida	1,806	2,121	2,235	2,492	2,532
Calhoun County	Florida	1,075	1,262	1,330	1,483	1,507
Charlotte County	Florida	1,333	1,566	1,650	1,840	1,869
Citrus County	Florida	1,103	1,295	1,365	1,522	1,547
Clay County	Florida	1,420	1,668	1,758	1,960	1,992

#### 5.14.1.4.1 (01-01-2016)

##### Six-Year Rule and One-Year Rule

1. **Six-Year Rule:** When a taxpayer is unable to full pay immediately and does not qualify for a streamlined installment agreement, the taxpayer may still qualify for the six-year rule. Taxpayers are required to provide financial information in these cases, but are not required to provide substantiation of reasonable expenses. All expenses may be allowed if: the taxpayer establishes that he or she can stay current with all paying and filing requirements, the tax liability, including projected accruals, can be fully paid within six years and within the CSED, and the expense amounts are reasonable. Do not automatically allow agreements based on the six year maximum if expenses are unreasonable.

##### **Reminder:**

The Six-Year Rule is not applicable to corporations, partnerships, LLCs (where the LLC is identified as the liable taxpayer), or any business expenses. The Six-Year Rule is also not applicable for Business Master File (BMF) liabilities owed by in-business sole proprietors or LLCs, where the individual owner is identified as the liable taxpayer.

2. **One-Year Rule:** Taxpayers who cannot full pay their accounts within six years may be given up to one year to modify or eliminate excessive necessary expenses. In some cases, by modifying or eliminating some conditional expenses, a taxpayer may be able to full pay the liability plus accruals within the six year limit. This would enable a taxpayer to retain some conditional expenses under the Six-Year rule. The taxpayer does not have to qualify for the Six-Year rule in order to apply the One-Year rule.

##### **Reminder:**

The One-Year Rule is not applicable to corporations, partnerships, LLCs (where the LLC is identified as the liable taxpayer), or any business expenses. The One-Year Rule is also not applicable for BMF liabilities owed by in-business sole proprietors or LLCs, where the individual owner is identified as the liable taxpayer.



**Dr. Mike**  
**Future Income Analysis**

<b>Income</b>	<u>Actual</u>	<b>Expenses</b>	<u>Actual</u>	<u>Allowable</u>	
Wages (yourself)	\$ 40,000	Food, Clothing and Misc	\$ 1,800	\$ 723	
Wages (spouse)	\$ -	Housing & utilities	\$ 3,700	\$ 1,971	
Interest - Dividends	\$ -	Vehicle Ownership	\$ 1,200	\$ 533	
Net Business Income	\$ -	Vehicle Operating Costs	\$ 500	\$ 274	
Net Rental Income	\$ -	Public Transportation	\$ -	\$ -	
Distributions	\$ -	Health Insurance	\$ 780	\$ 780	
Pension/Soc Sec (taxpayer)	\$ -	Out of Pocket HealthCare	\$ 25	\$ 68	
Pension/Soc Sec (spouse)	\$ -	Court ordered pmts	\$ 5,000	\$ 5,000	Alimony
Social Security (taxpayer)	\$ -	Child/Dep Care	\$ -	\$ -	
Social Security (spouse)	\$ -	Life Insurance	\$ 220	\$ 220	Term
Child Support	\$ -	Current Year Taxes	\$ 12,000	\$ 12,000	
Alimony	\$ -	Secured Debts	\$ -	\$ -	
Other Income	\$ -	Delinquent State Taxes	\$ -	\$ -	
	\$ -	Student Loans	\$ -	\$ -	
	\$ -	Total Living Expenses	<u>\$ 25,225</u>	<u>\$ 21,569</u>	
Total	<u>\$ 40,000</u>	Net Difference	<u>\$ 14,775</u>	<u>\$ 18,431</u>	

**Analysis - Future Income**

Income	\$ 40,000
Expense	\$ 21,569
Monthly Available	<u>\$ 18,431</u>

**Eric & Jill**  
**Future Income Analysis**

<b>Income</b>	<u>Actual</u>	<b>Expenses</b>	<u>Actual</u>	<u>Allowable</u>	
Wages (yourself)	\$ -	Food, Clothing and Misc	\$ 1,500	\$ 1,292	
Wages (spouse)	\$ 6,500	Housing & utilities	\$ 2,950	\$ 2,315	
Interest - Dividends	\$ -	Vehicle Ownership	\$ -	\$ -	
Net Business Income	\$ -	Vehicle Operating Costs	\$ 548	\$ 548	
Net Rental Income	\$ -	Public Transportation	\$ -	\$ -	
Distributions	\$ -	Health Insurance	\$ 650	\$ 650	
Pension/Soc Sec (taxpayer)	\$ 1,500	Out of Pocket HealthCare	\$ 136	\$ 136	
Pension/Soc Sec (spouse)	\$ -	Court ordered pmts	\$ -	\$ -	
Social Security (taxpayer)	\$ -	Child/Dep Care	\$ -	\$ -	
Social Security (spouse)	\$ -	Life Insurance	\$ 150	\$ 150	Term
Child Support	\$ -	Current Year Taxes	\$ 1,600	\$ 1,600	
Alimony	\$ -	Secured Debts	\$ -	\$ -	
Other Income	\$ -	Delinquent State Taxes	\$ -	\$ -	
	\$ -	Student Loans	\$ -	\$ -	
	\$ -	Total Living Expenses	<u>\$ 7,534</u>	<u>\$ 6,691</u>	
Total	<u>\$ 8,000</u>	Net Difference	<u>\$ 466</u>	<u>\$ 1,309</u>	

**Analysis - Future Income**

Income	\$ 8,000
Expense	\$ 6,691
Monthly Available	<u>\$ 1,309</u>

**Bob and Marcy  
Future Income Analysis**

<b>Income</b>	<u>Actual</u>	<b>Expenses</b>	<u>Actual</u>	<u>Allowable</u>	
Wages (yourself)	\$ 6,000	Food, Clothing and Misc	\$ 1,292	\$ 1,292	
Wages (spouse)	\$ 4,500	Housing & utilities	\$ 2,650	\$ 2,315	
Interest - Dividends	\$ -	Vehicle Ownership	\$ 750	\$ 750	\$375 each
Net Business Income	\$ -	Vehicle Operating Costs	\$ 548	\$ 548	
Net Rental Income	\$ -	Public Transportation	\$ -	\$ -	
Distributions	\$ -	Health Insurance	\$ 900	\$ 900	
Pension/Soc Sec (taxpayer)	\$ -	Out of Pocket HealthCare	\$ 136	\$ 136	
Pension/Soc Sec (spouse)	\$ -	Court ordered pmts	\$ -	\$ -	
Social Security (taxpayer)	\$ -	Child/Dep Care	\$ 550	\$ 550	Mom
Social Security (spouse)	\$ -	Life Insurance	\$ 150	\$ 150	Term
Child Support	\$ -	Current Year Taxes	\$ 2,500	\$ 2,500	
Alimony	\$ -	Secured Debts	\$ -	\$ -	
Other Income	\$ -	Delinquent State Taxes	\$ -	\$ -	
	\$ -	Student Loans	\$ -	\$ -	
	\$ -	Total Living Expenses	<u>\$ 9,476</u>	<u>\$ 9,141</u>	
Total	<u>\$ 10,500</u>	Net Difference	<u>\$ 1,024</u>	<u>\$ 1,359</u>	

**Analysis - Future Income**

Income	\$ 10,500
Expense	\$ 9,141
Monthly Available	<u>\$ 1,359</u>

**Marcy's Mom  
Future Income Analysis**

<b>Income</b>	<u>Actual</u>	<b>Expenses</b>	<u>Actual</u>	<u>Allowable</u>
Wages (yourself)	\$ -	Food, Clothing and Misc	\$ 723	\$ 723
Wages (spouse)	\$ -	Housing & utilities	\$ 1,450	\$ 1,450
Interest - Dividends	\$ -	Vehicle Ownership	\$ -	\$ -
Net Business Income	\$ -	Vehicle Operating Costs	\$ 274	\$ 274
Net Rental Income	\$ -	Public Transportation	\$ -	\$ -
Distributions	\$ -	Health Insurance	\$ 150	\$ 150
Pension/Soc Sec (taxpayer)	\$ 1,300	Out of Pocket HealthCare	\$ 136	\$ 144
Pension/Soc Sec (spouse)	\$ -	Court ordered pmts	\$ -	\$ -
Social Security (taxpayer)	\$ 1,100	Child/Dep Care	\$ -	\$ -
Social Security (spouse)	\$ -	Life Insurance	\$ -	\$ -
Child Support	\$ -	Current Year Taxes	\$ -	\$ -
Alimony	\$ -	Secured Debts	\$ -	\$ -
Other Income	\$ -	Delinquent State Taxes	\$ -	\$ -
	\$ -	Student Loans	\$ -	\$ -
	\$ -	Total Living Expenses	<u>\$ 2,733</u>	<u>\$ 2,741</u>
Total	<u>\$ 2,400</u>	Net Difference	<u>\$ (333)</u>	<u>\$ (341)</u>

**Analysis - Future Income**

Income	\$ 2,400
Expense	\$ 2,741
Monthly Available	<u>\$ (341)</u>

**Tony & Marie**  
**Future Income Analysis**

<b>Income</b>	<u>Actual</u>	<b>Expenses</b>	<u>Actual</u>	<u>Allowable</u>	
Wages (yourself)	\$ 7,000	Food, Clothing and Misc	\$ 1,292	\$ 1,292	
Wages (spouse)	\$ 4,500	Housing & utilities	\$ 2,900	\$ 2,315	
Interest - Dividends	\$ -	Vehicle Ownership	\$ -	\$ -	
Net Business Income	\$ -	Vehicle Operating Costs	\$ 548	\$ 948	Older
Net Rental Income	\$ -	Public Transportation	\$ -	\$ -	
Distributions	\$ -	Health Insurance	\$ 1,100	\$ 1,100	
Pension/Soc Sec (taxpayer)	\$ -	Out of Pocket HealthCare	\$ 368	\$ 368	\$300 for tony meds
Pension/Soc Sec (spouse)	\$ -	Court ordered pmts	\$ -	\$ -	
Social Security (taxpayer)	\$ -	Child/Dep Care	\$ -	\$ -	
Social Security (spouse)	\$ -	Life Insurance	\$ 220	\$ 220	Term
Child Support	\$ -	Current Year Taxes	\$ 2,875	\$ 2,875	
Alimony	\$ -	Secured Debts	\$ -	\$ -	
Other Income	\$ -	Delinquent State Taxes	\$ -	\$ -	
	\$ -	Student Loans	\$ -	\$ -	
	\$ -	Total Living Expenses	<u>\$ 9,303</u>	<u>\$ 9,118</u>	
Total	<u>\$ 11,500</u>	Net Difference	<u>\$ 2,197</u>	<u>\$ 2,382</u>	

**Analysis - Future Income**

Income	\$ 11,500
Expense	\$ 9,118
Monthly Available	<u>\$ 2,382</u>

**CSED Analysis Before any Adjustments**

Tax Year	Assessed	Original CSED	Tolling Events		Adj CSED	Months	Balance Due	Assets	Balance	Paid in Mos
			CDP Rights	Pending IA						
2015	10/15/2016	10/15/2026	30	90	2/12/2027	62.50	\$ 57,300.00	\$ 10,500.00	\$ 46,800.00	19.65
2016	10/15/2017	10/15/2027	30	90	2/12/2028	74.50	\$ 65,000.00	\$ -	\$ 65,000.00	46.94
2017	10/15/2018	10/15/2028	30	90	2/12/2029	86.50	\$ 48,500.00	\$ -	\$ 48,500.00	67.30
2018	10/15/2019	10/15/2029	30	90	2/12/2030	98.50	\$ 51,600.00	\$ -	\$ 51,600.00	88.96
2019	10/15/2020	10/15/2030		90	1/13/2031	<b>110.50</b>	\$ 47,600.00	\$ -	\$ 47,600.00	<b>108.94</b>

**Tony & Marie**  
**Future Income Analysis**

<b>Income</b>	<u>Actual</u>	<b>Expenses</b>	<u>Actual</u>	<u>Allowable</u>	
Wages (yourself)	\$ 7,000	Food, Clothing and Misc	\$ 1,292	\$ 1,292	
Wages (spouse)	\$ 4,500	Housing & utilities	\$ 2,900	\$ 2,315	
Interest - Dividends	\$ -	Vehicle Ownership	\$ -	\$ -	
Net Business Income	\$ -	Vehicle Operating Costs	\$ 548	\$ 948	Older
Net Rental Income	\$ -	Public Transportation	\$ -	\$ -	
Distributions	\$ -	Health Insurance	\$ 1,100	\$ 1,100	
Pension/Soc Sec (taxpayer)	\$ -	Out of Pocket HealthCare	\$ 368	\$ 368	\$300 for tony meds
Pension/Soc Sec (spouse)	\$ -	Court ordered pmts	\$ -	\$ -	
Social Security (taxpayer)	\$ -	Child/Dep Care	\$ -	\$ -	
Social Security (spouse)	\$ -	Life Insurance	\$ 220	\$ 220	Term
Child Support	\$ -	Current Year Taxes	\$ 2,875	\$ 2,875	
Alimony	\$ -	Secured Debts	\$ -	\$ -	
Other Income	\$ -	Delinquent State Taxes	\$ -	\$ -	
	\$ -	<b>Representation Fees</b>	<b>\$ 278</b>	<b>\$ 278</b>	<b>18 mo repay</b>
	\$ -	Total Living Expenses	\$ 9,581	\$ 9,396	
<b>Total</b>	<u><u>\$ 11,500</u></u>	Net Difference	<u><u>\$ 1,919</u></u>	<u><u>\$ 2,104</u></u>	

**Analysis - Future Income**

Income	\$ 11,500
Expense	\$ 9,396
Monthly Available	<u><u>\$ 2,104</u></u>

**CSED Analysis Before any Adjustments**

Tax Year	Assessed	Original CSED	Tolling Events		Adj CSED	Months	Balance Due	Assets	Balance	Paid in Mos
			CDP Rights	Pending IA						
2015	10/15/2016	10/15/2026	30	90	2/12/2027	62.50	\$ 57,300.00	\$ -	\$ 57,300.00	27.23
2016	10/15/2017	10/15/2027	30	90	2/12/2028	74.50	\$ 65,000.00	\$ -	\$ 65,000.00	58.12
2017	10/15/2018	10/15/2028	30	90	2/12/2029	86.50	\$ 48,500.00	\$ -	\$ 48,500.00	81.17
2018	10/15/2019	10/15/2029	30	90	2/12/2030	<b>98.50</b>	\$ 51,600.00	\$ -	\$ 51,600.00	<b>105.69</b>
2019	10/15/2020	10/15/2030		90	1/13/2031	110.50	\$ 47,600.00	\$ -	\$ 47,600.00	128.31