



Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 656 (Rev. 5-2001)
Catalog Number 16728N

Form 656

Offer in Compromise

This Offer in Compromise package includes:

- Information you need to know before submitting an offer in compromise
- Instructions on the type of offers you can submit
- Form 433-A, Collection Information Statement for Wage Earners and Self-Employed Individuals, and Form 433-B, Collection Information Statement for Businesses
- A worksheet that wage earners and self-employed individuals can use to calculate their offer amount
- Instructions on completing an offer in compromise form
- Two copies of Form 656

Note: You can get forms and publications by calling 1-800-829-1040 or 1-800-829-FORM, or by visiting your local Internal Revenue Service (IRS) office or our website at www.irs.gov.

What You Need to Know Before Submitting an Offer in Compromise

What is an Offer in Compromise?

An **Offer in Compromise** (OIC) is an agreement between a taxpayer and the Internal Revenue Service (IRS) that resolves the taxpayer's tax liability. The IRS has the authority to settle, or *compromise*, federal tax liabilities by accepting less than full payment under certain circumstances. The IRS may legally compromise for one of the following reasons:

■ **Doubt as to Liability** — Doubt exists that the assessed tax is correct.

■ **Doubt as to Collectibility** — Doubt exists that you could ever pay the full amount of tax owed.

■ **Effective Tax Administration** — There is no doubt the tax is correct and no doubt the amount owed could be collected, but an exceptional circumstance exists that allows us to consider your offer. To be eligible for compromise on this basis, you must demonstrate that collection of the tax would create an economic hardship or would be unfair and inequitable.

Form 656, Offer in Compromise, and Substitute Forms

Form 656, **Offer in Compromise**, is the official compromise agreement. Substitute forms, whether computer-generated or photocopies, must affirm that:

1. The substitute form is a verbatim duplicate of the official Form 656, and
2. You agree to be bound by all terms and conditions set forth in the official Form 656.

You must initial and date all pages of the substitute form, in addition to signing and dating the signature page.

You can get Form 656 by calling 1-800-829-1040 or 1-800-829-FORM, by visiting your local Internal Revenue Service (IRS) office, or by accessing our website at www.irs.gov

Am I Eligible for Consideration of an Offer in Compromise?

You may be eligible for consideration of an **Offer in Compromise** if:

1. In your judgment, you don't owe the tax liability (**Doubt as to Liability**). You must submit a detailed written statement explaining why you believe you don't owe the tax liability you want to compromise. You won't be required to submit a collection information statement if you're submitting an offer on this basis alone.
2. In your judgment, you can't pay the entire tax liability in full (**Doubt as to Collectibility**). You must submit a collection information statement showing your current financial situation.
3. You agree the tax liability is correct and you're able to pay the balance due in full, but you have exceptional circumstances you'd like us to consider (**Effective Tax Administration**). To receive consideration on this basis, you must submit:

- a. a collection information statement, and
- b. a detailed written narrative. The narrative must explain your exceptional circumstances and why paying the tax liability in full would either create an economic hardship or would be unfair and inequitable.

We'll also consider your overall history of filing and paying taxes.

Note: If you request consideration on the basis of effective tax administration, we're first required to establish that there is no doubt as to liability and no doubt as to collectibility. We can only consider an offer on the basis of effective tax administration after we've determined the liability is correct and collectible.

When Am I Not Eligible for Consideration of an Offer in Compromise?

You are not eligible for consideration of an **Offer in Compromise** on the basis of **doubt as to collectibility** or **effective tax administration** if:

1. You haven't filed all required federal tax returns, or
2. You're involved in an open bankruptcy proceeding.

Note: If you are an in-business taxpayer, you must have filed and deposited all employment taxes on time for the two (2) quarters preceding your offer, as well as, deposit all employment taxes on time during the quarter you submit your offer.

What We Need to Process Your Offer in Compromise

For us to process your offer, you must provide a complete and correct Form 656 and:

- Form 433-A, *Collection Information Statement for Wage Earners and Self-Employed Individuals*, if you are submitting an offer as an **individual** or **self-employed taxpayer**.
- Form 433-B, *Collection Information Statement for Businesses*, if you are submitting an offer as a **corporation** or **other business** taxpayer. We may also require Forms 433-A from corporate officers or individual partners.

For a more detailed explanation of the information required to complete these forms, see the section entitled, "Financial Information" on page 3.

Note: We don't need a collection information statement for an offer based solely on doubt as to liability.

Please complete all applicable items on Form 656 and provide all required documentation. We may contact you for any missing required information. If we don't receive a response to our request or receive the required information, we won't recommend your offer for acceptance and will return your Form 656 to you by mail. We will explain our reason(s) for returning your offer in our letter. The reasons for return are:

- The pre-printed terms and conditions listed on Form 656 have changed

- A taxpayer name is missing
- A Social Security Number or Employer Identification Number is missing, incomplete, or incorrect
- An offer amount or payment term is unstated
- A signature is missing
- A collection information statement (Form 433-A or Form 433-B) is missing or incomplete, if your offer is based on doubt as to collectibility or effective tax administration
- We did not receive collection information statement verification
- Our records show you don't have a tax liability
- Your offer is submitted to delay collection or cause a delay which will jeopardize our ability to collect the tax

Note: You should personally sign your offer and any required collection information statements unless unusual circumstances prevent you from doing so. If someone with an authorized power of attorney signs your offer because of unusual circumstances, you must include a completed Form 2848, Power of Attorney and Declaration of Representative, with your offer.

What You Should Do If You Want to Submit an Offer in Compromise

Determine Your Offer Amount

All offer amounts (**doubt as to liability**, **doubt as to collectibility**, or **effective tax administration**) must exceed \$0.00.

■ Doubt as to Liability

Complete Item 9, *Explanation of Circumstances*, on Form 656, explaining why, in your judgment, you don't owe the tax liability you want to compromise. Offer the correct tax, penalty, and interest owed based on your judgment.

■ Doubt as to Collectibility

Complete Form 433-A, *Collection Information Statement for Wage Earners and Self-Employed Individuals*, or Form 433-B, *Collection Information Statement for Businesses*, as appropriate, and attach to your Form 656. For assistance in determining your offer amount, visit our website at www.irs.ustreas.gov/ind_info/oic/index.html. If you are a wage earner or self-employed individual, figure your offer amount by completing the worksheet on pages 10–11.

You must offer an amount greater than or equal to the “reasonable collection potential” (RCP). The RCP equals the net equity of your assets plus the amount we could collect

from your future income. Please see page 8, **Terms and Definitions**, for more detailed definitions of these and other terms.

If special circumstances cause you to offer an amount less than the RCP, you must also complete Item 9, *Explanation of Circumstances*, on Form 656, explaining your situation. Special circumstances may include factors such as advanced age, serious illness from which recovery is unlikely, or unusual circumstances that impact upon your ability to pay the total RCP and continue to provide for the necessary expenses for you and your family.

■ Effective Tax Administration

Complete Form 433-A or Form 433-B, as appropriate, and attach to Form 656.

Complete Item 9, *Explanation of Circumstances*, on Form 656, explaining your exceptional circumstances and why requiring payment of the tax liability in full would either create an economic hardship or would be unfair and inequitable.

Enter your offer amount on Item 7 of Form 656.

Financial Information

Note: We do not require this information if your offer is based solely on doubt as to liability.

You must provide financial information when you submit offers based on **doubt as to collectibility** and **effective tax administration**.

If you are submitting an offer as a wage earner or self-employed individual, you must file Form 433-A, *Collection Information Statement for Wage Earners and Self-Employed Individuals*, with your Form 656. If you are a corporation or other business taxpayer, you must file Form 433-B, *Collection Information Statement for Businesses*. We may

also request Forms 433-A from corporate officers or individual partners.

You must send us current information that reflects your financial situation for at least the past six months. Collection information statements must show all your assets and income, even those unavailable to us through direct collection action, because you can use them to fund your offer. The offer examiner needs this information to evaluate your offer and may ask you to update it or verify certain financial information. We may also return offer packages without complete collection information statements.

When only one spouse has a tax liability but both have incomes, only the spouse responsible for the debt is required to prepare the necessary collection information statements. In states with community property laws, however, we

require collection information statements from both spouses. We may also request financial information on the non-liable spouse for offer verification purposes, even when community property laws do not apply.

Determine Your Payment Terms

There are three payment plans you and the IRS may agree to:

- **Cash** (paid in 90 days or less)
- **Short-Term Deferred Payment** (more than 90 days, up to 24 months)
- **Deferred Payment** (offers with payment terms over the remaining statutory period for collecting the tax).

Cash Offer

You must pay cash offers within 90 days of acceptance.

You should offer the realizable value of your assets plus the total amount we could collect over 48 months of payments (or the remainder of the ten-year statutory period for collection, whichever is less).

Note: *We require full payment of accepted doubt as to liability offers at the time of mutual agreement of the corrected liability. If you're unable to pay the corrected amount, you must also request compromise on the basis of doubt as to collectibility.*

Short-Term Deferred Payment Offer

This payment plan requires you to pay the offer within two years of acceptance.

The offer must include the realizable value of your assets plus the amount we could collect over 60 months of payments (or the remainder of the

ten-year statutory period for collection, whichever is less).

You can pay the short-term deferred payment plan in three ways:

Plan One

- Full payment of the realizable value of your assets within 90 days from the date we accept your offer, and
- Payment within two years of acceptance of the amount we could collect over 60 months (future income) or the remaining life of the collection statute, whichever is less.

Plan Two

- Cash payment for a portion of the realizable value of your assets within 90 days from the date we accept your offer, and
- The balance of the realizable value plus the amount we could collect over 60 months (future income) or the remaining life of the collection statute, whichever is less, within two years of acceptance.

Plan Three

- The entire offer amount in monthly payments extending over a period not to exceed two years from date of acceptance (e.g., four payments within 120 days of acceptance).

For example, on a short-term deferred payment total offer of \$16,000, you might propose to pay your realizable value of assets (e.g., \$13,000) within 90 days of

acceptance and the amount of your future income (e.g., \$50 per month for 60 months, or \$3,000) over 6 monthly payments of \$500 each, beginning the first month after acceptance.

We may file a Notice of Federal Tax Lien on tax liabilities compromised under short-term deferred payment offers.

Deferred Payment Offer

This payment plan requires you to pay the offer amount over the remaining statutory period for collecting the tax.

The offer must include the realizable value of your assets plus the amount we could collect through monthly payments during the remaining life of the collection statute.

For wage earners and self-employed individuals who want to submit a deferred payment offer, we will help you determine your future income amount. To compute this amount, we must calculate the remaining time left on the collection statute for each period of the tax liability.

- Call 1-800-829-1040 to assist you in this calculation.
- Using Form 433-A Worksheet, multiply the amount from Item 12, Box O, by the number of months remaining on the collection statute. Add that amount to Item 11, Box N, and use the total as the basis for your offer amount in Item 7 of Form 656.

You can pay the deferred payment plan in three ways:

Plan One

- Full payment of the realizable value of your assets within 90 days from the date we accept your offer, and

- Your “future income” in monthly payments during the remaining life of the collection statute

Plan Two

- Cash payment for a portion of the realizable value of your assets within 90 days from the date we accept your offer, and
- Monthly payments during the remaining life of the collection statute for both the balance of the realizable value and your future income

Plan Three

- The entire offer amount in monthly payments over the life of the collection statute

For example, on a deferred payment offer with 7 years (84 months) remaining on the statutory period for collection and a total offer of \$25,000, you might propose to pay your realizable value of assets (e.g., \$10,000) within 90 days and your future income (e.g., \$179 per month for 7 years, or \$15,000) in 84 monthly installments of \$179. Alternately, you could also pay the same total \$25,000 offer in 84 monthly installments of \$298.

Just as with short-term deferred payment offers, we may file a Notice of Federal Tax Lien.

Note: The worksheet on page 10 instructs wage earners and self-employed individuals how to figure the appropriate amount for a Cash, Short-Term Deferred Payment, or Deferred Payment Offer.

How We Consider Your Offer

An offer examiner will evaluate your offer and may request additional documentation from you to verify financial or other information you provide. The examiner will then make a recommendation to accept it or reject the offer. The examiner may also

return your offer if you don't provide the requested information.

The examiner may decide that a larger offer amount is necessary to justify acceptance. You will have the opportunity to amend your offer.

Additional Agreements

When you submit certain offers, we may also request that you sign an additional agreement requiring you to:

- Pay a percentage of your future earnings
- Waive certain present or future tax benefits

Withholding Collection Activities

We will withhold collection activities while we consider your offer. We will not act to collect the tax liability:

- While we investigate and evaluate your offer
- For 30 days after we reject an offer
- While you appeal an offer rejection

The above do not apply if we find any indication that you submitted your offer to delay collection or cause a delay which will jeopardize our ability to collect the tax.

If you currently have an installment agreement when you submit an offer, you must continue making the agreed upon monthly payments while we consider your offer.

If We Accept Your Offer

If we accept your offer, we will notify you by mail. When you receive your acceptance letter, you must:

- Promptly pay any unpaid amounts that become due under the terms of the offer agreement
- Comply with all the terms and conditions of the offer, along with those of any additional agreement
- Promptly notify us of any change of address until you meet the conditions of your offer. Your acceptance letter will indicate which IRS office to contact if your address changes. Your notification allows us to contact you immediately regarding the status of your offer

We will release all Notices of Federal Tax Lien when you satisfy the payment terms of the offered amount. For an immediate

release of a lien, you can submit certified funds with a request letter.

In the future, not filing returns or paying taxes when due could result in the default of an accepted offer (see Form 656, Item 8(d), the *future compliance provision*). If you default your agreement, we will reinstate the unpaid amount of the original tax liability, file a Notice of Federal Tax Lien on any tax liability without a filed notice, and resume collection activities. The future compliance provision applies to offers based on **doubt as to collectibility**. In certain cases, the future compliance provision may apply to offers based on **effective tax administration**.

We won't default your offer agreement when you have filed a joint offer with your spouse or ex-spouse as long as you've kept or are keeping all the terms of the agreement, even if your spouse or ex-spouse violates the future compliance provision.



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IRS RECEIVED DATE

Item 1 — Taxpayer's Name and Home or Business Address

Name _____

Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Mailing Address (if different from above)

Street Address _____

City _____ State _____ ZIP Code _____

DATE RETURNED

Item 2 — Social Security Numbers

(a) Primary _____

(b) Secondary _____

Item 3 — Employer Identification Number (included in offer)

Item 4 — Other Employer Identification Numbers (not included in offer)

Item 5 — To: Commissioner of Internal Revenue Service

I/We (includes all types of taxpayers) submit this offer to compromise the tax liabilities plus any interest, penalties, additions to tax, and additional amounts required by law (tax liability) for the tax type and period marked below: (Please mark an "X" in the box for the correct description and fill-in the correct tax period(s), adding additional periods if needed).

1040/1120 Income Tax — Year(s) _____

941 Employer's Quarterly Federal Tax Return — Quarterly period(s) _____

940 Employer's Annual Federal Unemployment (FUTA) Tax Return — Year(s) _____

Trust Fund Recovery Penalty as a responsible person of (enter corporation name) _____, for failure to pay withholding and Federal Insurance Contributions Act Taxes (Social Security taxes), for period(s) ending _____.

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

Note: If you need more space, use another sheet titled "Attachment to Form 656 Dated _____." Sign and date the attachment following the listing of the tax periods.

Item 6 — I/We submit this offer for the reason(s) checked below:

- Doubt as to Liability** — "I do not believe I owe this amount." You must include a detailed explanation of the reason(s) why you believe you do not owe the tax in Item 9.
- Doubt as to Collectibility** — "I have insufficient assets and income to pay the full amount." You must include a complete Collection Information Statement, Form 433-A and/or Form 433-B.
- Effective Tax Administration** — "I owe this amount and have sufficient assets to pay the full amount, but due to my exceptional circumstances, requiring full payment would cause an economic hardship or would be unfair and inequitable." You must include a complete Collection Information Statement, Form 433-A and/or Form 433B and complete Item 9.

Item 7

I/We offer to pay \$ _____ (must be more than zero). Complete item 10 to explain where you will obtain the funds to make this offer.

Check one of the following:

Cash Offer (Offered amount will be paid in 90 days or less.)

Balance to be paid in: 10; 30; 60; or 90 days from written notice of acceptance of the offer.

Short-Term Deferred Payment Offer (Offered amount will be paid in MORE than 90 days but within 24 months from written notice of acceptance of the offer.)

\$ _____ within _____ days (not more than 90 — See Instructions Section, **Determine Your Payment Terms**) from written notice of acceptance of the offer; and

beginning in the _____ month after written notice of acceptance of the offer, \$ _____ on the _____ day of each month for a total of _____ months. (Cannot extend more than 24 months from written notice of acceptance of the offer.)

Deferred Payment Offer (Offered amount will be paid over the life of the collection statute.)

\$ _____ within _____ days (not more than 90 — See Instructions Section, **Determine Your Payment Terms**) from written notice of acceptance of the offer; and

beginning in the first month after written notice of acceptance of the offer, \$ _____ on the _____ day of each month for a total of _____ months.

NOTE: Signature(s) of taxpayer required on last page of Form 656

Item 8 — By submitting this offer, I/we understand and agree to the following conditions:

- (a) I/We voluntarily submit all payments made on this offer.
- (b) The IRS will apply payments made under the terms of this offer in the best interest of the government.
- (c) If the IRS rejects or returns the offer or I/we withdraw the offer, the IRS will return any amount paid with the offer. If I/we agree in writing, IRS will apply the amount paid with the offer to the amount owed. If I/we agree to apply the payment, the date the IRS received the offer remittance will be considered the date of payment. I/We understand that the IRS will not pay interest on any amount I/we submit with the offer.
- (d) **I/We will comply with all provisions of the Internal Revenue Code relating to filing my/our returns and paying my/our required taxes for 5 years or until the offered amount is paid in full, whichever is longer. In the case of a jointly submitted offer to compromise joint tax liabilities, I/we understand that default with respect to the compliance provisions described in this paragraph by one party to this agreement will not result in the default of the entire agreement. The default provisions described in Item 8(n) of this agreement will be applied only to the party failing to comply with the requirements of this paragraph. This provision does not apply to offers based on Doubt as to Liability.**
- (e) I/We waive and agree to the suspension of any statutory periods of limitation (time limits provided for by law) for the IRS assessment of the tax liability for the periods identified in Item 5. I/We understand that I/we have the right not to waive these statutory periods or to limit the waiver to a certain length or to certain issues. I/We understand, however, that the IRS may not consider this offer if I/we refuse to waive the statutory periods for assessment or if we provide only a limited waiver. The amount of any Federal tax due for the periods described in Item 5 may be assessed at any time prior to the acceptance of this offer or within one year of the rejection of this offer.
- (f) The IRS will keep all payments and credits made, received or applied to the total original tax liability before submission of this offer. The IRS may keep any proceeds from a levy served prior to submission of the offer, but not received at the time the offer is submitted. If I/we have an installment agreement prior to submitting the offer, I/we must continue to make the payments as agreed while this offer is pending. Installment agreement payments will not be applied against the amount offered.
- (g) **As additional consideration beyond the amount of my/our offer, the IRS will keep any refund, including interest, due to me/us because of overpayment of any tax or other liability, for tax periods extending through the calendar year that the IRS accepts the offer. I/We may not designate an overpayment ordinarily subject to refund, to which the IRS is entitled, to be applied to estimated tax payments for the following year. This condition does not apply if the offer is based on Doubt as to Liability.**
- (h) I/We will return to the IRS any refund identified in (g) received after submission of this offer. This condition does not apply to offers based on Doubt as to Liability.
- (i) The IRS cannot collect more than the full amount of the tax liability under this offer.
- (j) I/We understand that I/we remain responsible for the full amount of the tax liability, unless and until the IRS accepts the offer in writing and I/we have met all the terms and conditions of the offer. The IRS will not remove the original amount of the tax liability from its records until I/we have met all the terms of the offer.

(k) I/We understand that the tax I/we offer to compromise is and will remain a tax liability until I/we meet all the terms and conditions of this offer. If I/we file bankruptcy before the terms and conditions of this offer are completed, any claim the IRS files in the bankruptcy proceedings will be a tax claim.

(l) Once the IRS accepts the offer in writing, I/we have no right to contest, in court or otherwise, the amount of the tax liability.

(m) The offer is pending starting with the date an authorized IRS official signs this form. The offer remains pending until an authorized IRS official accepts, rejects, returns or acknowledges withdrawal of the offer in writing. If I/we appeal an IRS rejection decision on the offer, the IRS will continue to treat the offer as pending until the Appeals Office accepts or rejects the offer in writing. If I/we don't file a protest within 30 days of the date the IRS notifies me/us of the right to protest the decision, I/we waive the right to a hearing before the Appeals Office about the offer in compromise.

(n) If I/We fail to meet any of the terms and conditions of the offer and the offer defaults, then the IRS may:

- immediately file suit to collect the entire unpaid balance of the offer

- immediately file suit to collect an amount equal to the original amount of the tax liability as liquidating damages, minus any payment already received under the terms of this offer

- disregard the amount of the offer and apply all amounts already paid under the offer against the original amount of the tax liability

- file suit or levy to collect the original amount of the tax liability, without further notice of any kind.

The IRS will continue to add interest, as Section 6601 of the Internal Revenue Code requires, on the amount the IRS determines is due after default. The IRS will add interest from the date the offer is defaulted until I/we completely satisfy the amount owed.

(o) The IRS generally files a Notice of Federal Tax Lien to protect the Government's interest on deferred payment offers. This tax lien will be released when the payment terms of the offer agreement have been satisfied.

(p) I/We understand that the IRS employees may contact third parties in order to respond to this request and I authorize the IRS to make such contacts. Further, by authorizing the Internal Revenue Service to contact third parties, I understand that I will not receive notice, pursuant to section 7602(c) of the Internal Revenue Code, of third parties contacted in connection with this request.

Item 9 — Explanation of Circumstances

I am requesting an offer in compromise for the reason(s) listed below:

Note: If you are requesting compromise based on doubt as to liability, explain why you don't believe you owe the tax. If you believe you have special circumstances affecting your ability to fully pay the amount due, explain your situation. You may attach additional sheets if necessary.

Item 10 — Source of Funds

I/we shall obtain the funds to make this offer from the following source(s):

Item 11

If I/we submit this offer on a substitute form, I/we affirm that this form is a verbatim duplicate of the official Form 656, and I/we agree to be bound by all the terms and conditions set forth in the official Form 656.

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

11(a) Signature of Taxpayer

Date

11(b) Signature of Taxpayer

Date

For Official Use Only

I accept the waiver of the statutory period of limitations for the Internal Revenue Service.

Signature of Authorized Internal Revenue Service Official

Title

Date



Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 656 (Rev. 5-2001)
Catalog Number 16728N

Form 656

Offer in Compromise

IRS RECEIVED DATE

Item 1 — Taxpayer's Name and Home or Business Address

Name _____

Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Mailing Address (if different from above)

Street Address _____

City _____ State _____ ZIP Code _____

DATE RETURNED

Item 2 — Social Security Numbers

(a) Primary _____

(b) Secondary _____

Item 3 — Employer Identification Number (included in offer)

Item 4 — Other Employer Identification Numbers (not included in offer)

Item 5 — To: Commissioner of Internal Revenue Service

I/We (includes all types of taxpayers) submit this offer to compromise the tax liabilities plus any interest, penalties, additions to tax, and additional amounts required by law (tax liability) for the tax type and period marked below: (Please mark an "X" in the box for the correct description and fill in the correct tax period(s), adding additional periods if needed).

1040/1120 Income Tax — Year(s) _____

941 Employer's Quarterly Federal Tax Return — Quarterly period(s) _____

940 Employer's Annual Federal Unemployment (FUTA) Tax Return — Year(s) _____

Trust Fund Recovery Penalty as a responsible person of (enter corporation name) _____, for failure to pay withholding and Federal Insurance Contributions Act Taxes (Social Security taxes), for period(s) ending _____.

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

Note: If you need more space, use another sheet titled "Attachment to Form 656 Dated _____." Sign and date the attachment following the listing of the tax periods.

Item 6 — I/We submit this offer for the reason(s) checked below:

- Doubt as to Liability** — "I do not believe I owe this amount." You must include a detailed explanation of the reason(s) why you believe you do not owe the tax in Item 9.
- Doubt as to Collectibility** — "I have insufficient assets and income to pay the full amount." You must include a complete Collection Information Statement, Form 433-A and/or Form 433-B.
- Effective Tax Administration** — "I owe this amount and have sufficient assets to pay the full amount, but due to my exceptional circumstances, requiring full payment would cause an economic hardship or would be unfair and inequitable." You must include a complete Collection Information Statement, Form 433-A and/or Form 433B and complete Item 9.

Item 7

I/We offer to pay \$ _____ (must be more than zero). Complete item 10 to explain where you will obtain the funds to make this offer.

Check one of the following:

Cash Offer (Offered amount will be paid in 90 days or less.)

Balance to be paid in: 10; 30; 60; or 90 days from written notice of acceptance of the offer.

Short-Term Deferred Payment Offer (Offered amount will be paid in MORE than 90 days but within 24 months from written notice of acceptance of the offer.)

\$ _____ within _____ days (not more than 90 — See Instructions Section, **Determine Your Payment Terms**) from written notice of acceptance of the offer; and

beginning in the _____ month after written notice of acceptance of the offer, \$ _____ on the _____ day of each month for a total of _____ months. (Cannot extend more than 24 months from written notice of acceptance of the offer.)

Deferred Payment Offer (Offered amount will be paid over the life of the collection statute.)

\$ _____ within _____ days (not more than 90 — See Instructions Section, **Determine Your Payment Terms**) from written notice of acceptance of the offer; and

beginning in the first month after written notice of acceptance of the offer, \$ _____ on the _____ day of each month for a total of _____ months.

NOTE: Signature(s) of taxpayer required on last page of Form 656

Item 8 — By submitting this offer, I/we understand and agree to the following conditions:

- (a) I/We voluntarily submit all payments made on this offer.
- (b) The IRS will apply payments made under the terms of this offer in the best interest of the government.
- (c) If the IRS rejects or returns the offer or I/we withdraw the offer, the IRS will return any amount paid with the offer. If I/we agree in writing, IRS will apply the amount paid with the offer to the amount owed. If I/we agree to apply the payment, the date the IRS received the offer remittance will be considered the date of payment. I/We understand that the IRS will not pay interest on any amount I/we submit with the offer.
- (d) **I/We will comply with all provisions of the Internal Revenue Code relating to filing my/our returns and paying my/our required taxes for 5 years or until the offered amount is paid in full, whichever is longer. In the case of a jointly submitted offer to compromise joint tax liabilities, I/we understand that default with respect to the compliance provisions described in this paragraph by one party to this agreement will not result in the default of the entire agreement. The default provisions described in Item 8(n) of this agreement will be applied only to the party failing to comply with the requirements of this paragraph. This provision does not apply to offers based on Doubt as to Liability.**
- (e) I/We waive and agree to the suspension of any statutory periods of limitation (time limits provided for by law) for the IRS assessment of the tax liability for the periods identified in Item 5. I/We understand that I/we have the right not to waive these statutory periods or to limit the waiver to a certain length or to certain issues. I/We understand, however, that the IRS may not consider this offer if I/we refuse to waive the statutory periods for assessment or if we provide only a limited waiver. The amount of any Federal tax due for the periods described in Item 5 may be assessed at any time prior to the acceptance of this offer or within one year of the rejection of this offer.
- (f) The IRS will keep all payments and credits made, received or applied to the total original tax liability before submission of this offer. The IRS may keep any proceeds from a levy served prior to submission of the offer, but not received at the time the offer is submitted. If I/we have an installment agreement prior to submitting the offer, I/we must continue to make the payments as agreed while this offer is pending. Installment agreement payments will not be applied against the amount offered.
- (g) **As additional consideration beyond the amount of my/our offer, the IRS will keep any refund, including interest, due to me/us because of overpayment of any tax or other liability, for tax periods extending through the calendar year that the IRS accepts the offer. I/We may not designate an overpayment ordinarily subject to refund, to which the IRS is entitled, to be applied to estimated tax payments for the following year. This condition does not apply if the offer is based on Doubt as to Liability.**
- (h) I/We will return to the IRS any refund identified in (g) received after submission of this offer. This condition does not apply to offers based on Doubt as to Liability.
- (i) The IRS cannot collect more than the full amount of the tax liability under this offer.
- (j) I/We understand that I/we remain responsible for the full amount of the tax liability, unless and until the IRS accepts the offer in writing and I/we have met all the terms and conditions of the offer. The IRS will not remove the original amount of the tax liability from its records until I/we have met all the terms of the offer.

(k) I/We understand that the tax I/we offer to compromise is and will remain a tax liability until I/we meet all the terms and conditions of this offer. If I/we file bankruptcy before the terms and conditions of this offer are completed, any claim the IRS files in the bankruptcy proceedings will be a tax claim.

(l) Once the IRS accepts the offer in writing, I/we have no right to contest, in court or otherwise, the amount of the tax liability.

(m) The offer is pending starting with the date an authorized IRS official signs this form. The offer remains pending until an authorized IRS official accepts, rejects, returns or acknowledges withdrawal of the offer in writing. If I/we appeal an IRS rejection decision on the offer, the IRS will continue to treat the offer as pending until the Appeals Office accepts or rejects the offer in writing. If I/we don't file a protest within 30 days of the date the IRS notifies me/us of the right to protest the decision, I/we waive the right to a hearing before the Appeals Office about the offer in compromise.

(n) If I/We fail to meet any of the terms and conditions of the offer and the offer defaults, then the IRS may:

- immediately file suit to collect the entire unpaid balance of the offer

- immediately file suit to collect an amount equal to the original amount of the tax liability as liquidating damages, minus any payment already received under the terms of this offer
- disregard the amount of the offer and apply all amounts already paid under the offer against the original amount of the tax liability
- file suit or levy to collect the original amount of the tax liability, without further notice of any kind.

The IRS will continue to add interest, as Section 6601 of the Internal Revenue Code requires, on the amount the IRS determines is due after default. The IRS will add interest from the date the offer is defaulted until I/we completely satisfy the amount owed.

(o) The IRS generally files a Notice of Federal Tax Lien to protect the Government's interest on deferred payment offers. This tax lien will be released when the payment terms of the offer agreement have been satisfied.

(p) I/We understand that the IRS employees may contact third parties in order to respond to this request and I authorize the IRS to make such contacts. Further, by authorizing the Internal Revenue Service to contact third parties, I understand that I will not receive notice, pursuant to section 7602(c) of the Internal Revenue Code, of third parties contacted in connection with this request.

Item 9 — Explanation of Circumstances

I am requesting an offer in compromise for the reason(s) listed below:

Note: If you are requesting compromise based on doubt as to liability, explain why you don't believe you owe the tax. If you believe you have special circumstances affecting your ability to fully pay the amount due, explain your situation. You may attach additional sheets if necessary.

Item 10 — Source of Funds

I/we shall obtain the funds to make this offer from the following source(s):

Item 11

If I/we submit this offer on a substitute form, I/we affirm that this form is a verbatim duplicate of the official Form 656, and I/we agree to be bound by all the terms and conditions set forth in the official Form 656.

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

11(a) Signature of Taxpayer

Date

11(b) Signature of Taxpayer

Date

For Official Use Only

I accept the waiver of the statutory period of limitations for the Internal Revenue Service.

Signature of Authorized Internal Revenue Service Official

Title

Date



Collection Information Statement for Wage Earners and Self-Employed Individuals

Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-A (Rev. 5-2001)
Catalog Number 20312N

Complete all entry spaces with the most current data available.

Important! Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.

Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Section 1 Personal Information

1. Full Name(s) _____

Street Address _____

City _____ State _____ Zip _____

County of Residence _____

How long at this address? _____

1a. Home Telephone (____) _____

Best Time To Call: _____ am _____ pm (Enter Hour)

2. Marital Status:
 Married Separated
 Unmarried (single, divorced, widowed)

3. Your Social Security No. (SSN) _____

3a. Your Date of Birth (mm/dd/yyyy) _____

4. Spouse's Social Security No. _____

4a. Spouse's Date of Birth (mm/dd/yyyy) _____

5. Own Home Rent Other (specify, i.e. share rent, live with relative) _____

Check this box when all spaces in Sect. 1 are filled in.

6. List the dependents you can claim on your tax return: (Attach sheet if more space is needed.)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
_____	_____	_____	<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

Section 2 Your Business Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)
 No Yes If yes, provide the following information:

7a. Name of Business _____

7b. Street Address _____

City _____ State _____ Zip _____

7c. Employer Identification No., if available : _____

7d. Do you have employees? No Yes

7e. Do you have accounts/notes receivable? No Yes

If yes, please complete Section 8 on page 5.

Check this box when all spaces in Sect. 2 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please include proof of self-employment income for the **prior 3 months** (e.g., invoices, commissions, sales records, income statement).

Section 3 Employment Information

8. Your Employer _____

Street Address _____

City _____ State _____ Zip _____

Work telephone no. (____) _____

May we contact you at work? No Yes

8a. How long with this employer? _____

8b. Occupation _____

9. Spouse's Employer _____

Street Address _____

City _____ State _____ Zip _____

Work telephone no. (____) _____

May we contact you at work? No Yes

9a. How long with this employer? _____

9b. Occupation _____

Check this box when all spaces in Sect. 3 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the past 3 months from each employer (e.g., pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Section 4 Other Income Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

Pension Social Security Other (specify, i.e. child support, alimony, rental) _____

Check this box when all spaces in Sect. 4 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Name _____ SSN _____

Section 5

Banking, Investment, Cash, Credit, and Life Insurance Information

Complete all entry spaces with the most current data available.

11. CHECKING ACCOUNTS. List all checking accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
11a. <u>Checking</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
11b. <u>Checking</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
11c. Total Checking Account Balances				\$ _____

12. OTHER ACCOUNTS. List all accounts, including brokerage, savings, and money market, not listed on line 11.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
12a. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12b. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12c. Total Other Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

13. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits, and retirement assets such as IRAs, Keogh, and 401(k) plans. (If you need additional space, attach a separate sheet.)

Name of Company	Number of Shares / Units	☆ Current Value	Loan Amount	Used as collateral on loan?
13a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13c. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13d. Total Investments		\$ _____		

☆ **Current Value:** Indicate the amount you could sell the asset for today.

14. CASH ON HAND. Include any money that you have that is not in the bank.

14a. Total Cash on Hand \$ _____

15. AVAILABLE CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
15a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
15b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
15c. Total Credit Available			\$ _____

Name _____ SSN _____

Section 5
continued

- 16. LIFE INSURANCE.** Do you have life insurance with a cash value? No Yes
(Term Life insurance does not have a cash value.)
If yes:
- 16a.** Name of Insurance Company _____
- 16b.** Policy Number(s) _____
- 16c.** Owner of Policy _____
- 16d.** Current Cash Value \$ _____ **16e.** Outstanding Loan Balance \$ _____

Subtract "Outstanding Loan Balance" line 16e from "Current Cash Value" line 16d = 16f \$ _____

Check this box when all spaces in Sect. 5 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

Section 6
Other Information

- 17. OTHER INFORMATION.** Respond to the following questions related to your financial condition: (Attach sheet if you need more space.)
- 17a.** Are there any garnishments against your wages? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgement _____ Amount of debt \$ _____
- 17b.** Are there any judgments against you? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgement _____ Amount of debt \$ _____
- 17c.** Are you a party in a lawsuit? No Yes
If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____
- 17d.** Did you ever file bankruptcy? No Yes
If yes, date filed _____ Date discharged _____
- 17e.** In the past 10 years did you transfer any assets out of your name for less than their actual value? No Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom was it transferred? _____
- 17f.** Do you anticipate any increase in household income in the next two years? No Yes
If yes, why will the income increase? _____ (Attach sheet if you need more space.)
How much will it increase? \$ _____
- 17g.** Are you a beneficiary of a trust or an estate? No Yes
If yes, name of the trust or estate _____ Anticipated amount to be received \$ _____
When will the amount be received? _____
- 17h.** Are you a participant in a profit sharing plan? No Yes
If yes, name of plan _____ Value in plan \$ _____

Check this box when all spaces in Sect. 6 are filled in.

Section 7
Assets and Liabilities

- 18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model, Mileage)	<input checked="" type="checkbox"/> Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
18a. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
18b. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
18c. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

Current Value: Indicate the amount you could sell the asset for today.

Name _____ SSN _____

Section 7
continued

19. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model)	Lease Balance	Name and Address of Lessor	Lease Date	Amount of Monthly Payment
------------------------------------	------------------	----------------------------------	---------------	---------------------------------

19a. Year _____
Make/Model _____ \$ _____ \$ _____

19b. Year _____
Make/Model _____ \$ _____ \$ _____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

20. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
---	-------------------	-------------------	------------------	-----------------	----------------------------------	---------------------------------	------------------------------

20a. _____
\$ _____ \$ _____ \$ _____ \$ _____

20b. _____
\$ _____ \$ _____ \$ _____ \$ _____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

21. PERSONAL ASSETS. List all Personal assets below. (If you need additional space, attach separate sheet.)

Furniture/Personal Effects includes the total current market value of your household such as furniture and appliances.
Other Personal Assets includes all artwork, jewelry, collections (coin/gun, etc.), antiques or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
-------------	------------------	-----------------	----------------	---------------------------------	------------------------------

21a. Furniture/Personal Effects _____ \$ _____

Other: (List below)

21b. Artwork \$ _____ \$ _____ \$ _____

21c. Jewelry _____

21d. _____

21e. _____

22. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes any other machinery, equipment, inventory or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
-------------	------------------	-----------------	----------------	---------------------------------	------------------------------

22a. Tools used in Trade/Business \$ _____ \$ _____ \$ _____

Other: (List below)

22b. Machinery \$ _____ \$ _____ \$ _____

22c. Equipment _____

22d. _____

22e. _____

Check this box when all spaces in Sect. 7 are filled in and attachments provided.

Name _____ SSN _____

Section 8
Accounts/
Notes
Receivable

Use only if
needed.

Check this
box if Section
8 not needed.

23. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

Description	Amount Due	Date Due	Age of Account
23a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23c. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

Add "Amount Due" from lines 23a through 23l = 23m \$ _____

Check this box
when all spaces in
Sect. 8 are filled in.

Name _____ SSN _____

Section 9
Monthly
Income and
Expense
Analysis

If only one spouse has a tax liability, but both have income, list the total household income and expenses.

Total Income		Total Living Expenses		
Source	Gross Monthly	Expense Items ⁴	Actual Monthly	
24. Wages (Yourself) ¹	\$ _____	35. Food, Clothing and Misc. ⁵	\$ _____	
25. Wages (Spouse) ¹	_____	36. Housing and Utilities ⁶	_____	
26. Interest - Dividends	_____	37. Transportation ⁷	_____	
27. Net Income from Business ²	_____	38. Health Care	_____	
28. Net Rental Income ³	_____	39. Taxes (Income and FICA)	_____	
29. Pension/Social Security (Yourself)	_____	40. Court ordered payments	_____	
30. Pension/Social Security (Spouse)	_____	41. Child/dependent care	_____	
31. Child Support	_____	42. Life insurance	_____	
32. Alimony	_____	43. Other secured debt	_____	
33. Other	_____	44. Other expenses	_____	
34. Total Income	\$ _____	45. Total Living Expenses	\$ _____	

¹ **Wages, salaries, pensions, and social security:** Enter your gross monthly wages and/or salaries. Do not deduct withholding or allotments you elect to take out of your pay, such as insurance payments, credit union deductions, car payments etc.

To calculate your 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 bi-weekly (every 2 weeks) - multiply bi-weekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

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

² **Net Income from Business:** Enter your monthly net business income. This is the amount you earn after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly net profit from your Form 1040 Schedule C. If it is more or less than the previous year, you should attach an explanation. If your net business income is a loss, enter "0". Do not enter a negative number.

³ **Net Rental Income:** Enter your monthly net rental income. This is the amount you earn after you pay ordinary and necessary monthly rental expenses. If your net rental income is a loss, enter "0". Do not enter a negative number.

⁴ **Expenses not generally allowed:** We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family or for the production of income.

⁵ **Food, Clothing and Misc.:** Total of clothing, food, housekeeping supplies and personal care products for one month.

⁶ **Housing and Utilities:** For your principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.

⁷ **Transportation:** Total of lease or purchase payments, vehicle insurance, registration fees, normal maintenance, fuel, public transportation, parking and tolls for one month.

ATTACHMENTS REQUIRED: Please include:

- A copy of your last Form 1040 with all Schedules.
- Proof of all current expenses that you paid for the past 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g., car payments, lease payments, fuel, oil, insurance, parking, registration).
- Proof of payments for health care, including health insurance premiums, co-payments, and other out-of-pocket expenses, for the past 3 months.
- Copies of any court order requiring payment and proof of such payments (e.g., cancelled checks, money orders, earning statements showing such deductions) for the past 3 months.



Check this box when all spaces in Sect. 9 are filled in and attachments provided.

Check this box when all spaces in all sections are filled in and all attachments provided.



Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

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.



Your Signature _____

Spouse's Signature _____

Date _____



Collection Information Statement for Wage Earners and Self-Employed Individuals

Department of the Treasury
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Complete all entry spaces with the most current data available.

Important! Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.

Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Section 1 Personal Information

1. Full Name(s) _____ 1a. Home Telephone (____) _____ Best Time To Call: _____ am _____ pm (Enter Hour)

Street Address _____

City _____ State _____ Zip _____ 2. Marital Status: Married Separated

County of Residence _____ Unmarried (single, divorced, widowed)

How long at this address? _____

3. Your Social Security No.(SSN) _____ 3a. Your Date of Birth (mm/dd/yyyy) _____

4. Spouse's Social Security No. _____ 4a. Spouse's Date of Birth (mm/dd/yyyy) _____

5. Own Home Rent Other (specify, i.e. share rent, live with relative) _____

Check this box when all spaces in Sect. 1 are filled in.

6. List the dependents you can claim on your tax return: (Attach sheet if more space is needed.)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
_____	_____	_____	<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

Section 2 Your Business Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)

No Yes If yes, provide the following information:

7a. Name of Business _____ 7c. Employer Identification No., if available : _____

7b. Street Address _____ 7d. Do you have employees? No Yes

City _____ State _____ Zip _____ 7e. Do you have accounts/notes receivable? No Yes

If yes, please complete Section 8 on page 5.

Check this box when all spaces in Sect. 2 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please include proof of self-employment income for the **prior 3 months** (e.g., invoices, commissions, sales records, income statement).

Section 3 Employment Information

8. Your Employer _____ 9. Spouse's Employer _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Work telephone no. (____) _____ Work telephone no. (____) _____

May we contact you at work? No Yes May we contact you at work? No Yes

8a. How long with this employer? _____ 9a. How long with this employer? _____

8b. Occupation _____ 9b. Occupation _____

Check this box when all spaces in Sect. 3 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the past 3 months from each employer (e.g., pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Section 4 Other Income Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

Pension Social Security Other (specify, i.e. child support, alimony, rental) _____

Check this box when all spaces in Sect. 4 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Name _____ SSN _____

Section 5

Banking, Investment, Cash, Credit, and Life Insurance Information

Complete all entry spaces with the most current data available.

11. CHECKING ACCOUNTS. List all checking accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
11a. <u>Checking</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
11b. <u>Checking</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
11c. Total Checking Account Balances				\$ _____

12. OTHER ACCOUNTS. List all accounts, including brokerage, savings, and money market, not listed on line 11.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
12a. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12b. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12c. Total Other Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

13. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits, and retirement assets such as IRAs, Keogh, and 401(k) plans. (If you need additional space, attach a separate sheet.)

Name of Company	Number of Shares / Units	Current Value	Loan Amount	Used as collateral on loan?
13a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13c. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13d. Total Investments			\$ _____	

Current Value: Indicate the amount you could sell the asset for today.

14. CASH ON HAND. Include any money that you have that is not in the bank.

14a. Total Cash on Hand \$ _____

15. AVAILABLE CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
15a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
15b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
15c. Total Credit Available			\$ _____

Name _____ SSN _____

Section 5
continued

- 16. LIFE INSURANCE.** Do you have life insurance with a cash value? No Yes
(Term Life insurance does not have a cash value.)
If yes:
16a. Name of Insurance Company _____
16b. Policy Number(s) _____
16c. Owner of Policy _____
16d. Current Cash Value \$ _____ **16e.** Outstanding Loan Balance \$ _____

Check this box when all spaces in Sect. 5 are filled in and attachments provided.



Subtract "Outstanding Loan Balance" line 16e from "Current Cash Value" line 16d = 16f \$ _____

ATTACHMENTS REQUIRED: Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

Section 6
Other Information

- 17. OTHER INFORMATION.** Respond to the following questions related to your financial condition: (Attach sheet if you need more space.)
- 17a.** Are there any garnishments against your wages? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgement _____ Amount of debt \$ _____
- 17b.** Are there any judgments against you? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgement _____ Amount of debt \$ _____
- 17c.** Are you a party in a lawsuit? No Yes
If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____
- 17d.** Did you ever file bankruptcy? No Yes
If yes, date filed _____ Date discharged _____
- 17e.** In the past 10 years did you transfer any assets out of your name for less than their actual value? No Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom was it transferred? _____
- 17f.** Do you anticipate any increase in household income in the next two years? No Yes
If yes, why will the income increase? _____ (Attach sheet if you need more space.)
How much will it increase? \$ _____
- 17g.** Are you a beneficiary of a trust or an estate? No Yes
If yes, name of the trust or estate _____ Anticipated amount to be received \$ _____
When will the amount be received? _____
- 17h.** Are you a participant in a profit sharing plan? No Yes
If yes, name of plan _____ Value in plan \$ _____

Check this box when all spaces in Sect. 6 are filled in.

Section 7
Assets and Liabilities

- 18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model, Mileage)	<input checked="" type="checkbox"/> Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
18a. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
18b. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
18c. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

Current Value: Indicate the amount you could sell the asset for today.

Name _____ SSN _____

Section 7
continued

19. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model)	Lease Balance	Name and Address of Lessor	Lease Date	Amount of Monthly Payment
------------------------------------	------------------	----------------------------------	---------------	---------------------------------

19a. Year _____
Make/Model _____ \$ _____ \$ _____

19b. Year _____
Make/Model _____ \$ _____ \$ _____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

20. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
---	-------------------	-------------------	------------------	-----------------	----------------------------------	---------------------------------	------------------------------

Current Value:
Indicate the amount you could sell the asset for today.

20a. _____

\$ _____ \$ _____ \$ _____ \$ _____

20b. _____

\$ _____ \$ _____ \$ _____ \$ _____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

* **Date of Final Payment:**
Enter the date the loan or lease will be fully paid.

21. PERSONAL ASSETS. List all Personal assets below. (If you need additional space, attach separate sheet.)
Furniture/Personal Effects includes the total current market value of your household such as furniture and appliances.
Other Personal Assets includes all artwork, jewelry, collections (coin/gun, etc.), antiques or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
-------------	------------------	-----------------	----------------	---------------------------------	------------------------------

21a. Furniture/Personal Effects \$ _____ \$ _____ \$ _____

Other: (List below)

21b. Artwork \$ _____ \$ _____ \$ _____

21c. Jewelry _____ \$ _____

21d. _____

21e. _____

22. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes any other machinery, equipment, inventory or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
-------------	------------------	-----------------	----------------	---------------------------------	------------------------------

22a. Tools used in Trade/Business \$ _____ \$ _____ \$ _____

Other: (List below)

22b. Machinery \$ _____ \$ _____ \$ _____

22c. Equipment _____ \$ _____

22d. _____

22e. _____

Check this box when all spaces in Sect. 7 are filled in and attachments provided.

Name _____ SSN _____

Section 8
Accounts/
Notes
Receivable

Use only if needed.

Check this box if Section 8 not needed.

23. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

Description	Amount Due	Date Due	Age of Account
23a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23c. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

Check this box when all spaces in Sect. 8 are filled in.

Add "Amount Due" from lines 23a through 23l = 23m \$ _____

Name _____ SSN _____

Section 9
Monthly
Income and
Expense
Analysis

If only one spouse has a tax liability, but both have income, list the total household income and expenses.

Total Income		Total Living Expenses		
Source	Gross Monthly	Expense Items ⁴	Actual Monthly	
24. Wages (Yourself) ¹	\$ _____	35. Food, Clothing and Misc. ⁵	\$ _____	_____
25. Wages (Spouse) ¹	_____	36. Housing and Utilities ⁶	_____	_____
26. Interest - Dividends	_____	37. Transportation ⁷	_____	_____
27. Net Income from Business ²	_____	38. Health Care	_____	_____
28. Net Rental Income ³	_____	39. Taxes (Income and FICA)	_____	_____
29. Pension/Social Security (Yourself)	_____	40. Court ordered payments	_____	_____
30. Pension/Social Security (Spouse)	_____	41. Child/dependent care	_____	_____
31. Child Support	_____	42. Life insurance	_____	_____
32. Alimony	_____	43. Other secured debt	_____	_____
33. Other	_____	44. Other expenses	_____	_____
34. Total Income	\$ _____	45. Total Living Expenses	\$ _____	_____

¹ **Wages, salaries, pensions, and social security:** Enter your gross monthly wages and/or salaries. Do not deduct withholding or allotments you elect to take out of your pay, such as insurance payments, credit union deductions, car payments etc.

To calculate your 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 bi-weekly (every 2 weeks) - multiply bi-weekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

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

² **Net Income from Business:** Enter your monthly net business income. This is the amount you earn after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly net profit from your Form 1040 Schedule C. If it is more or less than the previous year, you should attach an explanation. If your net business income is a loss, enter "0". Do not enter a negative number.

³ **Net Rental Income:** Enter your monthly net rental income. This is the amount you earn after you pay ordinary and necessary monthly rental expenses. If your net rental income is a loss, enter "0". Do not enter a negative number.

⁴ **Expenses not generally allowed:** We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family or for the production of income.

⁵ **Food, Clothing and Misc.:** Total of clothing, food, housekeeping supplies and personal care products for one month.

⁶ **Housing and Utilities:** For your principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.

⁷ **Transportation:** Total of lease or purchase payments, vehicle insurance, registration fees, normal maintenance, fuel, public transportation, parking and tolls for one month.

ATTACHMENTS REQUIRED: Please include:

- A copy of your last Form 1040 with all Schedules.
- Proof of all current expenses that you paid for the past 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g., car payments, lease payments, fuel, oil, insurance, parking, registration).
- Proof of payments for health care, including health insurance premiums, co-payments, and other out-of-pocket expenses, for the past 3 months.
- Copies of any court order requiring payment and proof of such payments (e.g., cancelled checks, money orders, earning statements showing such deductions) for the past 3 months.



Check this box when all spaces in Sect. 9 are filled in and attachments provided.

Check this box when all spaces in all sections are filled in and all attachments provided.



Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

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.



Your Signature

Spouse's Signature

Date



Collection Information Statement for Businesses

Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-B (Rev. 5-2001)
Catalog Number 16649P

Complete all entry spaces with the most current data available.

Important! Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.

Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Section 1 Business Information

Check this box when all spaces in Sect. 1 are filled in.

1a. Business Name _____
Business Street Address _____
City _____ State _____ Zip _____
County _____

1b. Business Telephone (_____) _____

2a. Employer Identification No. (EIN) _____

2b. Type of Entity (Check appropriate box below)
 Partnership Corporation Other _____

2c. Type of Business _____

3a. Contact Name _____

3b. Contact's Business Telephone (_____) _____
Extension _____
Best Time To Call _____ am _____ pm (Enter Hour)

3c. Contact's Home Telephone (_____) _____
Best Time To Call _____ am _____ pm (Enter Hour)

3d. Contact's Other Telephone (_____) _____
Telephone Type (i.e. fax, cellular, pager) _____

3e. Contact's E-mail Address _____

Section 2 Business Personnel and Contacts

4. PERSON RESPONSIBLE FOR DEPOSITING PAYROLL TAXES

4a. Full Name _____ Title _____ Social Security Number _____ | _____ | _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.

5a. Full Name _____ Title _____ Social Security Number _____ | _____ | _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5b. Full Name _____ Title _____ Social Security Number _____ | _____ | _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5c. Full Name _____ Title _____ Social Security Number _____ | _____ | _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5d. Full Name _____ Title _____ Social Security Number _____ | _____ | _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

Check this box when all spaces in Sect. 2 are filled in.

Section 3 Accounts/Notes Receivable

6. ACCOUNTS/NOTES RECEIVABLE. List all contracts separately, including contracts awarded, but not started.

Description	Amount Due	Date Due	Age of Account
6a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6a + 6b = 6c	6c \$ _____		
Amount from Page 6 +	6p \$ _____		
6q. Total Accounts/Notes Receivable =	6c + 6p = 6q \$ _____		

Check this box when all spaces in Sect. 3 are filled in.

Business Name _____ EIN _____

Section 4
Other
Financial
Information

- 7. OTHER FINANCIAL INFORMATION.** Respond to the following business financial questions.
- 7a.** Does this business have other business relationships (e.g. subsidiary or parent, corporation, partnership, etc.)? No Yes
If yes, list related EIN _____ Additional EIN _____
- 7b.** Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan borrowed from the business? No Yes
If yes, amount of loan \$ _____ Date of loan _____ Current balance \$ _____
- 7c.** Are there any judgments or liens against your business? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgment/lien _____ Amount of debt \$ _____
- 7d.** Is your business a party in a lawsuit? No Yes
If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____
- 7e.** Has your business ever filed bankruptcy? No Yes
If yes, date filed _____ Date discharged _____ Petition No. _____
- 7f.** In the past 10 years have you transferred any assets from your business name for less than their actual value? No Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom or where was it transferred? _____
- 7g.** Do you anticipate any increase in business income (e.g. contracts bid but not yet awarded)? No Yes
If yes, why will the income increase? _____ (Attach sheet if you need additional space.)
How much will it increase? _____ When will the business income increase? _____
- 7h.** Is your business a beneficiary of a trust, an estate or a life insurance policy? No Yes
If yes, name of the trust, estate or policy? _____ Anticipated amount to be received? _____
When will the amount be received? _____

Check this box when all spaces in Sect. 4 are filled in.

Section 5
Business
Assets

Current Value:
Indicate the amount you could sell the asset for today.

- 8. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)
- | Description (Year, Make, Model, Mileage) | <input checked="" type="checkbox"/> Current Value | Loan Balance | Name of Lender | Purchase Date | Amount of Monthly Payment |
|--|---|--------------|----------------|---------------|---------------------------|
| 8a. Year _____
Make/Model _____
Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
| 8b. Year _____
Make/Model _____
Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
| 8c. Year _____
Make/Model _____
Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
- 9. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)
- | Description (Year, Make, Model) | Lease Balance | Name of Lessor | Lease Date | Amount of Monthly Payment |
|---|---------------|----------------|------------|---------------------------|
| 9a. Year _____
Make/Model _____ | \$ _____ | _____ | _____ | \$ _____ |
| 9b. Year _____
Make/Model _____ | \$ _____ | _____ | _____ | \$ _____ |



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

Business Name _____ EIN _____

Section 5
continued

Current Value:
Indicate the amount you could sell the asset for today.

***Date of Final Payment:**
Enter the date the loan or lease will be fully paid.

Check this box if you are attaching a depreciation schedule for machinery/equipment in lieu of completing line 11.

Check this box when all spaces in Sect. 5 are filled in and attachments provided.

10. REAL ESTATE. List all real estate owned by the business. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
10a. _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
10b. _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

11. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) Note: If attaching a depreciation schedule, the attachment must include all of the information requested below.

Description	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
11a. Machinery	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Merchandise	_____	_____	_____	_____	_____
Other Assets: (List below)	_____	_____	_____	_____	_____
11b. _____	\$ _____	\$ _____	_____	\$ _____	_____
11c. _____	_____	_____	_____	_____	_____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current loan balance for assets listed which have an encumbrance.

Section 6
Investment, Banking and Cash Information

12. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options and certificates of deposits.

Name of Company	Number of Shares / Units	<input checked="" type="checkbox"/> Current Value	Loan Amount	Used as collateral on loan?
12a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
12b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
12c. Total Investments		\$ _____		

Business Name _____

EIN _____

Section 6
continued

Complete all entry spaces with the most current data available.

13. BANK ACCOUNTS. List all checking and savings accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
13a. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13b. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13c. Savings	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13d. Total Bank Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking and savings) for the past three months for all accounts.

14. OTHER ACCOUNTS. List all accounts including brokerage accounts, money market, additional checking and savings accounts not listed on line #13 and any other accounts not listed in this section.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
14a.	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
14b.	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
14c. Total Other Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

15. CASH ON HAND. Include any money that you have that is not in the bank.

15a. Total Cash on Hand \$ _____

16. AVAILABLE CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
16a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16c. Total Credit Available			\$ _____

Check this box when all spaces in Sect. 6 are filled in and attachments provided.

Business Name _____

EIN _____

Section 7
Monthly
Income and
Expenses

Complete all entry spaces with the most current data available.

17. The following information applies to income and expenses from your most recently filed Form 1120 or Form 1065.
Fiscal Year Period _____ to _____
18. Accounting Method Used: Cash Accrual

The information included on lines 19 through 39 should reconcile to your business federal tax return.

Total Income		Total Expenses	
Source	Gross Monthly	Expense Items	Actual Monthly
19. Gross Receipts	\$ _____	27. Materials Purchased ¹	\$ _____
20. Gross Rental Income	_____	28. Inventory Purchased ²	_____
21. Interest	_____	29. Gross Wages & Salaries	_____
22. Dividends	_____	30. Rent	_____
Other Income (specify in lines 23-25)	_____	31. Supplies ³	_____
23. _____	_____	32. Utilities / Telephone ⁴	_____
24. _____	_____	33. Vehicle Gasoline / Oil	_____
25. _____	_____	34. Repairs & Maintenance	_____
(Add lines 19 through 25)	_____	35. Insurance	_____
26. TOTAL INCOME	\$ _____	36. Current Taxes ⁵	_____
		Other Expenses (include installment payments, specify in lines 37-38)	
		37. _____	
		38. _____	
		(Add lines 27 through 38)	
		39. TOTAL EXPENSES	_____

- 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 in your business that are consumed or used up within one year, this could be the cost of books, office supplies, professional instruments, etc.
- ⁴ **Utilities:** Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.
- ⁵ **Current Taxes:** Real estate, state and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.

Check this box when all spaces in Sect. 7 are filled in.

Check this box when all spaces in all sections are filled in and all attachments provided.



Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

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.

Print Name

Title

Your Signature

Date

Business Name _____ EIN _____

Section 3
Accounts/
Notes
Receivable
continued

Use only if needed.

Check this box if this page is not needed.

ACCOUNTS/NOTES RECEIVABLE CONTINUATION PAGE. List all contracts separately, including contracts awarded, but not started. (If you need additional space, copy this page and attach to the 433-B package.)

Description	Amount Due	Date Due	Age of Account
6d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6m. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6n. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6o. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

Check this box when all spaces in Sect. 3 are filled in.

Add lines 6d through 6o = 6p \$ _____ (Add this amount to amount on line 6c, Section 3, page 1)



Collection Information Statement for Businesses

Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-B (Rev. 5-2001)
Catalog Number 16649P

Complete all entry spaces with the most current data available.

Important! Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.

Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Section 1 Business Information

Check this box when all spaces in Sect. 1 are filled in.

1a. Business Name _____
Business Street Address _____
City _____ State _____ Zip _____
County _____

1b. Business Telephone (_____) _____

2a. Employer Identification No. (EIN) _____

2b. Type of Entity (Check appropriate box below)
 Partnership Corporation Other _____

2c. Type of Business _____

3a. Contact Name _____

3b. Contact's Business Telephone (_____) _____
Extension _____
Best Time To Call _____ am _____ pm (Enter Hour)

3c. Contact's Home Telephone (_____) _____
Best Time To Call _____ am _____ pm (Enter Hour)

3d. Contact's Other Telephone (_____) _____
Telephone Type (i.e. fax, cellular, pager) _____

3e. Contact's E-mail Address _____

Section 2 Business Personnel and Contacts

4. PERSON RESPONSIBLE FOR DEPOSITING PAYROLL TAXES

4a. Full Name _____ Title _____ Social Security Number _____ | _____ | _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.

5a. Full Name _____ Title _____ Social Security Number _____ | _____ | _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5b. Full Name _____ Title _____ Social Security Number _____ | _____ | _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5c. Full Name _____ Title _____ Social Security Number _____ | _____ | _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5d. Full Name _____ Title _____ Social Security Number _____ | _____ | _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

Check this box when all spaces in Sect. 2 are filled in.

Section 3 Accounts/Notes Receivable

See page 6 for additional space, if needed.

6. ACCOUNTS/NOTES RECEIVABLE. List all contracts separately, including contracts awarded, but not started.

Description	Amount Due	Date Due	Age of Account
6a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6a + 6b = 6c		6c	
		\$ _____	
Amount from Page 6 +		6p	
		\$ _____	
6q. Total Accounts/Notes Receivable =		6c + 6p = 6q	
		\$ _____	

Check this box when all spaces in Sect. 3 are filled in.

Business Name _____ EIN _____

Section 4
Other
Financial
Information

- 7. OTHER FINANCIAL INFORMATION.** Respond to the following business financial questions.
- 7a.** Does this business have other business relationships (e.g. subsidiary or parent, corporation, partnership, etc.)? No Yes
If yes, list related EIN _____ Additional EIN _____
- 7b.** Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan borrowed from the business? No Yes
If yes, amount of loan \$ _____ Date of loan _____ Current balance \$ _____
- 7c.** Are there any judgments or liens against your business? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgment/lien _____ Amount of debt \$ _____
- 7d.** Is your business a party in a lawsuit? No Yes
If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____
- 7e.** Has your business ever filed bankruptcy? No Yes
If yes, date filed _____ Date discharged _____ Petition No. _____
- 7f.** In the past 10 years have you transferred any assets from your business name for less than their actual value? No Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom or where was it transferred? _____
- 7g.** Do you anticipate any increase in business income (e.g. contracts bid but not yet awarded)? No Yes
If yes, why will the income increase? _____ (Attach sheet if you need additional space.)
How much will it increase? _____ When will the business income increase? _____
- 7h.** Is your business a beneficiary of a trust, an estate or a life insurance policy? No Yes
If yes, name of the trust, estate or policy? _____ Anticipated amount to be received? _____
When will the amount be received? _____

Check this box when all spaces in Sect. 4 are filled in.

Section 5
Business
Assets

Current Value:
Indicate the amount you could sell the asset for today.

- 8. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)
- | Description
(Year, Make, Model, Mileage) | <input type="checkbox"/> Current Value | Loan Balance | Name of Lender | Purchase Date | Amount of Monthly Payment |
|--|--|--------------|----------------|---------------|---------------------------|
| 8a. Year _____
Make/Model _____
Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
| 8b. Year _____
Make/Model _____
Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
| 8c. Year _____
Make/Model _____
Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
- 9. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)
- | Description
(Year, Make, Model) | Lease Balance | Name of Lessor | Lease Date | Amount of Monthly Payment |
|---|---------------|----------------|------------|---------------------------|
| 9a. Year _____
Make/Model _____ | \$ _____ | _____ | _____ | \$ _____ |
| 9b. Year _____
Make/Model _____ | \$ _____ | _____ | _____ | \$ _____ |



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

Business Name _____ EIN _____

Section 5
continued

Current Value:
Indicate the amount you could sell the asset for today.

***Date of Final Payment:**
Enter the date the loan or lease will be fully paid.

Check this box if you are attaching a depreciation schedule for machinery/equipment in lieu of completing line 11.

Check this box when all spaces in Sect. 5 are filled in and attachments provided.

10. REAL ESTATE. List all real estate owned by the business. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
10a. _____	_____	_____	_____	_____	_____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
10b. _____	_____	_____	_____	_____	_____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

11. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) Note: If attaching a depreciation schedule, the attachment must include all of the information requested below.

Description	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
11a. Machinery	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Merchandise	_____	_____	_____	_____	_____
Other Assets: (List below)					
11b. _____	\$ _____	\$ _____	_____	\$ _____	_____
11c. _____	_____	_____	_____	_____	_____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current loan balance for assets listed which have an encumbrance.

Section 6
Investment, Banking and Cash Information

12. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options and certificates of deposits.

Name of Company	Number of Shares / Units	<input checked="" type="checkbox"/> Current Value	Loan Amount	Used as collateral on loan?
12a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
12b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
12c. Total Investments		\$ _____		

Business Name _____

EIN _____

Section 6
continued

Complete all entry spaces with the most current data available.

13. BANK ACCOUNTS. List all checking and savings accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
13a. <u>Checking</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13b. <u>Checking</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13c. <u>Savings</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13d. Total Bank Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking and savings) for the past three months for all accounts.

14. OTHER ACCOUNTS. List all accounts including brokerage accounts, money market, additional checking and savings accounts not listed on line #13 and any other accounts not listed in this section.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
14a. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
14b. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
14c. Total Other Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

15. CASH ON HAND. Include any money that you have that is not in the bank.

15a. Total Cash on Hand \$ _____

16. AVAILABLE CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
16a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16c. Total Credit Available			\$ _____

Check this box when all spaces in Sect. 6 are filled in and attachments provided.

Business Name _____

EIN _____

Section 7
Monthly
Income and
Expenses

Complete all entry spaces with the most current data available.

17. The following information applies to income and expenses from your most recently filed Form 1120 or Form 1065.
Fiscal Year Period _____ to _____
18. Accounting Method Used: Cash Accrual

The information included on lines 19 through 39 should reconcile to your business federal tax return.

Total Income		Total Expenses	
Source	Gross Monthly	Expense Items	Actual Monthly
19. Gross Receipts	\$ _____	27. Materials Purchased ¹	\$ _____
20. Gross Rental Income	_____	28. Inventory Purchased ²	_____
21. Interest	_____	29. Gross Wages & Salaries	_____
22. Dividends	_____	30. Rent	_____
Other Income (specify in lines 23-25)	_____	31. Supplies ³	_____
23.	_____	32. Utilities / Telephone ⁴	_____
24.	_____	33. Vehicle Gasoline / Oil	_____
25.	_____	34. Repairs & Maintenance	_____
(Add lines 19 through 25)	_____	35. Insurance	_____
26. TOTAL INCOME	\$ _____	36. Current Taxes ⁵	_____
		Other Expenses (include installment payments, specify in lines 37-38)	
		37.	_____
		38.	_____
		(Add lines 27 through 38)	_____
		39. TOTAL EXPENSES	\$ _____

- 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 in your business that are consumed or used up within one year, this could be the cost of books, office supplies, professional instruments, etc.
- ⁴ **Utilities:** Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.
- ⁵ **Current Taxes:** Real estate, state and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.

Check this box when all spaces in Sect. 7 are filled in.

Check this box when all spaces in all sections are filled in and all attachments provided.



Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

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.

Print Name

Title



Your Signature

Date

Business Name _____ EIN _____

Section 3

**Accounts/
Notes
Receivable
continued**

Use only if needed.

Check this box if this page is not needed.

ACCOUNTS/NOTES RECEIVABLE CONTINUATION PAGE. List all contracts separately, including contracts awarded, but not started. (If you need additional space, copy this page and attach to the 433-B package.)

Description	Amount Due	Date Due	Age of Account
6d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6m. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6n. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6o. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

Check this box when all spaces in Sect. 3 are filled in.

Add lines 6d through 6o = 6p \$ _____

(Add this amount to amount on line 6c, Section 3, page 1)

Except for offers based on **doubt as to liability**, the offer agreement requires you to forego certain refunds, and to return those refunds to us if they are issued to you by mistake. These conditions are also listed on Form 656, Items 8(g) and 8(h).

Note: The law requires us to make certain information from accepted Offers in Compromise available for public inspection and review in your local IRS Territory Office. Therefore, information regarding your Offer in Compromise may become publicly known.

If We Reject Your Offer

We'll notify you by mail if we reject your offer. In our letter, we will explain our reason for the rejection. If your offer is rejected, you have the right to:

- Appeal our decision to the Office of Appeals within thirty days from the date of our letter. The letter will include detailed instructions on how to appeal the rejection.

- Submit another offer. You must increase an offer we've rejected as being too low, when your financial situation remains unchanged. However, you must provide updated financial information when your financial situation has changed or when the original offer is more than six months old.

Terms and Definitions

An understanding of the following terms and conditions will help you to prepare your offer.

Fair Market Value (FMV) – The amount you could reasonably expect from the sale of an asset. Provide an accurate valuation of each asset. Determine value from realtors, used car dealers, publications, furniture dealers, or other experts on specific types of assets. Please include a copy of any written estimate with your Collection Information Statement.

Quick Sale Value (QSV) – The amount you could reasonably expect from the sale of an asset if you sold it quickly, typically in ninety days or less. This amount generally is less than fair market value, but may be equal to or higher, based on local circumstances.

Realizable Value – The quick sale value amount minus what you owe to a secured creditor. The creditor must have priority over a filed Notice of Federal Tax Lien before we allow a subtraction from the asset's value.

Future Income – We generally determine the amount we could collect from your future income by subtracting necessary living expenses from your monthly income over a set number of months. For a cash offer, you must offer what you could pay in monthly payments over forty-eight months (or the remainder of the ten-year statutory period for collection, whichever is less). For a short-term deferred offer, you must offer what you could pay in monthly payments over sixty months (or the remainder of the statutory period for collection, whichever is less). For a deferred payment offer, you must offer what you could pay in monthly payments during the remaining time we could legally receive payments.

Reasonable Collection Potential (RCP) –

The total realizable value of your assets plus your future income. The total is generally your minimum offer amount.

Necessary Expenses – The allowable payments you make to support you and your family's health and welfare and/or the production of income. This expense allowance does not apply to business entities. Our Publication 1854 explains the National Standard Expenses and gives the allowable amounts. We derive these amounts from the Bureau of Labor Statistics (BLS) Consumer Expenditure Survey. We also use information from the Bureau of the Census to determine local expenses for housing, utilities, and transportation.

Note: *If the IRS determines that the facts and circumstances of your situation indicate that using the scheduled allowance of necessary expenses is inadequate, we will allow you an adequate means for providing basic living expenses. However, you must provide documentation that supports a determination that using national and local expense standards leaves you an inadequate means of providing for basic living expenses.*

Expenses Not Generally Allowed – We typically do not allow you to claim tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television charges and other similar expenses as necessary living expenses. However, we can allow these expenses when you can prove that they are necessary for the health and welfare of you or your family or for the production of income.

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Form 433-A Worksheet

Use this Worksheet to calculate an offer amount using information from Form 433-A.

1. Enter total checking accounts from Item 11c	A
2. Enter total other accounts from Item 12c	B
	If less than "0", enter "0"
3. Enter total investments from Item 13d	C
4. Enter total cash on hand from Item 14a	D
5. Enter life insurance cash value from Item 16f	E
6. Enter total accounts/notes receivable from Item 23m	F
	G
Subtotal: Add boxes A through F =	

7. Purchased Automobiles, Trucks, and Other Licensed Assets

	Enter current value for each asset		Enter loan balance for each asset	Individual asset value (if less than "0", enter "0")
From line 18a	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
From line 18b	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
From line 18c	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
Subtotal =				H

8. Real Estate

	Enter current value for each asset		Enter loan balance for each asset	Individual asset value (if less than "0", enter "0")
From line 20a	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
From line 20b	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
Subtotal =				I

9. Personal Assets

	Enter current value for each asset		Enter loan balance for each asset	Individual asset value (if less than "0", enter "0")
From line 21b	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
From line 21c	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
From line 21d	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
From line 21e	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
Subtotal =				J
From line 21a	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
Subtract - \$ 6560.00				
Subtotal =				K

10. Business Assets

	Enter current value for each asset		Enter loan balance for each asset	Individual asset value (if less than "0", enter "0")
From line 22b	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
From line 22c	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
From line 22d	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
From line 22e	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
Subtotal =				L
From line 22a	\$ _____ x .8 = \$ _____	-	\$ _____	= _____
Subtract - \$ 3280.00				
Subtotal =				M

11. Add amounts in Boxes G through M to obtain your total equity and assets

=

12. Enter amount from Item 34

\$

Enter amount from Item 45 and subtract

- \$

Net Difference

=

This amount would be available to pay monthly on your tax liability.

If Box O is "0" or less, STOP. Use the amount from Box N and to base your offer amount in Item 7 of Form 656. Your offer amount must equal or exceed (*) the amount shown in Box N.

13. a.

If you will pay the offer amount in 90 days or less (i.e., cash offer):

Enter amount from Box O \$

Multiply by

=

Enter amount from Box N +

Add amounts in Box P and Box Q =

Use the amount from Box R to base your offer amount in Item 7 of Form 656.

Note: Your offer amount must equal or exceed (*) the amount shown in Box R.

b.

If you will pay the offer amount in more than 90 days but less than 2 years (i.e., short-term deferred payment offer):

Enter amount from Box O \$

Multiply by

=

Enter amount from Box N +

Add amounts in Box S and Box T =

Use the amount from Box U to base your offer amount in Item 7 of Form 656.

Note: Your offer amount must equal or exceed (*) the amount shown in Box U.

Note: Do not compute your offer amount using 13a or 13b if your statute expiration date(s) is less than 5 years from the date of your offer. Instead, refer to page 5 under "Deferred Payment Offer" options 1 through 3.

* Unless you are submitting an offer under effective tax administration or doubt as to collectibility with special circumstances considerations, as described on page 3.

Completing Form 656, Offer in Compromise

We have included two Offer in Compromise forms. Use one form to submit your offer in compromise. You may use the other form as a worksheet and retain it for your personal records.

Note: If you have any questions about completing this form, you may call 1-800-829-1040 or visit your local IRS office or our website at www.irs.ustreas.gov/ind_info/oic/index.html. We may return your offer if you don't follow these instructions.

Item 1:	Enter your name and home or business address. You should also include a mailing address, if it is different from your street address. Show both names on joint offers for joint liabilities. If you owe one liability by yourself (such as employment taxes),	and other liabilities jointly (such as income taxes), but only you are submitting an offer, list all tax liabilities on one Form 656. If you owe one liability yourself and another jointly, and both parties submit an offer, complete two Forms 656 , one for the individual liability and one for the joint liability.
Item 2:	Enter the social security number(s) for the person(s) submitting the offer. For example, enter the social security number of both spouses when	submitting a joint offer for a joint tax liability. However, when only one spouse submits an offer, enter only that spouse's social security number.
Item 3:	Enter the employer identification number for offers from businesses.	
Item 4:	Show the employer identification numbers for all other businesses (excluding corporate entities) that you	own or in which you have an ownership interest.
Item 5:	Identify your tax liability and enter the tax year or period. Letters and notices from us and Notices of Federal Tax Lien show	the tax periods for trust fund recovery penalties.
Item 6:	Check the appropriate box (es) describing the basis for your offer. Doubt as to Liability offers require a statement describing in detail why you think you do not owe the liability. Complete Item 9, "Explanation of Circumstances," explaining your situation. Doubt as to Collectibility offers require you to complete a Form 433-A, <i>Collection Information Statement for Wage Earners and Self-Employed Individuals</i> , if you are an individual taxpayer, or a Form 433-B,	<i>Collection Information Statement for Businesses</i> , if you are a corporation or other business taxpayer. Effective Tax Administration offers require you to complete a Form 433-A, <i>Collection Information Statement for Wage Earners and Self-Employed Individuals</i> , if you are an individual taxpayer, or a Form 433-B, <i>Collection Information Statement for Businesses</i> , if you are a corporation or other business taxpayer. Complete Item 9, "Explanation of Circumstances."

Note: Staple in the upper left corner the six (6) pages of the collection information statement before you send it to us.

Item 7:	Enter the total amount of your offer (see page 3, “Determine Your Offer Amount”). Your offer amount cannot include a refund we owe you or amounts you have already paid.	Check the appropriate payment box (cash, short-term deferred payment or deferred payment — see page 4, “Determine Your Payment Terms”) and describe your payment plan in the spaces provided.
Item 8:	It is important that you understand the requirements listed in this section. Pay particular attention to Items 8(d)	and 8(g), as they address the future compliance provision and refunds.
Item 9:	Explain your reason(s) for submitting your offer in the “Explanation of	Circumstances.” You may attach additional sheets if necessary.
Item 10:	Explain where you will get the funds to pay the amount you are offering.	
Item 11:	All persons submitting the offer must sign and date Form 656. Include titles of authorized corporate officers, executors, trustees, Powers of Attorney, etc. where applicable.	Note: Staple in the upper left corner the four (4) pages of Form 656 before you send it to us.

Where to File

IF YOU RESIDE IN

the states of Alaska, Alabama, Arizona, California, Colorado, Hawaii, Idaho, Kentucky, Louisiana, Mississippi, Montana, Nevada, New Mexico, Oregon, Tennessee, Texas, Utah, Washington, Wisconsin or Wyoming,

AND

You are a wage earner or a self-employed individual without employees,

THEN MAIL

Form 656 and attachments to:
 Memphis Internal Revenue Service
 Center COIC Unit
PO Box 30803, AMC
 Memphis, TN 38130-0803

AND

You are **OTHER** than wage earner or a self-employed individual without employees,

THEN MAIL

Form 656 and attachments to:
 Memphis Internal Revenue Service
 Center COIC Unit
PO Box 30804, AMC
 Memphis, TN 38130-0804

IF YOU RESIDE IN

Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Vermont, Virginia, West Virginia or have a foreign address,

AND

You are a wage earner or a self-employed individual without employees,

THEN MAIL

Form 656 and attachments to:
 Brookhaven Internal Revenue Service
 Center COIC Unit
PO Box 9007
 Holtsville, NY 11742-9007

AND

You are **OTHER** than wage earner or a self-employed individual without employees,

THEN MAIL

Form 656 and attachments to:
 Brookhaven Internal Revenue Service
 Center COIC Unit
PO Box 9008
 Holtsville, NY 11742-9008

