



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) _____ 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.)

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

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

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
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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
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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
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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