

Form 433-A
(Rev. December 2012)Department of the Treasury
Internal Revenue Service**Collection Information Statement for Wage**
Earners and Self-Employed Individuals**Wage Earners** Complete Sections 1, 2, 3, 4, and 5 including the signature line on page 4. Answer all questions or write N/A if the question is not applicable.**Self-Employed Individuals** Complete Sections 1, 3, 4, 5, 6 and 7 and the signature line on page 4. Answer all questions or write N/A if the question is not applicable.**For Additional Information**, refer to Publication 1854, "How To Prepare a Collection Information Statement."**Include attachments if additional space is needed to respond completely to any question.**

Name on Internal Revenue Service (IRS) Account	Social Security Number SSN on IRS Account	Employer Identification Number EIN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 1: Personal Information

1a Full Name of Taxpayer and Spouse (if applicable) <input type="text"/>		1c Home Phone <input type="text"/>	1d Cell Phone <input type="text"/>
1b Address (Street, City, State, ZIP code) (County of Residence) <input type="text"/>		1e Business Phone <input type="text"/>	1f Business Cell Phone <input type="text"/>
2a Marital Status: <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried (Single, Divorced, Widowed)		2b Name, Age, and Relationship of dependent(s) <input type="text"/>	
<input type="text"/>		Driver's License Number and State <input type="text"/>	
3a Taxpayer	Social Security No. (SSN) <input type="text"/>	Date of Birth (mmddyyyy) <input type="text"/>	<input type="text"/>
3b Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2: Employment Information for Wage Earners*If you or your spouse have self-employment income instead of, or in addition to wage income, complete Business Information in Sections 6 and 7.*

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

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

6 Are you a party to a lawsuit (If yes, answer the following)			
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing <input type="text"/>	Represented by <input type="text"/>	Docket/Case No. <input type="text"/>
Amount of Suit <input type="text"/>	Possible Completion Date (mmddyyyy) <input type="text"/>	Subject of Suit <input type="text"/>	
7 Have you ever filed bankruptcy (If yes, answer the following)			
Date Filed (mmddyyyy) <input type="text"/>	Date Dismissed (mmddyyyy) <input type="text"/>	Date Discharged (mmddyyyy) <input type="text"/>	Petition No. <input type="text"/>
8 In the past 10 years, have you lived outside of the U.S for 6 months or longer (If yes, answer the following)			
Dates lived abroad: from (mmddyyyy) <input type="text"/>			To (mmddyyyy) <input type="text"/>
9a Are you the beneficiary of a trust, estate, or life insurance policy (If yes, answer the following)			
Place where recorded: <input type="text"/>			Ell
Name of the trust, estate, or policy <input type="text"/>			Wi
Anticipated amount to be received <input type="text"/>			ret
9b Are you a trustee, fiduciary, or contributor of a trust			
Name of the trust: <input type="text"/>			Ell

10 Do you have a safe deposit box (business or personal) (If yes, answer the following)

Location (Name, address and box number(s))	Contents	Va \$e
\$box_address	\$summarize_box	

11 In the past 10 years, have you transferred any assets for less than their full value (If yes, answer the following)

List Asset(s)	Value at Time of Transfer	Date Transferred (mmddyyyy)	To Whom or Where was it Transferred
\$worth_transferred	\$actual_time_value	\$date_transferred	\$transferred_from

12 CASH ON HAND Include cash that is not in a bank

Total Cash on Hand

\$

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

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank,Savings & Loan, Credit Union, or Financial Institution	Account Number	Account BalanceAs of As of
13a \$banking_account	bank_name, street, city, state, zip		\$
13b			\$
13c			\$
13d Total Cash(Add lines 13a through 13c, and amounts from any attachments)			\$

INVESTMENTS Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, and 401(k) plans. Include all corporations, partnerships, limited liability companies, or other business entities in which you are an officer, director, owner, member, or otherwise have a financial interest.

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, ZIP code) of Company	Current Value	Loan Balance (if applicable)A: mmddyyyy
14 chr(\$type_of_investment_count+97) \$financial_interest	\$financial_interest Phone	\$ \$current_value	\$ \$loan_value
14 chr(\$type_of_investment_count+97+\$i)	Phone	\$	\$

14 chr(\$type_of_investment_count+97+\$i) Total Equity(Add lines 14\$from through 14\$to)} and amounts from any attachments)

AVAILABLE CREDITInclude all lines of credit and bank issued credit cards.Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As ofmmddyyyy	Available Cr As of mmddyyyy
--	--------------	------------------------------	-----------------------------------

<div>15 chr(\$card_details_count+97)</div> <div>\$full_name . \$street . \$city . \$state . \$zipcode</div> <div>Acct. No</div> <div></div>	\$	\$	\$
	\$total_credit	\$amount_owed	\$available_credit
<div>15 chr(\$card_details_count+97)</div> <div>Acct. No</div> <div></div>	\$	\$	\$
15 chr(\$card_details_count+97+\$j) Total Available Credit(Add lines 15\$from , 15\$to and amounts from any attachments)			\$total_card_details

16a LIFE INSURANCEDo you own or have any interest in any life insurance policies with cash value (Term Life insurance does not have a cash value)

☒ Yes ☒ No If yes, complete blocks 16b through 16f for each policy.

<?=

htmlspecialchars_deco

<?= htmlspecialchars

Enter text here

16g Total Available Cash(Subtract amounts on line 16f from line 16e and include amounts from any attachments)

REAL PROPERTY Include all real property owned or being purchased

| | Purchase Date(mmddyyyy) | Current Fair Market Value(FMV) | Current Loan Balance | Amount of Monthly Payment | Date of Final Payment(mmddyyyy) |
|---|-------------------------|--------------------------------|---|---------------------------|---------------------------------|
| 17 chr(\$i+97) Property | | | | | |
| Description | \$purchase_date | \$fair_market_value | \$loan_balance | \$monthly_payment | \$final_payment_date |
| \$property_description | | | | | |
| Location (Street, City, State, ZIP code) and County | | | Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone | | |
| \$property_address | | | Phone | | |
| | | | | | |
| 17 chr(\$j+\$i+97)}} Property | | | | | |
| Description | | | | | |
| | | | | | |
| Location (Street, City, State, ZIP code) and County | | | Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone | | |
| | | | Phone | | |
| | | | | | |

17c Total Equity(Add lines 17a, 17b and amounts from any attachments)

PERSONAL VEHICLES LEASED AND PURCHASEDInclude boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, etc

| Description (Year, Mileage, Make/Model,Tag Number, Vehicle Identification Number) | | Purchase Date(mmddyyyy) | Current Fair Market Value(FMV) | Current Loan Balance | Amount of Monthly Payment |
|---|--------------------|--|--------------------------------|------------------------|---------------------------|
| 18aYear | Make/Model | | | | |
| \$vehicle_year | \$make_model | | \$fair_market_value | \$current_loan_balance | \$monthly_payment |
| Mileage | License/Tag Number | Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone | | | |
| \$mileage | | lender_lessor_name, city, state, p | | | |

| | | | | | |
|-------------------------------|--------------------|--|--|--|--|
| Vehicle Identification Number | | | | | |
| 18bYear | Make/Model | | | | |
| Mileage | License/Tag Number | Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone | | | |
| Vehicle Identification Number | | Phone | | | |

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

| | | | | | |
|---|-------------------------------|--------------------------------|--|---------------------------|---------------------------------|
| | Purchase/Lease Date(mmddyyyy) | Current Fair Market Value(FMV) | Current Loan Balance | Amount of Monthly Payment | Date of Final Payment(mmddyyyy) |
| 19 chr(\$j)}} Property Description | \$purchase_date | \$fair_market_value | \$loan_balance | \$monthly_payment | \$final_payment_date |
| Location (Street, City, State, ZIP code) and County | | | Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone | | |
| | | | Phone | | |
| 19 chr(\$j+\$i)}} Property Description | | | | | |
| Location (Street, City, State, ZIP code) and County | | | Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone | | |
| | | | Phone | | |

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

Section 5: Monthly Income and Expenses

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

| Total Income | | Total Living Expenses | | IRS USE ONLY |
|--|---------------------|--|--------------------|--------------------|
| Source | Gross Monthly | Expense Items ⁶ | Actual Monthly | Allowable Expenses |
| 20 Wages(Taxpayer) ¹ | \$total_gross_mc | 35 Food, Clothing and Misc. ⁷ | \$food_clothing_i | |
| 21 Wages (Spouse) ¹ | \$total_spouses_ | 36 Housing and Utilities ⁸ | \$housing_utilitie | |
| 22 Interest - Dividends | | 37 Vehicle Ownership Costs ⁹ | \$vehicle_owners | |
| 23 Net Business Income ² | \$total_net_busin | 38 Vehicle Operating Costs ¹⁰ | \$vehicle_operati | |
| 24 Net Rental Income ³ | {{(\$total_net_rer | 39 Public Transportation ¹¹ | \$public_transpor | |
| 25 Distributions (K-1, IRA, etc.) ¹ | \$total_distributio | 40 Health Insurance | \$health_insuran | |
| 26 Pension (Taxpayer) | \$total_pension_i | 41 Out of Pocket Health Care Costs ¹² | \$health_care_cc | |
| 27 Pension (Spouse) | \$total_spouse_p | 42 Court Ordered Payments | \$court_ordered_ | |

| | | | | |
|---|---|---|---|--|
| 28 Social Security (Taxpayer) | \$ <input type="text" value="\$total_social_se"/> | 43 Child/Dependent Care | \$ <input type="text" value="\$child_depender"/> | |
| 29 Social Security (Spouse) | \$ <input type="text" value="\$total_spouse_s"/> | 44 Life Insurance | \$ <input type="text" value="\$life_insurance"/> | |
| 30 Child Support | \$ <input type="text" value="\$total_child_sup"/> | 45 Current year taxes (Income/FICA) ¹³ | \$ <input type="text" value="\$current_year_t"/> | |
| 31 Alimony | \$ <input type="text" value="\$total_alimony_i"/> | 46 Secured Debts (Attach list) | \$ <input type="text" value="\$secured_debts"/> | |
| Other Income (Specify below) ⁵ | <input type="text"/> | 47 Delinquent State or Local Taxes | \$ <input type="text" value="\$local_taxes"/> | |
| 32 | \$ <input type="text"/> | 48 Other Expenses (Attach list) | \$ <input type="text" value="\$other_expense"/> | |
| 33 | \$ <input type="text"/> | 49 Total Living Expenses (add lines 35-48) | \$ <input type="text" value="\$total_living_exp"/> | |
| 34 Total Income (add lines 20-33) | \$ <input type="text" value="\$total_income"/> | 50 Net difference (Line 34 minus 49) | \$ <input type="text" value="\$total_income - 49"/> | |

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

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

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

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

2 Net Income from Business: Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. **This figure is the amount from page 6, line 89.** If the net business income is a loss, enter "0.00". Do not enter a negative number. If this amount is more or less than previous years, attach an explanation.

3 Net Rental Income: Enter monthly net rental income. This is the amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0.00". Do not enter a negative number.

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

5 Other Income: Include agricultural subsidies, unemployment compensation, gambling income, oil credits, rent subsidies, etc.

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

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

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

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

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

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

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

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

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

| | | |
|----------------------|--------------------|------|
| Taxpayer's Signature | Spouse's signature | Date |
|----------------------|--------------------|------|

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

IRS USE ONLY (Notes)

Form 433-A (Rev.12-2012)

Form 433-A (Rev. 12-2012)

Page 5

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

Section 6: Business Information

Is the business a sole proprietorship (filing Schedule C) ☐ **Yes**, Continue with Sections 6 and 7. ☐ **No**, Complete Form 433-B.

All other business entities, including limited liability companies, partnerships or corporations, must complete Form 433-B.

CREDIT CARDS ACCEPTED BY THE BUSINESS

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

| Type of Account | Full name & Address (Street, City, State, ZIP code)
of Bank,Savings & Loan, Credit Union or Financial Institution. | Account Number | Account Balance
As of |
|-----------------|---|----------------|--------------------------|
| 64a | | | |
| 64b | | | |

64c Total Cash in Banks(Add lines 64a, 64b and amounts from any attachments)

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

Form 433-A (Rev.12-2012)

6/8

10/18/2019Click2Qualify

| | | | | | |
|---|----------------------------------|-----------------------------------|---|---------------------------|------------------------------------|
| | Purchase/Lease
Date(mmddyyyy) | Current Fair Market
Value(FMV) | Current Loan Balance | Amount of Monthly Payment | Date of Final
Payment(mmddyyyy) |
| 66a Property Description | | | | | |
| Location (Street, City, State, ZIP code) and County | | | Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone | | |
| | | | Phone | | |
| 66b Property Description | | | | | |
| Location (Street, City, State, ZIP code) and County | | | Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone | | |
| | | | Phone | | |

66c Total Equity(Add lines 17a, 17b and amounts from any attachments)

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

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

Accounting Method Used: ☐ Cash ☐ Accrual

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

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

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

- 1 Materials Purchased:** 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 the business that are consumed or used up within one year. This could be the cost of books,office supplies, professional equipment, etc.
- 4 Utilities/Telephone:** Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business internet.

- 5 Current Taxes:**Real estate, excise, franchise, occupational,personal property, sales and employer's portion of employment taxes
- 6 Net Business Income:**Net profit from Form 1040, Schedule C may be used if duplicated deductions are eliminated (e.g., expenses for business use of home already included in housing and utility expenses on page 4). Deductions for depreciation and depletion on Schedule C are not cash expenses and must be added back to the net income figure. In addition, interest cannot be deducted if it is already included in any other installment payments allowed.

IRS USE ONLY (Notes)