Department of the Treasury — Internal Revenue Service

Form **433-A (OIC)** (Rev. May 2012)

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

## Use this form if you are

- An individual who owes income tax on a Form 1040, U.S. Individual Income Tax Return
- An individual with a personal liability for Excise Tax
- An individual responsible for a Trust Fund Recovery Penalty
- An individual who is personally responsible for a partnership liability
- An individual who is self-employed or has self-employment income. You are considered to be self-employed if you are in business for yourself, or carry on a trade or business.

**Wage earners** Complete sections 1, 3, 4 (Box 1), 6, and 7 including signature line on page 7. **Self-employed individuals** Complete all sections and signature line on page 7

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

Section 1			Perso	onal and	Household I	nformatic	on		
Last Name		Firet	First Name				Security Number		
Last Name		1 1130	Name			Date of Birt	ii (mm/aa/yyyy)	Social	
Marital status	I status Home Address (Street, City, State, ZIP Code)				Do you:				
Married	(-	,,	,	/		l *	our home	it	
Unmarried				Other	specify e.g., share rent,	live with	relative, etc.)		
County of Residen	ce	Prim	ary Phone	)		Mailing Add	dress (if different from a	bove or F	Post Office Box number)
			_						
Secondary Phone		Fax I	Fax Number						
( )	-	(	)	-					
Employer's Name					Employer's Address (Street, City, State, ZIP Code)			Code)	
Occupation		How	Long?						
Provide information	on about your spo	ouse.							
Spouse's Last Nam	ne	First	First Name			Date of Birth (mm/dd/yyyy) Social		Social	Security Number
Occupation		•				Employer's Address (Street, City, State, ZIP Code)			
Employer's Name									
Provide informati	on for all other pe	ersons in the	e househ	old or clain	ned as a depend				
	Name		Age		Relationship		Claimed as a depen- on your Form 104		Contributes to nousehold income?
							☐ Yes ☐ No		☐ Yes ☐ No
							☐ Yes ☐ No		Yes No
							☐ Yes ☐ No		Yes No
							Yes No		Yes No
Continu 2				Calf amou	laved Inform	action			
Section 2					loyed Inforn	iation			
If you or your spo				ection.	(5				
Is your business a sole proprietorship (filling Schedule C)?			Address of Bus	siness (It othe	er than personal residenc	e)			
Yes No									
Name of Business									
Business Telephone Number Employe		Employer I	er Identification Number Business Web		bsite Trade Nam		Trade Name or dba		
( ) <u>-</u>						Trade Name of up		Trado Harrie or uba	
Description of Busi	ness	Total Numl	ber of Emp	oloyees	Frequency of T	ax Deposits		nthly	-
							Payroll \$		

Section 2 (Continued)	Self-	employed Information	
Do you or your spouse have any other busin		Business Address (Street, City, State, ZIP	code)
Yes (Percentage of ownership:	)	246666 / 144.666 (666., 6, 6)	
Business Name			
Business Telephone Number Busin	ness Identification Num	aber	
_			
Type of business (Select one)			
Partnership LLC Corporati	on Other		
Section 3	Perso	onal Asset Information	
Cash and Investments (domestic and	d foreign)		
payroll card from an employer), investment and	retirement accounts (III posit boxes. Asset value	s checking, savings, money market and online RAs, Keogh, 401(k) plans, stocks, bonds, mutual funue is subject to adjustment by IRS based on ined include attachments).	ds, certificates of deposit), life insurance
	If any line item	is zero or less, enter "0". Do not enter	r negative numbers on this form.
Cash Checking Savings	Money Market	Online Account Stored Value Card	
Bank Name	Acco	unt Number	(4-) ①
Charling Sovings Manay A	Market Online Acc	count Stored Value Card	(1a) \$
☐ Checking ☐ Savings ☐ Money Mank Name		unt Number	-
Dalik Name	Acco	unt number	(1b) \$
Total value of heads accounts from attachma			
Total value of bank accounts from attachme	nt		(1c) \$
		Add lines (1a) through (1c) =	(1) \$
Investment Account: Stocks Boo	nds Other		
Name of Financial Institution	Acco	ount Number	
Current Market Value		Less Loan Balance	(0.)
\$ X .8 = \$		=	(2a) \$
	nds U Other		_
Name of Financial Institution	Acco	ount Number	
Current Market Value		Less Loan Balance	-
\$ X.8 = \$	<b>2</b>	- \$ =	(2b) \$
Total of investment accounts from attachme			· ·
Total of investment accounts from attachine	Tit. [Current market van	ue A.o less loan balance(s)]	(2c) \$
		Add lines (2a) through (2c) =	(2) \$
Retirement Account:	Other		
Name of Financial Institution	Acco	unt Number	
			_
Current Market Value		Less Loan Balance	(20) \$
\$X.7=\$		=	(3a) \$
Retirement Account: 401k IRA		wat Nivash au	4
Name of Financial Institution	ACCO	unt Number	
Current Market Value		Less Loan Balance	-
\$ X.7 = S	6	- \$ =	(3b) \$
Total of investment accounts from attachme			(3c) \$
		Add lines (3a) through (3c) =	(30) \$
		0.00 lines (32) through (3c) -	1141 %

Section 3 (Continue	ed)		Persona	al Asset Info	ormation	
Cash value of life insurance policies						
Name of Insurance Company				Policy Number		
Current Cash Value			Less Loan E	Palanco		_
current Cash value					_	(4a) \$
Total of life insurance po	olicies fro	 m_attachment		pan Balance(s)		(4a) \$
		_	•	` '	=	(4b) \$
Ψ		=	Ψ			
-	(4) \$					
					that you own or are buyin	ig)
Property Address (Street	Address, (	Dity, State, ZIP Code)		-	nce Yes No	
			_	Date Purchased County and Cou		
				ounty and Cot	niti y	
How is property titled? (	joint tenanc	cy, etc.)?	D	escription of P	roperty	
Current Market Value				ın Balance (Moi		
\$	X .8 = \$		\$		Total Value of Real Estate =	(5a) \$
Property Address (Street	: Address, (	City, State, ZIP Code)	P	rimary Resider	nce  Yes  No	
			<del>-</del>	ate Purchased		-
				County and Cou	inity	
How is property titled? (	joint tenanc	:y, etc.)?	D	escription of P	roperty	
Current Market Value				ın Balance (Mo		
\$ X .8 = \$ \$ Total Value of Real Estate =					(5b) \$	
Property Address (Street	Address, (	City, State, ZIP Code)	P	rimary Resider	nce Yes No	
			<u> </u>	Date Purchased County and Cou		-
				Journey and Coc	ii iti y	
How is property titled? (joint tenancy, etc.)?  Description of Property						
Occurs of Maril of Make				- Dalama 44		
Current Market Value	V 0			ın Balance <i>(Moi</i>	,	(- ) •
\$				Total Value of Real Estate =		(5c) \$
Total value of property(s	) from atta	achment [current ma	rket value X .8	less any loan b	palance(s)]	(5d) \$
				Ad	d lines (5a) through (5d) =	(5) \$
Vehicles (Enter informati	tion about	any cars, boats, moto	rcycles, etc. that	you own or lea	se)	
Vehicle Make & Model	Year	Date Purchased	Mileage	Lease	Monthly Lease/Loan	
				Loan	Amount \$	_
Current Market Value Less Loan B				Total value of vehicle (if the vehicle		
\$	_ X .8 = \$		- \$	is leas	sed, enter 0 as the total value) =	(6a) \$
Vehicle Make & Model	Year	Date Purchased	Mileage	Lease	Monthly Lease/Loan	
Current Market Value			Less Loan Bal	│	Amount \$	_
\$	X .8 = \$	;	- \$	Total	value of vehicle (if the vehicle sed, enter 0 as the total value) =	
Vehicle Make & Model	Year	Date Purchased	Mileage	Lease	Monthly Lease/Loan	(6b) \$
			5095	Loan	Amount \$	
Current Market Value	1		Less Loan Bal		1	1
\$	_ X .8 = \$	<u> </u>	- \$		value of vehicle (if the vehicle sed, enter 0 as the total value) =	1

Section 3 (Continued)	Personal Asset Information		
Total value of vehicles listed from attachment [current market	et value X .8 less any loan balance(s)]	(6d)	\$
	Add lines (6a) through (6d) =	(6)	\$
Other valuable items (artwork, collections, jewelry, items of	value in safe deposit boxes, etc).		
Description of asset:			
Current Market Value	Less Loan Balance		
\$ X .8 = \$	=	(7a)	\$
Description of asset:			
Current Market Value	Less Loan Balance		
\$ X .8 = \$	=	(7b)	\$
Total value of valuable items listed from attachment [current		(7c)	\$
	Add lines (7a) through (7c) =	(7)	\$
Section 4 Business A	sset Information (for Self-Employed)		
List business assets such as bank accounts, tools, boo owned/leased/rented. If additional space is needed, atta			
Cash Checking Savings Money Market	Online Account Stored Value Card		
Bank Name	Account Number		
		(8a)	\$
	ne Account Stored Value Card		
Bank Name	Account Number	(8b)	\$
Total value of bank accounts from attachment		(8c)	\$
Add	lines (8a) through (8c) for total bank account(s) =	(8)	\$
Description of asset:			
Current Market Value	Less Loan Balance	1	
\$ X.8 = \$	=	(9a)	\$
Description of asset:			
Current Market Value	Less Loan Balance	1	
\$ X .8 = \$	=	(9b)	\$
Total value of assets listed from attachment [current market	value X .8 less any loan balance(s)]	(9c)	\$
	Add lines (9a) through (9c) =	(9)	\$
IRS allowed	deduction for professional books and tools of trade –	(10)	\$ [4,290]
Enter the value of line	(9) minus line (10). If less than zero enter zero. =	(11)	\$
Notes Receivable  Do you have notes receivable? Yes No  If yes, attach current listing which includes name and amount	nt of note(s) receivable.		
Accounts Receivable  Do you have accounts receivable? Yes No  If yes, you may be asked to provide a list of the Account(s)	Receivable.		
	amount on the lines with a letter beside the number.  nd line (11) and enter the amount in Box 1 =		x 1 Available Equity in Assets

# Section 5 Business Income and Expense Information (for Self-Employed)

Note: If you provide a current profit and loss (P&L) statement for the information below, enter the total gross monthly income on line 18 and your monthly expenses on line 30 below. Do not complete lines (13) - (17) and (19) - (29). You may use the amounts claimed for income and expenses on your most recent Schedule C; however, if the amount has changed significantly within the past year, a current P&L should be

submitted to substantiate the claim.						
Business Income (You may average 6-	12 months income/receipts to o	determine your Gross monthly incor	me/receipts.)			
Gross receipts	(13) \$					
Gross rental income	(14) \$					
Interest income			(15) \$			
Dividends			(16) \$			
Other income			(17) \$			
	Gross Monthly Business In	come - Add lines (13) through (17) =	(18) \$			
Business Expenses (You may average	6-12 months expenses to dete	rmine your average expenses.)				
Materials purchased (e.g., items directly rela	ated to the production of a product or s	rervice)	(19) \$			
Inventory purchased (e.g., goods bought for	resale)		(20) \$			
Gross wages and salaries			(21) \$			
Rent			(22) \$			
Supplies (items used to conduct business and etc.)	I used up within one year, e.g., books,	office supplies, professional equipment,	(23) \$			
Utilities/telephones			(24) \$			
Vehicle costs (gas, oil, repairs, maintenance)			(25) \$			
Business Insurance			(26) \$			
Current Business Taxes (e.g., Real estate, of employment taxes)	excise, franchise, occupational, perso	onal property, sales and employer's portion	(27) \$			
Other secured debts (not credit cards)	(28) \$					
Other business expenses (include a list)			(29) \$			
	Total Monthly Business Expe	enses - Add lines (19) through (29) =	(30) \$			
Subt	ract line (30) from line (18) a	and enter the amount in Box 2 =	Box 2 Net Business Income \$			
Section 6	Monthly Household Inco	me and Expense Information				
Enter your household's gross monthly inc household's income. The entire househol for the IRS to accurately evaluate your off	d includes spouse, significant oth					
Monthly household income						
Primary taxpayer Wages Social Securi	ty Pension(s)	Total primary taxpayer				
\$ + \$	+ \$	= income	(31) \$			
Spouse Wages Social Security	y Pension(s)					
\$ + \$	+ \$	= Total spouse income	(32) \$			
Interest and dividends		Total spouse income	(33) \$			
Distributions (such as, income from partnersh	(34) \$					
Net rental income			(35) \$			
Net business income from Box 2	(36) \$					
Child support received	(37) \$					
Alimony received			(38) \$			
	Box 3 Total Household Income \$					
Are there additional sources of income us		and enter the amount in Box 3 =  . non-liable spouse, roommate, etc.	Yes No			

# Section 6 - (Continued)

## **Monthly Household Income and Expense Information**

#### **Monthly Household Expenses**

Enter your average monthly expenses.

Note: Expenses may be adjusted based on IRS Collection Financial Standards. The standards may be found at irs.gov.

Standards may be found at its.gov.	
Food, clothing, and miscellaneous (e.g., housekeeping supplies, personal care products, minimum payment on credit card). A reasonable estimate of these expenses may be used.	(41) \$
Housing and utilities (e.g., rent or mortgage payment and average monthly cost of property taxes, home insurance, maintenance, dues, fees and utilities including electricity, gas, other fuels, trash collection, water, cable television and internet, telephone, and cell phone).	(42) \$
Vehicle loan and/or lease payment(s)	(43) \$
Vehicle operating costs (e.g., average monthly cost of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, tolls, etc.). A reasonable estimate of these expenses may be used.	(44) \$
Public transportation costs (e.g., average monthly cost of fares for mass transit such as bus, train, ferry, taxi, etc.). A reasonable estimate of these expenses may be used.	(45) \$
Health insurance premiums	(46) \$
Out-of-pocket health care costs (e.g. average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)	(47) \$
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)	(48) \$
Child/dependent care payments (e.g., daycare, etc.)	(49) \$
Life insurance premiums	(50) \$
Current taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)	(51) \$
Other secured debts (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed Student Loan).	(52) \$
Delinquent State and Local Taxes	(53) \$
Add lines (41) through (53) and enter the amount in Box 4 =	Box 4 Household Expenses \$
Subtract Box 4 from Box 3 and enter the amount in Box 5 =	Box 5 Remaining Monthly Income \$
Section 7 Calculate Your Minimum Offer Amount	

### Section 7

### Calculate Your Minimum Offer Amount

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

If you will pay your offer in 5 months or less, multiply "Remaining Monthly Income" (Box 5) by 12 to get "Future Remaining Income" (Box 6).

Enter the total from Box 5 here \$

X 12 =

Box 6 Future Remaining Income

If you will pay your offer in more than 5 months, multiply "Remaining Monthly Income" (Box 5) by 24 to get "Future Remaining Income" (Box 7).

Enter the total from Box 5 here \$

X24 =

Box 7 Future Remaining Income

Determine your minimum offer amount by adding the total available assets from Box 1 to amount in either Box 6 or Box 7.

Enter the amount from Box 1 here
Do Not Enter a Number Less Than Zero
\$

Enter the amount from either Box 6 or Box 7

Offer Amount
Must be more than zero

If you have special circumstances that would hinder you from paying this amount, explain them on Form 656, Offer in Compromise, page 2, "Explanation of Circumstances."

Section 8	Other Information					
Additional information IRS needs to	Are you the beneficiary of a trust, estate, or life insurance policy?					
consider settlement of your tax debt. If you or your business are currently in a	Yes No					
bankruptcy proceeding, you are not eligible to apply for an offer.	Are you currently in bankruptcy?	Have you filed bankruptcy in the past 10 years?  Yes No				
	Discharge/Dismissal Date (mm/dd/yyyy)	Location Filed				
	Discharge/Distrilissar Date (min/du/yyyy)	Location Fried				
	Are you or have you been party to a laws	suit?				
	Yes No					
	If applicable, date the lawsuit was resolu	/ed: (mm/dd/yyyy)				
	In the past 10 years, have you transferred any assets for less than their full value?					
	Yes No					
	If applicable, date the asset was transfe	rred: (mm/dd/yyyy)				
	Have you lived outside the U.S. for 6 more	nths or longer in the past 10 years?				
	Yes No					
	Do you have any funds being held in trus	t by a third party?				
	Yes No If yes, how much \$	Where:				
Section 9	Signatures					
Under penalties of perjury, I declare that I have is true, correct, and complete.	examined this offer, including accompa	nying documents, and to the best of my knowledge it				
Signature of Taxpayer		Date (mm/dd/yyyy)				
Signature of Taxpayer		Date (mm/dd/yyyy)				
Remember to include all applicable attach	ments listed below.					
Copies of the most recent pay stub, ea	arnings statement, etc., from each em	ployer				
Copies of bank statements for the three	ee most recent months					
Copies of the most recent statement, income, interest and dividends, court of		such as pensions, Social Security, rental ent subsidies				
Copies of the most recent statement for	or each investment and retirement acc	count				
	Copies of the most recent statement from lender(s) on loans such as mortgages, second mortgages, vehicles, etc., showing monthly payments, loan payoffs, and balances					
List of Notes Receivable, if applicable						
Verification of State/Local Tax Liability	v, if applicable					
Documentation to support any special circumstances described in the "Explain special circumstances" section on page 2 of Form 656, if applicable						
Attach a Form 2848, <i>Power of Attorney</i> , if you would like your attorney, CPA, or enrolled agent to represent you and you do not have a current form on file with the IRS.						
	Privacy Act Statement					
T	ddDA-4d-D	d. De doctien Act Netices outlieb bever also do be an				

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