

# Collection Information Statement for Businesses

**Complete this form if your business is a**

- Corporation
- Partnership
- Limited Liability Company (LLC) classified as a corporation
- Other multi-owner/multi-member LLC
- Single member LLC

If your business is a sole proprietorship (filing Schedule C), do not use this form. Instead, complete Form 433-A (OIC) Collection Information Statement for Wage Earners and Self-Employed Individuals.

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

## Section 1

## Business Information

|  |                                     |  |
|--|-------------------------------------|--|
| Business Name  |                                     | Employer Identification Number   |
| Business address ( <i>street, city, state, zip code</i> )                      |                                     | County of Business Location  |
|  |                                     | Description of Business and dba or "Trade Name"  |
| Primary Phone<br>( ) -   | Secondary Phone<br>( ) -            | Mailing address ( <i>if different from above or Post Office Box number</i> )   |
| Business website address   |                                     |  |
| Fax Number<br>( ) -  |                                     | Does the business outsource its payroll processing and tax return preparation for a fee?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list provider name and address in box below<br>( <i>Street, City, State, ZIP Code</i> ) |
| Federal Contractor<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Total Number of Employees           |  |
| Frequency of tax deposits  | Average gross monthly payroll<br>\$ |  |

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

|  |                               |   |
|--|-------------------------------|---|
| Last Name                              | First Name                    | Title   |
| Percent of Ownership and annual salary | Social Security Number<br>- - | Home address ( <i>Street, City, State, ZIP Code</i> ) |
| Primary Phone<br>( ) -                 | Secondary Phone<br>( ) -      |   |
| Last Name                              | First Name                    | Title   |
| Percent of Ownership and annual salary | Social Security Number<br>- - | Home address ( <i>Street, City, State, ZIP Code</i> ) |
| Primary Phone<br>( ) -                 | Secondary Phone<br>( ) -      |   |
| Last Name                              | First Name                    | Title   |
| Percent of Ownership and annual salary | Social Security Number<br>- - | Home address ( <i>Street, City, State, ZIP Code</i> ) |
| Primary Phone<br>( ) -                 | Secondary Phone<br>( ) -      |   |

**Section 2****Business Asset Information**

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

**If any line item is zero or less, enter "0". Do not enter negative numbers on this form.**

|  |                   |               |
|--|-------------------|---------------|
| <input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card      |                   |               |
| Bank Name  | Account Number    | (1a) \$       |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card                                    |                   |               |
| Bank Name  | Account Number    | (1b) \$       |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card                                    |                   |               |
| Bank Name  | Account Number    | (1c) \$       |
| Total value of bank accounts from attachment   |                   | (1d) \$       |
| <b>Add lines (1a) through (1d) =</b>   |                   | <b>(1) \$</b> |
| Investment Account: <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other  |                   |               |
| Name of Financial Institution  | Account Number    |               |
| Current Market Value   | Less Loan Balance |               |
| \$ _____ X .8 = \$ _____   | – \$ _____ =      | (2a) \$       |
| Investment Account: <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other  |                   |               |
| Name of Financial Institution  | Account Number    |               |
| Current Market Value   | Less Loan Balance |               |
| \$ _____ X .8 = \$ _____   | – \$ _____ =      | (2b) \$       |
| Total of investment accounts from attachment. [current market value X.8 less loan balance(s)]  |                   | (2c) \$       |
| <b>Add lines (2a) through (2c) =</b>   |                   | <b>(2) \$</b> |
| <b>Notes receivable</b><br>Do you have notes receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes</b> , attach current listing which includes name and amount of note(s) receivable.              |                   |               |
| <b>Accounts Receivable</b><br>Do you have accounts receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes</b> , you may be asked to provide a list of name and amount of the Account(s) Receivable. |                   |               |

**Section 2 (Continued)****Business Asset Information**

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

**Real Estate** (Buildings, Lots, Commercial Property, etc.)**Do not use negative numbers.**

|  |                      |                                     |               |
|--|----------------------|-------------------------------------|---------------|
| Property Address (Street Address, City, State, ZIP Code)   | Property Description | Date Purchased                      |               |
|  | County and Country   |                                     |               |
| Current Market Value   |                      | Less Loan Balance (Mortgages, etc.) |               |
| \$ _____ X .8 = \$ _____ - \$ _____  |                      | Total Value of Real Estate =        |               |
|  |                      | (3a) \$                             |               |
| Property Address (Street Address, City, State, ZIP Code)   | Property Description | Date Purchased                      |               |
|  | County and Country   |                                     |               |
| Current Market Value   |                      | Less Loan Balance (Mortgages, etc.) |               |
| \$ _____ X .8 = \$ _____ - \$ _____  |                      | Total Value of Real Estate =        |               |
|  |                      | (3b) \$                             |               |
| Total value of property(s) listed from attachment [current market value X .8 less any loan balance(s)] |                      |                                     | (3c) \$       |
| <b>Add lines (3a) through (3c) =</b>   |                      |                                     | <b>(3) \$</b> |

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

|   |                                       |   |                      |               |
|---|---------------------------------------|---|----------------------|---------------|
| Vehicle Make & Model  | Year                                  | Date Purchased  | Mileage or Use Hours |               |
| <input type="checkbox"/> Lease<br><input type="checkbox"/> Loan                                     | Monthly Lease/Loan Amount<br>\$ _____ |   |                      |               |
| Current Market Value  |                                       | Less Loan Balance   |                      |               |
| \$ _____ X .8 = \$ _____ - \$ _____   |                                       | Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = |                      |               |
|   |                                       |   |                      | (4a) \$       |
| Vehicle Make & Model  | Year                                  | Date Purchased  | Mileage or Use Hours |               |
| <input type="checkbox"/> Lease<br><input type="checkbox"/> Loan                                     | Monthly Lease/Loan Amount<br>\$ _____ |   |                      |               |
| Current Market Value  |                                       | Less Loan Balance   |                      |               |
| \$ _____ X .8 = \$ _____ - \$ _____   |                                       | Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = |                      |               |
|   |                                       |   |                      | (4b) \$       |
| Vehicle Make & Model  | Year                                  | Date Purchased  | Mileage or Use Hours |               |
| <input type="checkbox"/> Lease<br><input type="checkbox"/> Loan                                     | Monthly Lease/Loan Amount<br>\$ _____ |   |                      |               |
| Current Market Value  |                                       | Less Loan Balance   |                      |               |
| \$ _____ X .8 = \$ _____ - \$ _____   |                                       | Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = |                      |               |
|   |                                       |   |                      | (4c) \$       |
| Total value of vehicles listed from attachment [current market value X .8 less any loan balance(s)] |                                       |   |                      | (4d) \$       |
| <b>Add lines (4a) through (4d) =</b>  |                                       |   |                      | <b>(4) \$</b> |

**Other Business Equipment**

|   |   |                          |   |
|---|---|--------------------------|---|
| Current Market Value  | Less Loan Balance                         | Total value of equipment |   |
| \$ _____ X .8 = \$ _____ - \$ _____   | (if leased, enter 0 as the total value) = |                          |   |
|   |   |                          | (5a) \$   |
| Total value of equipment listed from attachment [current market value X .8 less any loan balance(s)]                                    |   |                          | (5b) \$   |
| <b>IRS allowed exemption for professional books and tools of trade -</b>  |   |                          | (5c) \$ [4,290]                                     |
| Total value of all business equipment =   |   |                          | <b>(5) \$</b>                                       |
| <b>Add lines (5a) and (5b) minus line (5c), if number is less than zero, enter zero =</b>   |   |                          |   |
| Do not include the amount on lines with a letter beside the number.<br><b>Add lines (1) through (5) and enter the amount in Box 1 =</b> |   |                          | <b>Box 1 Available Equity in Assets</b><br>\$ _____ |

**Section 3****Business Income Information**

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

**Note:** If you provide a current profit and loss statement for the information below, enter the total gross monthly income in Box 2 below. Do not complete lines (6) - (10).

|   |  |
|---|--|
| Gross receipts  | (6) \$                                   |
| Gross rental income   | (7) \$                                   |
| Interest income   | (8) \$                                   |
| Dividends   | (9) \$                                   |
| Other income (Specify on attachment)                              | (10) \$                                  |
| <b>Add lines (6) through (10) and enter the amount in Box 2 =</b> |  |
|   | <b>Box 2 Total Business Income</b><br>\$ |

**Section 4****Business Expense Information**

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

**Note:** If you provide a current profit and loss statement for the information below, enter the total monthly expenses in Box 3 below. Do not complete lines (11) - (20).

|   |   |
|---|---|
| Materials purchased (e.g., items directly related to the production of a product or service)  | (11) \$                                     |
| Inventory purchased (e.g., goods bought for resale)   | (12) \$                                     |
| Gross wages and salaries  | (13) \$                                     |
| Rent  | (14) \$                                     |
| Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)   | (15) \$                                     |
| Utilities/telephones  | (16) \$                                     |
| Vehicle costs (gas, oil, repairs, maintenance)  | (17) \$                                     |
| Insurance (other than life)   | (18) \$                                     |
| Current taxes (e.g., real estate, state, and local income tax, excise franchise, occupational, personal property, sales and employer's portion of employment taxes, etc.) | (19) \$                                     |
| Other expenses (e.g., secured debt payments. Specify on attachment. Do not include credit card payments)  | (20) \$                                     |
| <b>Add lines (11) through (20) and enter the amount in Box 3 =</b>  |   |
|   | <b>Box 3 Total Business Expenses</b><br>\$  |
| <b>Subtract Box 3 from Box 2 and enter the amount in Box 4 =</b><br>If number is less than zero, enter zero.  |   |
|   | <b>Box 4 Remaining Monthly Income</b><br>\$ |

**Section 5****Calculate Your Minimum Offer Amount**

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

If you will pay your offer in 5 months or less, multiply "Remaining Monthly Income" (Box 4) by 12 to get "Future Remaining Income."

|   |               |  |
|---|---------------|--|
| <b>Enter the amount from Box 4 here</b><br>\$ _____ | <b>X 12 =</b> | <b>Box 5 Future Remaining Income</b><br>\$ _____ |
|---|---------------|--|

If you will pay your offer in more than 5 months, multiply "Remaining Monthly Income" (from Box 4) by 24 to get "Future Remaining Income."

|   |               |  |
|---|---------------|--|
| <b>Enter the amount from Box 4 here</b><br>\$ _____ | <b>X 24 =</b> | <b>Box 6 Future Remaining Income</b><br>\$ _____ |
|---|---------------|--|

Determine your minimum offer amount by adding the total available assets from Box 1 to amount in either Box 5 or Box 6.

|   |          |  |          |  |
|---|----------|--|----------|--|
| <b>Enter the amount from Box 1 here*</b><br><b>Do not enter a number less than zero</b><br>\$ _____ | <b>+</b> | <b>Enter the amount from either Box 5 or Box 6</b><br>\$ _____ | <b>=</b> | <div style="text-align: center;"> <b>Offer Amount</b><br/>         Must be more than zero<br/>         \$ _____       </div> |
|---|----------|--|----------|--|

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."

\*You may exclude any equity in income producing assets shown in Section 2 of this form.

**Section 6****Other Information**

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

Is the business currently in bankruptcy?

☐ Yes ☐ No

Has the business ever filed bankruptcy?

☐ Yes ☐ No

**If yes, provide:**

Date Filed (mm/dd/yyyy) \_\_\_\_\_ Date Dismissed or Discharged (mm/dd/yyyy) \_\_\_\_\_

Petition No. \_\_\_\_\_ Location Filed \_\_\_\_\_

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

☐ Yes ☐ No

**If yes, list the Name and Employer Identification Number:**

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

☐ Yes ☐ No

Is the business currently, or in the past, a party to a lawsuit?

☐ Yes ☐ No **If applicable**, date the lawsuit was resolved: \_\_\_\_\_

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

☐ Yes ☐ No **If applicable**, provide date and type of asset transferred: \_\_\_\_\_

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

☐ Yes ☐ No

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

☐ Yes ☐ No **If yes**, how much \$ \_\_\_\_\_ Where: \_\_\_\_\_

Does the business have any lines of credit?

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

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

**Section 7****Signatures**

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

|                              |       |                   |
|------------------------------|-------|-------------------|
| <b>Signature of Taxpayer</b> | Title | Date (mm/dd/yyyy) |
|------------------------------|-------|-------------------|

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

- ☐ A current Profit and Loss statement covering at least the most recent 6-12 month period, if appropriate.
- ☐ Copies of the most recent statement for each bank, investment, and retirement account.
- ☐ If an asset is used as collateral on a loan, include copies of the most recent statement from lender(s) on loans, monthly payments, loan payoffs, and balances.
- ☐ Copies of the most recent statement of outstanding notes receivable.
- ☐ Copies of the most recent statements from lenders on loans, mortgages (including second mortgages), monthly payments, loan payoffs, and balances.
- ☐ Copies of relevant supporting documentation of the special circumstances described in the "Explain special circumstances" section on page 2 of Form 656, if applicable.
- ☐ Attach a Form 2848, Power of Attorney, if you would like your attorney, CPA, or enrolled agent to represent you and you do not have a current form on file with the IRS.

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**Privacy Act Statement**


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