

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 Personal and Household Information

Last Name		First Name		Date of Birth (<i>mm/dd/yyyy</i>)	Social Security Number - -
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	Home Address (<i>Street, City, State, ZIP Code</i>)			Do you: <input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input type="checkbox"/> Other (<i>specify e.g., share rent, live with relative, etc.</i>)	
County of Residence		Primary Phone () -		Mailing Address (<i>if different from above or Post Office Box number</i>)	
Secondary Phone () -		Fax Number () -			
Employer's Name				Employer's Address (<i>Street, City, State, ZIP Code</i>)	
Occupation		How Long?			

Provide information about your spouse.

Spouse's Last Name		First Name		Date of Birth (<i>mm/dd/yyyy</i>)	Social Security Number - -
Occupation				Employer's Address (<i>Street, City, State, ZIP Code</i>)	
Employer's Name					

Provide information for all other persons in the household or claimed as a dependent.

Name	Age	Relationship	Claimed as a dependent on your Form 1040?	Contributes to household income?
			<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 <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 <input type="checkbox"/> No

Section 2 Self-employed Information

If you or your spouse is self-employed, complete this section.

Is your business a sole proprietorship (<i>filing Schedule C</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address of Business (<i>if other than personal residence</i>)			
Name of Business					
Business Telephone Number () -	Employer Identification Number	Business Website		Trade Name or dba	
Description of Business	Total Number of Employees	Frequency of Tax Deposits	Average Gross Monthly Payroll \$		

Section 2 (Continued)

Self-employed Information

Do you or your spouse have any other business interests? <input type="checkbox"/> Yes (Percentage of ownership: _____) <input type="checkbox"/> No	Business Address (Street, City, State, ZIP code)
Business Name	
Business Telephone Number (____) _____ - _____	Business Identification Number

Type of business (Select one)
 Partnership LLC Corporation Other

Section 3

Personal Asset Information

Cash and Investments (domestic and foreign)

Use the **most current** statement for each type of account, such as checking, savings, money market and online accounts, stored value cards (such as, a payroll card from an employer), investment and retirement accounts (IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit), life insurance policies that have a cash value, and safe deposit boxes. Asset value is subject to adjustment by IRS based on individual circumstances. Enter the total amount available for each of the following (if additional space is needed 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) \$	
Total value of bank accounts from attachment	
(1c) \$	
Add lines (1a) through (1c) =	
(1) \$	

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) \$	
Add lines (2a) through (2c) =	
(2) \$	

Retirement Account: <input type="checkbox"/> 401k <input type="checkbox"/> IRA <input type="checkbox"/> Other	
Name of Financial Institution	Account Number
Current Market Value	Less Loan Balance
\$ _____ X .7 = \$ _____ - \$ _____ =	(3a) \$
Retirement Account: <input type="checkbox"/> 401k <input type="checkbox"/> IRA <input type="checkbox"/> Other	
Name of Financial Institution	Account Number
Current Market Value	Less Loan Balance
\$ _____ X .7 = \$ _____ - \$ _____ =	(3b) \$
Total of investment accounts from attachment. [current market value X .7 less loan balance(s)]	
(3c) \$	
Add lines (3a) through (3c) =	
(3) \$	

Section 3 (Continued)

Personal Asset Information

Cash value of life insurance policies		
Name of Insurance Company	Policy Number	
Current Cash Value	Less Loan Balance	
\$ _____	- \$ _____	= (4a) \$
Total of life insurance policies from attachment.	Less Any Loan Balance(s)	
\$ _____	- \$ _____	= (4b) \$
Add lines (4a) through (4b) =		(4) \$

Real Estate (Enter information about any house, condo, co-op, time share, etc. that you own or are buying)

Property Address (Street Address, City, State, ZIP Code)	Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Purchased _____	
	County and Country	
How is property titled? (joint tenancy, etc.)?	Description of Property	
Current Market Value	Less Loan Balance (Mortgages, etc.)	
\$ _____ X .8 = \$ _____	- \$ _____	Total Value of Real Estate = (5a) \$
Property Address (Street Address, City, State, ZIP Code)	Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Purchased _____	
	County and Country	
How is property titled? (joint tenancy, etc.)?	Description of Property	
Current Market Value	Less Loan Balance (Mortgages, etc.)	
\$ _____ X .8 = \$ _____	- \$ _____	Total Value of Real Estate = (5b) \$
Property Address (Street Address, City, State, ZIP Code)	Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Purchased _____	
	County and Country	
How is property titled? (joint tenancy, etc.)?	Description of Property	
Current Market Value	Less Loan Balance (Mortgages, etc.)	
\$ _____ X .8 = \$ _____	- \$ _____	Total Value of Real Estate = (5c) \$
Total value of property(s) from attachment [current market value X .8 less any loan balance(s)]		(5d) \$
Add lines (5a) through (5d) =		(5) \$

Vehicles (Enter information about any cars, boats, motorcycles, etc. that you own or lease)

Vehicle Make & Model	Year	Date Purchased	Mileage	<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$	
Current Market Value						
\$ _____	X .8 = \$ _____					- \$ _____ Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = (6a) \$
Vehicle Make & Model	Year	Date Purchased	Mileage	<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$	
Current Market Value						
\$ _____	X .8 = \$ _____					- \$ _____ Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = (6b) \$
Vehicle Make & Model	Year	Date Purchased	Mileage	<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$	
Current Market Value						
\$ _____	X .8 = \$ _____					- \$ _____ Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = (6c) \$

Section 3 (Continued) Personal Asset Information

Total value of vehicles listed from attachment [current market 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 market value X .8 less any loan balance(s)]	(7c) \$
Add lines (7a) through (7c) =	(7) \$

Section 4 Business Asset Information (for Self-Employed)

List business assets such as bank accounts, tools, books, machinery, equipment, business vehicles and real property that is owned/leased/rented. If additional space is needed, attach a list of items. Do not enter a number less than zero.

<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	(8a) \$
<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	(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		
\$ _____ X .8 = \$ _____ - \$ _____ =		(9a) \$
Description of asset:		
Current Market Value Less Loan Balance		
\$ _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach current listing which includes name and amount of note(s) receivable.	
Accounts Receivable	
Do you have accounts receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, you may be asked to provide a list of the Account(s) Receivable.	
Do not include amount on the lines with a letter beside the number. Add lines (1) through (8), and line (11) and enter the amount in Box 1 =	Box 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 determine your Gross monthly income/receipts.)

Gross receipts	(13) \$
Gross rental income	(14) \$
Interest income	(15) \$
Dividends	(16) \$
Other income	(17) \$
Gross Monthly Business Income - Add lines (13) through (17) =	(18) \$

Business Expenses (You may average 6-12 months expenses to determine your average expenses.)

Materials purchased (e.g., items directly related to the production of a product or service)	(19) \$
Inventory purchased (e.g., goods bought for resale)	(20) \$
Gross wages and salaries	(21) \$
Rent	(22) \$
Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	(23) \$
Utilities/telephones	(24) \$
Vehicle costs (gas, oil, repairs, maintenance)	(25) \$
Business Insurance	(26) \$
Current Business Taxes (e.g., Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	(27) \$
Other secured debts (not credit cards)	(28) \$
Other business expenses (include a list)	(29) \$
Total Monthly Business Expenses - Add lines (19) through (29) =	(30) \$
Subtract line (30) from line (18) and enter the amount in Box 2 =	Box 2 Net Business Income \$

Section 6 Monthly Household Income and Expense Information

Enter your household's gross monthly income. The information below is for yourself, your spouse, and anyone else who contributes to your household's income. The entire household includes spouse, significant other, children, and others who contribute to the household. This is necessary for the IRS to accurately evaluate your offer.

Monthly household income

Primary taxpayer					
Wages	Social Security	Pension(s)		Total primary taxpayer income	(31) \$
\$ _____	+ \$ _____	+ \$ _____	=		
Spouse					
Wages	Social Security	Pension(s)		Total spouse income	(32) \$
\$ _____	+ \$ _____	+ \$ _____	=		
Interest and dividends					(33) \$
Distributions (such as, income from partnerships, sub-S Corporations, etc.)					(34) \$
Net rental income					(35) \$
Net business income from Box 2					(36) \$
Child support received					(37) \$
Alimony received					(38) \$
Add lines (31) through (38) and enter the amount in Box 3 =					Box 3 Total Household Income \$

Are there additional sources of income used to support the household, e.g. 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.

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**

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 \$
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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 \$	X 24 =	Box 7 Future Remaining Income \$
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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 \$ _____
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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."

