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. Employer Identification Number EIN Name on Internal Revenue Service (IRS) Account Social Security Number SSN on IRS Account **Section 1: Personal Information** 1a Full Name of Taxpaver and Spouse (if applicable) 1c Home Phone 1d Cell Phone Address (Street, City, State, ZIP code) (County of Residence) 1f Business Cell Phone **Business Phone** Name, Age, and Relationship of dependent(s) **2a** Marital Status: Married Unmarried (Single, Divorced, Widowed) Social Security No. (SSN) Date of Birth (mmddyyyy) Driver's License Number and State 3a Taxpayer Spouse **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 Taxpayer's Employer Name Spouse's Employer Name 4b Address (Street, City, State, and ZIP code) Address (Street, City, State, and ZIP code) Work Telephone Number 4d Does employer allow contact at work Work Telephone Number 5d Does employer allow contact at work Yes Yes 4f Occupation 5f Occupation How long with this employer How long with this employer (years) (months) (months) (years) Number of withholding allowances 4h Pay Period: Number of withholding allowances 5h Pay Period: claimed on Form W-4 claimed on Form W-4 ☐ Bi-weeklv Weekly ☐ Bi-weekly ☐ Weeklv Monthly Other Monthly Other Section 3: Other Financial Information (Attach copies of applicable documentation) Are you a party to a lawsuit (If yes, answer the following) Yes □No Docket/Case No. Location of Filing Represented by Plaintiff Defendant Amount of Suit Possible Completion Date (mmddyyyy) Subject of Suit Have you ever filed bankruptcy (If yes, answer the following) Yes No Date Filed (mmddyyyy) Date Dismissed (mmddyyyy) Date Discharged (mmddyyyy) Petition No. Location Filed In the past 10 years, have you lived outside of the U.S for 6 months or longer (If yes, answer the following) Yes No Dates lived abroad: from (mmddyyyy) 9a Are you the beneficiary of a trust, estate, or life insurance policy (If yes, answer the following) Yes No Place where recorded: Name of the trust, estate, or policy Anticipated amount to be received When will the amount be received 9b Are you a trustee, fiduciary, or contributor of a trust Yes No Name of the trust: EIN: 10 Do you have a safe deposit box (business or personal) (If yes, answer the following) No Yes Location (Name, address and box number(s)) Contents Value \$ In the past 10 years, have you transferred any assets for less than their full value (If yes, answer the following) Yes No List Asset(s) Value at Time of Transfer Date Transferred (mmddyyyy) To Whom or Where was it Transferred

Form 433-A (Rev. 12-2012) Page 2 **Section 4: Personal Asset Information for All Individuals** 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.). **Account Balance** Full Name & Address (Street, City, State, ZIP code) of Bank, Type of Account Account Number As of Savings & Loan, Credit Union, or Financial Institution mmddyyyy 13a 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. Loan Balance (if applicable) Type of Investment Full Name & Address Equity Current Value As of or Financial Interest (Street, City, State, ZIP code) of Company Value minus Loan mmddyyyy 14a Phone 14b Phone \$ \$ 14c Phone \$ 14d Total Equity (Add lines 14a through 14c and amounts from any attachments) Amount Owed **Available Credit** AVAILABLE CREDIT Include all lines of credit and bank issued credit cards. Credit Limit As of As of Full Name & Address (Street, City, State, ZIP code) of Credit Institution mmddyyyy mmddyyyy 15a Acct. No 15b Acct. No \$ **15c** Total Available Credit (Add lines 15a, 15b and amounts from any attachments) LIFE INSURANCE Do 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. 16b Name and Address of Insurance Company(ies): 16c Policy Number(s) 16d Owner of Policy Current Cash Value \$ \$ \$ Outstanding Loan Balance \$ \$ \$

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

RFΔI	PROPERTY	Include all real	property owned	or being	nurchased
NEAL	PROPERTI	illiciuue ali rea	property owned	i di belliq	purchaseu

			Purchase Date (mmddyyyy)	Curren Market (FM	Value	Current Loan Balance	Amount of Monthly Payment	Date of Fi Paymen (mmddyy)	ıt	Equity FMV Minus Loan	
17a	Property Descrip	tion		\$		\$	\$			\$	
	Location (Street,	City, State, ZIP code) an	l nd County	Φ	Lende		lame, Address <i>(Stree</i>	et, City, State	, ZIF	·	
17h	Property Descrip	ation					Phone				
175	Troporty Descrip	Alon		\$		\$	\$			\$	
	Location (Street,	City, State, ZIP code) a	nd County		Lende	r/Contract Holder N	lame, Address (Stree	et, City, State	, ZIF	code), and Phone	
							Phone		_		
17c	Total Equity (Ac	dd lines 17a, 17b and am	nounts from any	attachmen	its)				\$		
PE	ERSONAL VEHIC	LES LEASED AND PUR	CHASED Includ	de boats, F	₹Vs, mo	torcycles, all-terra	in and off-road veh	icles, trailer	s, et	c.	
		Mileage, Make/Model, e Identification Number)	Purchase/ Lease Date (mmddyyyy)	Curren Market (FM	Value	Current Loan Balance	Amount of Monthly Payment	Date of Fi Paymen (mmddyy)		Equity FMV Minus Loan	
18a	Year	Make/Model		Φ.		Φ.	Φ.			Φ.	
	Mileage	License/Tag Number	\$ Lender/Lessor Name, Addres		ddress (\$ 'Street, City, State,	\$ ZIP code), and Ph	one		\$	
	Vehicle Identifica	tion Number					Dhara				
18b	Year	Make/Model		\$		\$	Phone \$			\$	
	Mileage	License/Tag Number	Lender/Lesso	r Name, Ad	ddress (Street, City, State,	ZIP code), and Ph	one		•	
	Vehicle Identifica	tion Number	Phone								
18c	Total Equity (Ac	dd lines 18a, 18b and am	nounts from any	attachmen	nts)				\$		
		S Include all furniture, p ch as licenses, domain n					guns, etc.), antique	s or other a	ssets	s. Include	
			Purchase/ Lease Date (mmddyyyy)	Curren Market (FM	Value	Current Loan Balance	Amount of Monthly Payment	Date of Fi Paymen (mmddyy)	ıt	Equity FMV Minus Loan	
19a	Property Descrip	tion									
	Location (Street,	City, State, ZIP code) an	 nd County	\$	Lende	\$ \$ \$ \$ Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone				L .	
19b	Property Descrip	tion					Phone		—		
				\$		\$	\$			\$	
	Location (Street,	City, State, ZIP code) an	d County		Lende	er/Lessor Name, A	ddress (Street, City	, State, ZIP	cod	le), and Phone	
							Phone				
19c	Total Equity (Ad	dd lines 19a, 19b and am	nounts from any	attachmen	its)			9	6		

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	\$	35	Food, Clothing and Misc. 7	\$	
21	Wages (Spouse) 1	\$	36	Housing and Utilities 8	\$	
22	Interest - Dividends	\$	37	Vehicle Ownership Costs 9	\$	
23	Net Business Income ²	\$	38	Vehicle Operating Costs ¹⁰	\$	
24	Net Rental Income 3	\$	39	Public Transportation 11	\$	
25	Distributions (K-1, IRA, etc.) 4	\$	40	Health Insurance	\$	
26	Pension (Taxpayer)	\$	41	Out of Pocket Health Care Costs 12	\$	
27	Pension (Spouse)	\$	42	Court Ordered Payments	\$	
28	Social Security (Taxpayer)	\$	43	Child/Dependent Care	\$	
29	Social Security (Spouse)	\$	44	Life Insurance	\$	
30	Child Support	\$	45	Current year taxes (Income/FICA) 13	\$	
31	Alimony	\$	46	Secured Debts (Attach list)	\$	
	Other Income (Specify below) 5		47	Delinquent State or Local Taxes	\$	
32		\$	48	Other Expenses (Attach list)	\$	
33		\$	49	Total Living Expenses (add lines 35-48)	\$	
34	Total Income (add lines 20-33)	\$	50	Net difference (Line 34 minus 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". 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." 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.

mornadoris due, 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)

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

Se	ection 6: Busines	s Information									
51	Is the business a sol All other business er	•	plete Form 433-B.								
52											
53	Employer Identification	Number 54 Type of Business		55 Is the business a Federal Contractor Yes No							
56								onthly Payroll			
59	Frequency of Tax De	60 Does the business engage in e-Comm (Internet sales) If yes, complete lines 6:					10 and 61h				
PA	YMENT PROCESSOR (e	.g., PayPal, Authorize.net, Google Checkout, etc	c.) Nan	•				Yes No			
<u>61a</u>											
61b											
CF	REDIT CARDS ACCE	PTED BY THE BUSINESS									
	Credit Card	Merchant Account Number		Issuing I	Bank Name & Ad	dress (S	treet, City, State,	ZIP code)			
62a											
62b											
62c											
63 PI		N HAND Include cash that is not in a bar DUNTS Include checking accounts, online		mobile (e.g.	Day(Da)) accounts		I Cash on Hand				
		e.g., payroll cards, government benefit car						s, savings accounts,			
	ype of Account	Full name & Address (Street, City, St of Bank, Savings & Loan, Credit Union or F				ccount Number		Account Balance As of			
		· •						mmddyyyy			
64a								\$			
64b								\$			
64c	Total Cash in Bank	s (Add lines 64a, 64b and amounts from a	ny atta	achments)				\$			
		ECEIVABLE Include e-payment accounts tely, including contracts awarded, but not									
A	ccounts/Notes Receiva	ble & Address (Street, City, State, ZIP code)	Statu	us (e.g., age, ored, other)	Date Due (mmddyyyy)		imber or Government r Contract Number	Amount Due			
65a								\$			
65b								\$			
65c								\$			
65d								\$			
65e								\$			
65f	Total Outstanding I	Balance (Add lines 65a through 65e and a	moun	ts from any a	ttachments)			\$			

BUSINESS ASSETS Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include a list and show the value of all intangible assets such as licenses, patents, domain names, copyrights, trademarks, mining claims, etc.

		Purchase/ Lease Date (mmddyyyy)	Current F Market Va (FMV)	alue	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
66a Pro	operty Description		\$		\$	\$		\$
Lo	ocation (Street, City, State, ZIP code) an	nd Country		Lend	ler/Lessor/Landlord N	Name, Address (Stree	t, City, State, ZIP	code), and Phone
66b Pr	roperty Description		\$		\$	\$		\$
Lo	ocation (Street, City, State, ZIP code) an	nd Country		Lenc	ler/Lessor/Landlord N	Name, Address (Stree	t, City, State, ZIP	code), and Phone
						Phone		
66c To	otal Equity (Add lines 66a, 66b and am	ounts from any a	attachments,)			\$	

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

OE!	ction 7. Sole Prophetorship illionii	ation (iiiles o'i tiliougi	101	Should reconcile with business Front	and Loss Statement)
A	ccounting Method Used: Cash	Accrual			
_U	se the prior 3, 6, 9 or 12 month period to det	ermine your typical busine	ss ir	come and expenses.	
In	come and Expenses during the period (mi	nddyyyy)		to (mmddyyyy)	
Pi	rovide a breakdown below of your average m	onthly income and expens	ses, l	based on the period of time used above.	
	Total Monthly Business In	come		Total Monthly Business Expenses (Use atta	achments as needed)
	Source	Gross Monthly		Expense Items	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	\$
			87	Other Expenses, including installment payments	
76	Total Income (Add lines 67 through 75)	\$		(Specify)	\$
			88	Total Expenses (Add lines 77 through 87)	\$
			89	Net Business Income (Line 76 minus 88) 6	S

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 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)