

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

Provide information about your spouse.

| | | | | | |
|--------------------|--|------------|--|--|-------------------------------|
| Spouse's Last Name | | First Name | | Date of Birth (mm/dd/yyyy) | Social Security Number - - |
| Occupation | | | | Employer's Address (Street, City, State, ZIP Code) | |
| 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 (filing Schedule C)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Address of Business (If other than personal residence) | | | |
| 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) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> 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 | | (1a) \$ |
| Bank Name | Account Number | |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card | | (1b) \$ |
| Bank Name | Account Number | |
| 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 | | (2a) \$ |
| Less Loan Balance | | |
| \$ _____ X .8 = \$ _____ - \$ _____ = | | |
| Investment Account: <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other | | |
| Name of Financial Institution | Account Number | |
| Current Market Value | | (2b) \$ |
| Less Loan Balance | | |
| \$ _____ X .8 = \$ _____ - \$ _____ = | | |
| 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 | | (3a) \$ |
| Less Loan Balance | | |
| \$ _____ X .7 = \$ _____ - \$ _____ = | | |
| Retirement Account: <input type="checkbox"/> 401k <input type="checkbox"/> IRA <input type="checkbox"/> Other | | |
| Name of Financial Institution | Account Number | |
| Current Market Value | | (3b) \$ |
| Less Loan Balance | | |
| \$ _____ X .7 = \$ _____ - \$ _____ = | | |
| 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 | | | Less Loan Balance | | Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = | |
| \$ _____ X .8 = \$ _____ | | | – \$ _____ | | (6a) \$ | |
| Vehicle Make & Model | Year | Date Purchased | Mileage | <input type="checkbox"/> Lease <input type="checkbox"/> Loan | Monthly Lease/Loan Amount \$ | |
| Current Market Value | | | Less Loan Balance | | Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = | |
| \$ _____ X .8 = \$ _____ | | | – \$ _____ | | (6b) \$ | |
| Vehicle Make & Model | Year | Date Purchased | Mileage | <input type="checkbox"/> Lease <input type="checkbox"/> Loan | Monthly Lease/Loan Amount \$ | |
| Current Market Value | | | Less Loan Balance | | Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = | |
| \$ _____ X .8 = \$ _____ | | | – \$ _____ | | (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-lie 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 \$ |
|--|---------------|--|

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 \$ |
|--|---------------|--|

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 consider settlement of your tax debt. If you or your business are currently in a bankruptcy proceeding, you are not eligible to apply for an offer.

Are you the beneficiary of a trust, estate, or life insurance policy?

☐ Yes ☐ No

Are you currently in bankruptcy?

☐ Yes ☐ No

Have you filed bankruptcy in the past 10 years?

☐ Yes ☐ No

Discharge/Dismissal Date (mm/dd/yyyy)

Location Filed

Are you or have you been party to a lawsuit?

☐ Yes ☐ No

If applicable, date the lawsuit was resolved: (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 transferred: (mm/dd/yyyy)

Have you lived outside the U.S. for 6 months or longer in the past 10 years?

☐ Yes ☐ No

Do you have any funds being held in trust by a third party?

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

Section 9**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.

Signature of Taxpayer

Date (mm/dd/yyyy)

Signature of Taxpayer

Date (mm/dd/yyyy)

Remember to include all applicable attachments listed below.

- ☐ Copies of the most recent pay stub, earnings statement, etc., from each employer
- ☐ Copies of bank statements for the three most recent months
- ☐ Copies of the most recent statement, etc., from all other sources of income such as pensions, Social Security, rental income, interest and dividends, court order for child support, alimony, and rent subsidies
- ☐ Copies of the most recent statement for each investment and retirement account
- ☐ 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, 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, *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.

Privacy Act Statement

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

