

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, D, E, F, etc.), 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 () -	Secondary Phone () -	Mailing Address (<i>if different from above or Post Office Box number</i>)
Business website address		
Fax Number () -	Does the business outsource its payroll processing and tax return preparation for a fee?	
Federal Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list provider name and address in box below (Street, City, State, ZIP Code)
Frequency of Tax Deposits	Average Gross Monthly Payroll \$	

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 - -	Home Address (<i>Street, City, State, ZIP Code</i>)
Primary Phone () -	Secondary Phone () -	
Last Name	First Name	Title
Percent of Ownership and Annual Salary	Social Security Number - -	Home Address (<i>Street, City, State, ZIP Code</i>)
Primary Phone () -	Secondary Phone () -	
Last Name	First Name	Title
Percent of Ownership and Annual Salary	Social Security Number - -	Home Address (<i>Street, City, State, ZIP Code</i>)
Primary Phone () -	Secondary Phone () -	

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), NADA (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).

Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0".

<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) \$
Add lines (1a) through (1d) =		(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) \$
Notes Receivable		
Do you have notes receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, attach current listing which includes name, age, and amount of note(s) receivable.		
Accounts Receivable		
Do you have accounts receivable, including e-payment, factoring companies, and any bartering or online auction accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, you may be asked to provide a list of name, age, 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.)

Property Address (Street Address, City, State, ZIP Code)	Property Description	Date Purchased	
	Name of Creditor	Date of Final Payment	
	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	
	Name of Creditor	Date of Final Payment	
	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) \$
Add lines (3a) through (3c) =			(3) \$

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 <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$	Name of Creditor	Date of Final Payment	
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 <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$	Name of Creditor	Date of Final Payment	
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 <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$	Name of Creditor	Date of Final Payment	
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) \$
Add lines (4a) through (4d) =				(4) \$

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

[If you have more than one piece of equipment, please list on a separate attachment and put the total of all equipment in box (5b)]

Type of equipment	
Current Market Value	Less Loan Balance
\$ _____ X .8 = \$ _____	– \$ _____
Total value of equipment (if leased or used in the production of income 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) \$ _____
IRS allowed exemption for professional books and tools of trade -	
	(5c) \$ [4,470]
Total value of all business equipment =	
Add lines (5a) and (5b) minus line (5c), if number is less than zero, enter zero =	(5) \$ _____
Do not include amount on the lines with a letter beside the number. Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0". Add lines (1) through (5) and enter the amount in Box A =	
	Box A Available Equity in Assets \$ _____

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 subsidiaries); or you may use the 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 B 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) \$ _____
Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0". Add lines (6) through (10) and enter the amount in Box B =	
	Box B Total Business Income \$ _____

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 C 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) \$ _____
Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0". Add lines (11) through (20) and enter the amount in Box C =	
	Box C Total Business Expenses \$ _____
Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0". Subtract Box C from Box B and enter the amount in Box D =	
	Box D Remaining Monthly Income \$ _____

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 D) by 12 to get "Future Remaining Income." Do not enter a number less than zero.

Round to the nearest whole dollar.

Enter the amount from Box D \$ _____	X 12 =	Box E Future Remaining Income \$ _____
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If you will pay your offer in more than 5 months, multiply "Remaining Monthly Income" (from Box D) by 24 to get "Future Remaining Income." Do not enter a number less than zero.

Enter the amount from Box D \$ _____	X 24 =	Box F Future Remaining Income \$ _____
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Determine your minimum offer amount by adding the total available assets from Box A to amount in either Box E or Box F. Your offer amount must be more than zero.

Enter the amount from Box A* \$ _____	+	Enter the amount from either Box E or Box F \$ _____	=	Offer Amount Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only. \$ _____
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If you cannot pay the offer amount due to special circumstances, explain on the Form 656, Offer in Compromise, Section 3. You must offer something.

*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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the business ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the Name and Employer Identification Number:
Do any related parties (e.g., partners, officers, employees) owe money to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business currently, or in the past, a party to a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date the lawsuit was resolved:
In the past 10 years, has the business transferred any assets for less than their full value? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business have any funds being held in trust by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much \$ _____ Where: _____
Does the business have any lines of credit? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Signature of Taxpayer	Title	Date (mm/dd/yyyy)
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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 three most recent statements 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 "Explanation of Circumstances" on 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.