# Form **433-A (OIC)**

Department of the Treasury — Internal Revenue Service

(April 2020)

# 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 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.
- ► An individual who is personally responsible for a partnership liability (only if the partnership is submitting an offer)
- An individual who operated as a disregarded single member Limited Liability Company (LLC) taxed as a sole proprietor prior to 2009
- An individual who is submitting an offer on behalf of the estate of a deceased person

Note: Include attachments if additional space is needed to respond completely to any question. This form should only be used with the Form 656, Offer in Compromise.

Section 1		Person	al and House	hold Informa	tior	1						
Last name	First na	ame		Date of birth (i	Date of birth (mm/dd/yyyy)				Social Security Number			
Marital status	Home	physical add	ress (street, city, st	tate, ZIP code)	D	o you						
Unmarried Married						_	your l			Rent		
If married, date of marriage (mm/dd/yyyy)						Othe	er (spec	cify e.g., sh	are rei	nt, live with r	elative, etc.)	
	I											
County of residence	Pri	mary phone		Home mailing	addr	ess (if a	differen	t from abou	ve or p	ost office box	x number)	
	(	)	-									
Secondary phone	FA	X number										
( ) -	(	)	-									
Provide information about your spous	e.											
Spouse's last name	Sp	ouse's first n	ame	Date of birth (r	nm/d	d/yyyy)			Social Security Number			
										-	-	
Provide information for all other person	ns in th	ne househol	d or claimed as	a dependent.								
Name		Age	Rela	tionship				Form 1040 Contributes to household income				
						Y	es	☐ No		Yes	☐ No	
						Y	es	☐ No		Yes	☐ No	
						Y	es	☐ No		Yes	☐ No	
						Y	es	☐ No		Yes	☐ No	
Section 2	E	Employme	ent Information	on for Wage E	arr	ers						
Complete this section if you or your spou you file a Schedule C, E, F, etc.) instead		•		•	•	•			-		`	
Your employer's name	Pa	y period	Weekly	Bi-weekly	Employer's address (street, city, state, ZIP code)					de)		
			Monthly	Other								
Do you have an ownership interest in this business	s If y	es, check the Partner	e business interes  Sole proprie									
Yes No		Officer (con	nplete Form 433-B (	OIC))								
Your occupation	Но	w long with t	this employer									
	İ	(yea	ars)	(months)								
Spouse's employer's name	Pa	y period	Weekly	Bi-weekly	Em	ployer's	s addre	ess (street	et, city, state, ZIP code)			
			Monthly	Other								
Does your spouse have an ownership interest in this business	If y	If yes, check the business interest that applies Partner Sole proprietor										
Yes No		Officer (con	mplete Form 433-B (	(OIC))								
Spouse's occupation	Но	w long with t	this employer									
		(yea										

## Section 3

## **Personal Asset Information**

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, retirement accounts (IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit) and virtual currency (such as Bitcoin, Ripple, Ethereum, etc.), 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).

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

Cash and Investments (domestic and foreign)		
Cash Checking Savings Money Mar	ket Account/CD Online Account Stor	ed Value Card
Bank name	Account number	
		(1a) \$
Checking Savings Money Market Account/Cl	D Online Account Stored Value Card	
Bank name	Account number	
		(1b) \$
	Total of bank accounts from attachment	(1c) \$
	d lines (1a) through (1c) minus (\$1,000) =	(1) \$
Investment account Stocks Bonds Other  Name of Financial Institution	A cocupt number	
Name of Financial institution	Account number	
Current market value	Minus loan balance	
\$ X.8 = \$	- \$ =	(2a) \$
Investment account Stocks Bonds Other		(=a) ¥
Name of Financial Institution	Account number	
Current market value	Minus loan balance	
\$ X .8 = \$	- \$ =	(2b) \$
	address used to Location(s) of virtual	
I VIDA OF VIRTUAL CURRANCV	with the virtual currency cy exchange or DCE	
Current market value in U.S. dollars as of today		
\$ X.8 = \$	=	(2c) \$
	nent. [current market value minus loan balance(s)]	(2d) \$
	Add lines (2a) through (2d) =	(2) \$
Retirement account 401K IRA Other		
Name of Financial Institution	Account number	
Current market value	Minus loan balance	
\$ X .8 = \$	=	(3a) \$
Total of retirement accounts from attachment.	[current market value X .8 minus loan balance(s)]	(3b) \$
	Add lines (3a) through (3b) =	(3) \$
Note: Your reduction from current market value may be	greater than 20% due to potential tax consequ	uences/withdrawal penalties.
Cash value of Life Insurance Policies		
Name of Insurance Company	Policy number	
Current cash value	Minus loan balance	
\$	- \$ =	(4a) \$
	Winus loan balance(s)	\.~\*
\$	•	(4b) \$
<u>*</u>	Add lines (4a) through (4b) =	(4) \$
	Aud iiiies (4a) tiiibugii (4b) =	\¬', \P

# Page 3 Section 3 (Continued) **Personal Asset Information** Real property (enter information about any house, condo, co-op, time share, etc. that you own or are buying including any assets owned by your spouse if you live in a community property state) Is your real property currently for sale or do you anticipate selling your real property to fund the offer amount Yes (listing price) Property description (indicate if personal residence) Purchase/Lease date (mm/dd/yyyy) Amount of mortgage/rent payment Date of final payment How title is held (joint tenancy, etc.) Lender/Lessor/Landlord name, address (street, city, Location (street, city, state, ZIP code, county, and country) state, ZIP code) and phone Current market value Minus loan balance (mortgages, etc.) X.8 = \$- \$ (total value of real estate) = (5a) \$ Property description (indicate if rental property, vacant, etc.) Purchase/Lease date (mm/dd/yyyy) Amount of mortgage/rent payment Date of final payment How title is held (joint tenancy, etc.)

	Location (street, city, state, ZIP code, county, and country)  Lender/Lessor/Landlord name, address (street, city, state, ZIP code) and phone							
	,	inus loan balance (mortgag			Current marke			
(5b) \$	(total value of real estate) =	\$	:	X .8 = \$	<u>\$</u>			
(5c) \$	X .8 minus any loan balance(s)]	ent [current market value]	) from attachm	Total value of property(s)				
(5) \$	dd lines (5a) through (5c) =	Ad						
	lease)	cycles, etc. that you own or	s, boats, motor	ter information about any cars	Vehicles (ent			
	Mileage	Date purchased	Year	& model	Vehicle make			
	Monthly lease/loan amount	Date of final payment		Name of creditor	Lease			
	\$				Loan			
		nus loan balance	Mir	et value	Current marke			
(6a) \$	otal value of vehicle (if the vehicle seleased, enter 0 as the total value)	•		X .8 = \$	\$			
(6b) \$	Subtract \$3,450 from line (6a) is a negative number, enter "0")	(If line (6a) minus \$3,450						
	Mileage	Date purchased	Year	e & model	Vehicle make			
	Monthly lease/loan amount	Date of final payment		Name of creditor	Lease			
	\$				Loan			
		nus loan balance	Mir	et value	 Current marke			
(6c) \$	otal value of vehicle (if the vehicle	Total value of vehicle (if the vehicl						
Notation, which is a state of the local value of the state of the stat								
(6d) \$	is a negative number, enter "0")	If you are filing a joint offer, subtract \$3,450 from line (6c) (If line (6c) minus \$3,450 is a negative number, enter "0' If you are not filing a joint offer, enter the amount from line (6c)						
(6e) \$	Total value of vehicles listed from attachment [current market value X .8 minus any loan balance(s)]							
	Total lines (6b), (6d), and (6e) =							

Section 3 (Continued)	Personal As	set Inforr	mation					
Other valuable items (artwork, collections	, jewelry, items of value in safe deposit b	oxes, interest	in a company or bus	iness that i	is not publicly trad	led, etc.)		
Description of asset(s)								
Current market value	Λ	linus loon b	alanas					
Value of remaining furniture and person	<u> </u>	<u> </u>			(7a) \$			
Description of asset	lai ellects (Hot listed above)							
2000 inpliest of access								
Current market value	N	linus loan b	alance					
\$X .8 =	= \$	- \$		=	(7b) \$			
Total value of valuable items list	ed from attachment [current market	value X .8 ı	minus any loan bal	ance(s)]	(7c) \$			
	Add lines (7a) through (7c) n	ninus IRS	deduction of \$9	,690 =	(7) \$			
	ne lines with a letter beside the number a negative number. If any line it  Add lines (1) through (7) a	em is a nega	ative, enter "0" on t	hat line.	Box A Available Ind	lividual Equity in Assets		
NOTE: If you or your spouse are self	f-employed, Sections 4, 5, and 6 r	nust be con	npleted before co	ntinuing	with Sections	7 and 8.		
Section 4	Self-Employ	ed Inforn	nation					
If you or your spouse are self-employed	d (e.g., files Schedule(s) C, E, F, etc	c.), complete	this section.					
Is your business a sole proprietorship		Address o	of business (if other	than perso	nal residence)			
Yes No								
Name of business								
	Caralana Idantification Number	er Business website address Trade name or						
Business telephone number	Employer Identification Number	Business	website address			Trade name or DBA		
Description of business	Total number of employees	Frequency	y of tax deposits	Δverage	gross monthly	-		
Description of business	Total number of employees	rrequeric	y or tax deposits	payroll \$				
Do you or your spouse have any other interest in an LLC, LLP, corporation, pa		Business	address (street, city	state, ZIF	code)			
Yes (percentage of ownership:	) Title							
☐ No								
Business name		Business	telephone number		Employer	Identification Number		
		( )	-					
Type of business (select one)								
Partnership LLC Co	orporation Other							
Section 5	<b>Business Asset Inform</b>	ation <i>(fo</i>	r Self-Employ	ed)				
List business assets such as bank acco								
that is owned/leased/rented. If addition  Round to	at space is needed, attach a list of it to the nearest whole dollar. Do not		•					
	vings Money Market Accoun		Online Account		ed Value Card			
Bank name	<u> </u>	Account n	umber					
					(8a) \$			
Cash Checking Sav	vings Money Market Accoun	t/CD	Online Account	Stor	ed Value Card			
Bank name		Account n	umber		(OF) (C			
Nome of vist	ual aurranau — Email addrasa ua	ad to	Location(s) of virt	ual	(8b) \$			
Virtual currency  Name of virtual eurrency  wallet, excha	ual currency Email address us ange or digital set-up with the vii		currency	uai				
Type of virtual currency currency exc	change (DCE) currency exchang	ge or DCE						
Current market value in U.S. dollars as	of today							
\$ X .8 =				=	(8c) \$			
,	<u>*</u>	Total bank	accounts from atta		(8d) \$			
			es (8a) through		(8) \$			

Section E (Continued)	Pusiness Asset Information	(for Solf Employed)	. age s
Section 5 (Continued)  Description of asset	Business Asset Information	(for Self-Elliployed)	
Description of asset			
Current market value	Minus loan balance	Total value (if leased or used	
\$ X.8 = \$	- \$	in the production of income,	(9a) \$
Description of asset:	Ψ	enter 0 as the total value) =	(ea) \$
Current market value	Minus Loan Balance	Total value (if leased or used	
\$ X.8 = \$	- \$	in the production of income,	(9b) \$
<del></del>	Ψed from attachment [current market value		(9c) \$
Total value of assets list	<u>-</u>	dd lines (9a) through (9c) =	(9) \$
		ssional books and tools of trade –	(10) \$
Enter the	value of line (9) minus line (10). If		(11) \$
Notes Receivable	value of fine (3) finitias fine (10). If t	1033 triair 2010 criter 2010. =	(11) Ψ
Do you have notes receivable	Yes No		
If yes, attach current listing that includes i		e	
Accounts Receivable	name(e) and amount of note(e) receivable	<u> </u>	
Do you have accounts receivable, including	ng e-payment, factoring		
companies, and any bartering or online a		No	
If yes, you may be asked to provide a list	of your account(s) receivable		
Do not include	amounts from the lines with a letter besid	de the number [for example: (9c)]. Round to the nearest whole dollar.	Box B Available Business Equity in
Do not en	nter a negative number. If any line item is	a negative, enter "0" on that line.	Assets
	Add lines (8) and (11) and e	enter the amount in Box B =	\$
Section 6 Busin	ness Income and Expense Info	rmation <i>(for Self-Employe</i>	ed)
expenses on line 29 below. Do not compl recent Schedule C; however, if the amount Round to the		st 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			(12) \$
Gross rental income			(13) \$
Interest income			(14) \$
Dividends			(15) \$
Other income			(16) \$
	A	Add lines (12) through (16) =	(17) \$
Business expenses (you may average 6-	12 months expenses to determine your aver	rage expenses)	
Materials purchased (e.g., items directly rela	ated to the production of a product or service)		(18) \$
Inventory purchased (e.g., goods bought for	resale)		(19) \$
Gross wages and salaries			(20) \$
Rent			(21) \$
Supplies (items used to conduct business and	l used up within one year, e.g., books, office su	upplies, professional equipment, etc.)	(22) \$
Utilities/telephones			(23) \$
Vehicle costs (gas, oil, repairs, maintenance)			(24) \$
Business insurance			(25) \$
Current business taxes (e.g., real estate, exemployment taxes)	cise, franchise, occupational, personal propert	y, sales and employer's portion of	(26) \$
Secured debts (not credit cards)			(27) \$
Other business expenses (include a list)			(28) \$
		Add lines (18) through (28) =	(29) \$

Box C Net Business Income

Do not enter a negative number. If any line item is a negative, enter "0" on that line.

Subtract line (29) from line (17) and enter the amount in Box C =

Round to the nearest whole dollar.

## Section 7

#### **Monthly Household Income and Expense Information**

Enter your household's gross monthly income. Gross monthly income includes wages, social security, pension, unemployment, and other income. Examples of other income include but are not limited to: agricultural subsidies, gambling income, oil credits, rent subsidies, Uber & Lyft driver income, and Airbnb rentals etc. The information below is for yourself, your spouse, and anyone else who contributes to your household's income. The entire household includes spouse, non-liable 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**

Note: Entire household income should also include income that is considered not taxable and may not be included on your tax return.

							Round to the nearest whole dollar.
Primary taxpaye	er						
Gross wages		Social Security		Pension(s)		Other income (e.g. unemployment)	
\$	+	\$	+	\$	+	\$ Total primary taxpayer income =	(30) \$
Spouse							
Gross wages		Social Security		Pension(s)		Other Income (e.g. unemployment)	
\$	+	\$	+	\$	+	\$ Total spouse income =	(31) \$
Additional source	es of ind	come used to supp	ort the	e household, e.g.	., non-lia	ble spouse, or anyone else who may	
contribute to the	househ	old income, etc. Li	st sou	ırce(s)			(32) \$
Interest, dividend	ds, and	royalties					(33) \$
Distributions (e.g	., income	e from partnerships, s	ub-S (	Corporations, etc.)			(34) \$
Net rental incom	е						(35) \$
Net business inc	ome fro	m Box C					(36) \$
Child support received							(37) \$
Alimony received						(38) \$	
Round to the nearest whole dollar.  Do not enter a negative number. If any line item is a negative, enter "0" on that line.  Add lines (30) through (38) and enter the amount in Box D =						Box D Total Household Income \$	

#### **Monthly Household Expenses**

Enter your average monthly expenses.

Note: For expenses claimed in boxes (39) and (45) only, you should list the full amount of the allowable standard even if the actual amount you pay is less. For the other boxes input your actual expenses. You may find the allowable standards at

http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Collection-Financial-Standard	aros.  Round to the nearest whole dollar.
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	(39) \$
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)	(40) \$
Vehicle loan and/or lease payment(s)	(41) \$
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	(42) \$
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	(43) \$
Health insurance premiums	(44) \$
Out-of-pocket health care costs (e.g. average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)	(45) \$
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)	(46) \$
Child/dependent care payments (e.g., daycare, etc.)	(47) \$
Term life insurance premiums	(48) \$
Current monthly taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)	(49) \$
Secured debts/Other (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed student loan) List debt(s)	(50) \$
Enter the amount of your monthly delinquent state and/or local tax payment(s) . Total tax owed	(51) \$
Round to the nearest whole dollar.  Do not enter a negative number. If any line item is a negative, enter "0" on that line.  Add lines (39) through (51) and enter the amount in Box E =	Box E Total Household Expenses \$
Round to the nearest whole dollar.  Do not enter a negative number. If any line item is a negative, enter "0" on that line.  Subtract Box E from Box D and enter the amount in Box F =	Box F Remaining Monthly Income \$

## Section 8

Enter the total from Box F

#### **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.

Note: The multipliers below (12 and 24) and the calculated offer amount (which included the amount(s) allowed for vehicles and bank accounts) do not apply if the IRS determines you have the ability to pay your tax debt in full within the legal period to collect.

Round to the nearest whole dollar.

**Box G Future Remaining Income** 

If you will pay your offer in 5 or fewer payments within 5 months or less,	, multiply "Remaining Monthly	Income" (Box F) b	by 12 to get "Fut	ure Remaining
ncome" (Box G). Do not enter a number less than \$0.				

\$				X 12	=		\$						
If you will pay your offer it a number less than \$0.	n 6 to 24 month	s, multiply	/ "Rema	ining M	onthly Income	e" (Box F)	by 24 t	to get "Future Rer	naining Incon	ne" (E	3ox H).	Do n	ot enter
Enter the total from Box F			1			E	Box H Future R	emaining I	ncor	ne			
\$					X 24	=		\$					
Determine your minimum	offer amount b	y adding t	he total	<b>-</b> availab	le assets fron	n Box A an	nd Box	B (if applicable) to	the amount	in eit	ther Box	(Go	r Box H.
plus Box B (if applicable)				or Box H			Your offe	Amount er must be m e blank. Use			•	,	
\$	ha Offan Am	+ 	\$	- h	d 4			= \$	la:n an 4h a		CE		
If you cannot pay t Compromise, Sect \$0.													
Section 9				C	Other Infor	mation							
Additional information you are not eligible to a			settleme	ent of y	our tax debt	. If you or	your l	ousiness are cur	rently in a ba	ankru	nptcy p	roce	eding,
Are you a party to or invo	lved in litigation	if yes, and	swer the	following	1)						Yes		No
Plaintiff	Location of fili	ng			Represented by					Doc	ket/Cas	e nu	mber
Defendant													
Amount of dispute	Possible comp	oletion dat	e (mmda	lyyyy)	Subject of li	tigation							
\$													
Have you filed bankrupto	y in the past 7 y	ears (if ye	s, answei	the follo	owing)						Yes		No
Date filed (mmddyyyy)	Date dism	issed (mmo	ddyyyy)	Date d	discharged (mm	nddyyyy)	Petiti	on no.	Location	filed			
In the past 10 years, have	e you lived outs	ide of the	U.S. for	6 mont	hs or longer (	if yes, answ	er the f	ollowing)	'		Yes		No
Dates lived abroad: From	(mmddyyyy)					To (mma	ddyyyy	)					
Are you or have you ever	been party to a	any litigation	on involv	ing the	IRS/United S	States (inclu	ıding ar	ny tax litigation)			Yes		No
If yes and the litigation included tax debt, provide the types of tax and periods involved													
Are you the beneficiary of a trust, estate, or life insurance policy (if yes, answer the following)									Yes		No		
Place where recorded EIN								EIN					
Name of the trust, estate, or policy  Anticipated amount to be received  When will the amount be received							eived						
Are you a trustee, fiduciary, or contributor of a trust									No				
Name of the trust EIN													
Do you have a safe depo	sit box (business	s or persona	al) (if yes,	answer	the following)				1		Yes		No
Location (name, address and box number(s))  Contents  Value													
										\$			
In the past 10 years, have you transferred any assets, including real property, for less than their full value (if yes, answer the following)													

To whom or where was it transferred

List asset(s)

Value at time of transfer

\$

Date transferred (mmddyyyy)

	r age c						
Section 9 (Continued) Other	er Information						
Do you have any assets or own any real property outside the U.S.	Yes No						
If yes, provide description, location, and value							
Do you have any funds being held in trust by a third party	Yes No						
If yes, how much \$ Where	Signatura						
	Signatures						
Under penalties of perjury, I declare that I have examined this offi is true, correct, and complete.	er, including accompanying documents, and to the best of my knowledge it						
Signature of Taxpayer	Date (mm/dd/yyyy)						
Signature of Spouse	Date (mm/dd/yyyy)						
Remember to include all applicable attachments listed bel	low.						
Copies of the most recent pay stub, earnings statement	, etc., from each employer.						
Copies of the most recent statement for each investment and retirement account.							
Copies of the most recent statement, etc., from all other sources of income such as pensions, Social Security, rental income, interest and dividends (including any received from a related partnership, corporation, LLC, LLP, etc.), court order for child support, alimony, royalties, and rent subsidies.							
Copies of individual bank statements for the three most recent months. If you operate a business, copies of the six most recent statements for each business bank 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 delinquent State/Local Tax Liability showing total delinquent state/local taxes and amount of monthly payments, if applicable.							
Documentation to support any special circumstances de	escribed in the "Explanation of Circumstances" on Form 656, if applicable.						
Attach a Form 2848, <i>Power of Attorney</i> , if you would like have a current form on file with the IRS.	Attach a Form 2848, <i>Power of Attorney</i> , 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.						
Completed and signed current Form 656	Completed and signed current Form 656.						