

Aggressive Strategies for Clients with Assets and Income

Presented by:

Salvatore P. Candela, EA, NTPI Fellow

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Salvatore P. Candela, EA, ATA, ABA



Salvatore P. Candela, EA has been preparing taxes since 1986, passed the EA exam in 1997, became an Enrolled Agent in 1998, and a Fellow of NTPI (National Tax Practice Institute) in 2000, and has been a featured speaker around the country.

He is the owner and founder of The TaxAdvocate Group, LLC, which is focused on tax problem resolution and has offices in New York (Queens & Wall Street). His firm aggressively represents taxpayers before all administrative levels of the IRS, and is committed to helping taxpayers resolve their IRS problems – ***Once and For ALL!***

He has almost twenty years' experience in IRS collection proceedings, IRS audits and administrative appeals, and the use of bankruptcy to resolve IRS controversies.

He is a member of the National Association of Enrolled Agents (NAEA), the New York State Society of Enrolled Agents (NYSSEA), the National Society of Accountants (NSA), and the National Association of Tax Professionals (NATP).

He is co-author of the bestselling book "Breaking the Tax Code" and was quoted in a USA Today article about America's Leading Tax Professionals. He has provided tax expertise as a panelist on *Tax Talk Today*, and is an instructor at NTPI.

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Overview and Objectives

The purpose of this course is to show the experienced representative several techniques or planning strategies that help certain taxpayers qualify for a lower Offer in Compromise (OIC), Installment Agreement (IA), and/or Currently Not Collectible (CNC) status.

After this course, you should have an understanding of how proper planning can make a significant difference in the amount eventually paid to the IRS, and the current financial wellbeing of your client.

Overview of Taxpayer that MAY Qualify for Aggressive Planning

We need to define those clients that would qualify for some or all of the planning strategies that we will discuss.

We are looking at individuals whose Form 433 (CIS) shows:

- Too much equity and/or too much income to qualify for a Doubt as to Collectibility OIC, an IA, or qualify for CNC AND
- Really can't afford the amount of the OIC, or make the payments that the IRS wants on the IA based on the CIS.

The Collection Information Statement (CIS)

The CIS is the principal way the IRS gathers the necessary information to determine your client's ability to pay their tax liabilities. Simply stated, the CIS is your client's financial statement. The preparation of this document, more often than not, determines which way the Service will proceed with its collection activity. In those cases, the IRS will not give extended payment plans on unpaid tax liabilities unless the CIS has been submitted by your client.

- **Practice Note:** As with income tax returns, the CIS is signed under penalty of perjury. In the author's opinion, it is "best practice" to have the taxpayer initially complete the financial statement. By following this advice, the representative avoids the clients placing any blame on you for any errors and/or misstatements in the CIS. Although, you should carefully review the financial statement with your client – **the representative should never sign the CIS on the taxpayer's behalf, even if specifically authorized in writing to do so by the taxpayer.**

Dangers of Submitting a CIS

A quick examination of the CIS will indicate that most of the information requested is potentially harmful to your client. The first few pages of Form 433-A are almost entirely dedicated to gathering levy sources. In these pages, the IRS requires disclosure of real estate, employers, motor vehicles, bank accounts, pension plans, brokerage accounts, and all other assets of your client. The simple fact is that the CIS is a “roadmap” of your client’s assets, which can be levied and/or seized by the IRS to satisfy their outstanding tax liabilities, if another alternative remedy cannot be agreed upon.

- **Practice Note:** Although a CIS provides the CRS, ACS, and/or Revenue Officer with a complete “roadmap” of the taxpayer’s assets failing to provide one when requested may result in a levy of assets or a summons to bring in the information so that the IRS may complete a CIS. Consequently, refusing to provide a completed CIS should only be done after careful thought and consideration of the facts and the likely consequences and should not be done without discussion, and (written) consent and disclosure from the taxpayer.

If the taxpayer has made the mistake of calling ACS or speaking directly with the Revenue Officer, neither will tell the taxpayer at the beginning of the interview that the primary purpose of the CIS is to identify levy sources and assets for potential seizure, and/or levy, since this may cause the taxpayer to withhold useful information. The IRS will simply state that the purpose of the CIS is to determine their ability to pay.

- **While it is appropriate to be conservative in valuing assets, never allow your client to intentionally omit assets or misrepresent value.**
- **In the author’s opinion, you should address the possible need for complete financial disclosure in your engagement agreement so that in the event a resolution that is amicable for both the IRS and your client is not reached, and the IRS proceeds with enforced collections, you will have written proof that the matter was discussed and that your client was made aware of the possible consequences of completing a CIS.**

Form 433-A

Form 433-A (Collection Information Statement for Wage Earners and Self-Employed Individuals) provides the information needed to determine how an individual taxpayer can satisfy his tax liability.

Form 433-A is normally filed by individuals who:

- Owe income tax on Form 1040,
- May be liable for an IRC § 6672 penalty (better known as the trust fund recovery penalty),
- May be personally responsible for a partnership liability,
- Own a limited liability company, that is a disregarded entity, or
- Are self-employed or have self-employment income.

Generally, the IRS will normally demand immediate payment if your client indicates substantial equity on the balance sheet. Also, page 6 is a monthly income and expense analysis, therefore, the IRS will normally not grant an installment agreement for less than the difference between the income and “allowable expenses.” It is very likely that those “allowable expenses” will be less than the actual amount being paid by your client.

Form 433-B

Form 433-B (Collection Information Statement for Businesses) provides information needed to determine how a business taxpayer can satisfy his or its tax liability.

- **Practice Note:** Of special note is page 3, which requests that your client disclose each of its accounts receivable. In the author’s opinion, it is imprudent to disclose such information at the initial negotiation session because if disclosure is made and negotiations fail (as they sometimes do), the IRS might levy your client’s accounts receivable and (quite possibly – overnight) destroy his or her business. Therefore, in practice, the author accurately reflects the value of the clients’ accounts receivable, but not the individual accounts.

If the CIS show that the business has substantial net worth, the IRS will seldom grant a request for an extended installment agreement. Therefore, if that is the case, the author recommends to have your client borrow the money (if they can) as commercial loans are much less expensive than the IRS interest and penalties.

If the business is a partnership and the CIS reveals insufficient assets to satisfy the partnership's liability (e.g., employment taxes), the IRS will require a Form 433-A from each partner to analyze their collection potential.

If the business is a corporation (or a limited liability company), the IRS will secure only the Form 433-B unless assertion of the trust fund recovery penalty is appropriate.

- **Practice Note:** Page 6 is a cash flow statement, not a profit and loss statement. The IRS will not grant an installment agreement if your client indicates a large positive monthly cash flow. On the other hand, the service will also not grant an installment agreement to a company with a negative monthly cash flow. Therefore, a client with a small positive monthly cash flow has the best chance of securing an installment agreement to pay their tax liabilities.
- **Practice Note:** If your client's CIS reflects a negative cash flow, submitting a cash flow projection which establishes that your client has the potential to generate positive cash flow might be sufficient for you to negotiate a favorable installment agreement for your client.

Form 433-F

Form 433-F is a simplified version of the CIS and utilized by Customer Service Representatives (CSR) and ACS to gather financial data from individuals with smaller tax liabilities.

While the Form 433-F is not normally used by Revenue Officers (and most ROs will still ask for a Form 433-A) the IRM was expanded on Oct 2, 2012 to allow its use with ROs. See IRM 5.15.1.1 (11-17-2014), which states:

Revenue Officers may use Form 433-F:

- For Trust Fund Recovery Penalty (TFRP) investigations when the individual is a wage earner and the potential TFRP is less than \$100,000, and
- For self-employed and individual wage earners who owe for IMF liabilities only, with an aggregate balance of assessments less than \$250,000.

Again, the IRS will normally require your client(s) to enter into an installment agreement that equals his or her monthly income less the "allowable expenses" shown on the CIS.

- In the author's experience, the personnel assigned to negotiate installment agreements in CSR and ACS are NOT well trained in financial analysis, therefore, unreasonable payment demands are not uncommon. If you don't agree with the payment amount requested by a CSR or ACS employee, request to speak to his or her supervisor.
- Because of the limited disclosures, when negotiating a case over the telephone with \$50,000 or less of tax liability owed, it is best to use Form 433-F.

Form 433-A/B (OIC)

Form 433-A/B (OIC) is a specialized version of the CIS and is the most important document in a doubt-as-to-collectibility Offer-in-Compromise as is the taxpayer's financial statement. Form 433-A (OIC) (Collection Information Statement for Wage Earners and Self-Employed Individuals) is completed by taxpayers who are wage earners or self-employed, while Form 433-B (OIC) (Collection Information Statement for Businesses) is used when the taxpayer is a business.

Strategies for Reducing Assets

Available to IRS, Cash – Savings, Checking, Cash On-Hand

- Home repairs (needed and deferred repairs - not cosmetic)
- Home mortgage - if client is upside down on home, pay down principal
- Auto
 - down payment on new or leased vehicle
 - if upside down, pay down principle
- Needed household appliances
- Payment on TFRP penalties
- payment on credit cards (used for necessary living expenses i.e. food)
- documented family/friend loans
- Student Loans – Taxpayer(s)' ONLY (not dependents)
- IRS representation fees (IRM 5.15.1.10 (11-17-2014))

Available to IRS, Real Estate/Residence

As a reminder, the calculation used on the CIS is:

$$\text{Quick Sale Value (QSV)} = \text{FMV} \times 80\%$$

- Reduce FMV
 - Have taxpayer get valid certified appraisal (based on market comparables)
 - Next, have taxpayer get home inspection and a detailed list of all needed repairs and/or deferred maintenance
 - Finally, have taxpayer get contractor estimates for needed repairs
- Home Equity Loan
 - Reduces available equity
 - Borrow and apply cash strategies
- Mortgage exceeds Fair Market Value (FMV)
 - If applicable, use cash strategies

Available to IRS, Publicly-Traded Investments (brokerage accounts, mutual funds, stocks, bonds, etc.)

- If applicable, use cash strategies

Available to IRS, Closely Held Corporations

- Get to “zero” value
 - Reasonable Collection Potential (RCP) – IRS uses “Going concern value”
 - Arguments to decrease value of RCP
 - Marketability
 - Ownership percentage
 - Lack of Control
 - Corporate buyout
 - Corporate dilution
 - Stock seizure and tax sale
 - Bankruptcy

Available to IRS, Life Insurance

- Cash Value Life Insurance
 - Borrow cash value from policy and apply cash planning strategies
 - Surrender policy and apply cash planning strategies
 - If possible, convert to paid-up term insurance
- Other arguments to reduce the cash value
 - Consider taxpayer(s) insurability
 - Health, age, etc.

Available to IRS, IRA

- Rollover
 - To a company plan that precludes withdrawals
 - If possible, start a new company, establish a pension plan, and roll IRA over into new pension plan
- Cash in
 - Pay current taxes (and penalty, if applicable)
 - If applicable, use cash strategies
- Credible threat of bankruptcy
 - offer only amount IRS would get if bankruptcy filed
- Bankruptcy

- if IRA is a protected asset under state bankruptcy laws

Available to IRS, 401k

- Take loan (NOT a withdrawal)
 - If applicable, use cash strategies
- Taxpayer is required to repay loan through payroll deduction (also reduces income)

Available to IRS, Other Assets

- Interest of non-liable spouse
- Business Assets of Pass-Through Entity
 - Expenses are NOT capped like personal expenses (i.e. home mortgage)

Strategies for Reducing Income

Income Reduction, Wages

- If applicable:
 - Have taxpayer and/or spouse go part-time
 - Have taxpayer and/or spouse cease overtime
 - Have taxpayer and/or spouse quit working
 - Have taxpayer and/or spouse change jobs
 - Have taxpayer and/or spouse retire
- Salary/wage deduction for 401k loan repayment
- Union Dues and Assessments

Income Reduction, Business Income

- Reduce gross income and/or increased business expenses
 - Be creative
 - Work less
 - Spend more (ordinary and reasonable expenses)
 - New Employee(s) (Make-Up for owner working less)
 - Lease new equipment
 - More advertising
 - New tools

- Income from Schedule C
 - be sure to change profit and loss statement into a cash flow statement
 - i.e. full payments for loans (interest and principal)
 - Be sure to add back depreciation and amortization
 - Be sure to disclose on supporting statement attached to OIC

Income Reduction, Passive Income

- *Interest*
 - Should be negligible
 - if not, see cash strategies
- *Dividends*
 - Should be negligible
 - if not, see cash strategies
- *Rental Properties*
 - Like business income
 - Use cash flow approach i.e. deduct mortgage payment

Income Reduction, Court Ordered

- *Alimony*
 - only include amounts actually received by your client regardless of the amount ordered by the court or stated in the separation and/or divorce decree
- *Child-Support*
 - same as above
 - have any extra “expenses” paid directly by ex-spouse

Maximize Allowable Expenses

The key to winning the argument for allowing your client increased amounts for “allowable expenses” lies in the IRM which states, “National and local expense standards are guidelines. If it is determined a standard amount is inadequate to provide for a specific taxpayer’s basic living expenses, allow a deviation. Require the taxpayer to provide reasonable substantiation and document the case file.” See IRM 5.15.1.7

Maximize Allowable Expenses, Housing

- If your client's “allowable expense” for housing is below the housing standard then consider a home equity loan and/or second mortgage to make full use of the allowable amount.
 - If any cash is taken out of the equity, use cash strategies
- if your client is beyond the housing standard then
 - medical expenses
 - handicap equipped
 - related to earning income (Home Office)

Maximize Allowable Expenses, Transportation

- use full transportation allowance
 - trade “up” if necessary
 - reminder, use cash strategies if client is upside down on car loan
 - be sure to use area, and MSA amounts were applicable
- if client is beyond the transportation standard, justify the additional expense
 - related to earning income
 - client(s) has a long daily commute
 - uses vehicle for work (i.e. salesperson)
 - parking and/or toll expenses
 - medical justification
 - distance traveled to see doctors
 - frequency of visits
- Luxury Car
 - May be occupationally appropriate (i.e. real estate salesperson, lawyer)
 - Consider early surrender charges and/or fees on a leased vehicle

Maximize Allowable Expenses, Healthcare

- Insurance - medical and dental
 - upgrade coverage to increase premium
 - lower co-pay
 - supplemental coverage (AFLAC)
- Payment arrangements with doctors

Maximize Allowable Expenses, Taxes

- Employee taxes
 - adjust withholding to account for current taxes and, if needed, catch up withholding
- Self-employment taxes
 - Adjust (or start) estimated tax payments
 - account for current and, if needed, catch up estimated taxes

Maximize Allowable Expenses, Court Ordered Payments

- Alimony and/or child support payments
 - can be modified to reflect the actual higher payments being made “over and beyond” the current decree

Maximize Allowable Expenses, Child and Dependent care

- Get creative
 - Babysitting/daycare
 - Pay grandparents (no self-employment tax)
 - Nursery school
 - Preschool
 - Adult dependent care

Maximize Allowable Expenses, Other Expenses

- Representation Fees
 - Maintenance contract during duration of five-year “tax probation”
 - Midyear reviews
 - For justification, see IRM 5.15.1.10 (11-17-2014)

- Union Dues and Assessments
 - Production of income
- Employee Deductions
 - Statutory/Production of income
- Other work related expenses for production of income
 - Tool purchases (Snap-on)
 - Uniform deductions
 - Licenses and professional dues
 - employer and/or professional required education

Maximize Allowable Expenses, Miscellaneous Considerations

- Analyze for seasonal fluctuations
- Consider statute of limitations
- What would IRS collect in bankruptcy filing?

Appendixes

Appendix A – Response to Use More than the National Standards



the
Tax Advocate
group

Tax Preparation & Representation • Accounting • Payroll

75-16 Metropolitan Ave • Middle Village, NY 11379
110 Wall Street, 11th Floor • New York, NY 10005
Toll Free 877.TAX.1040 • Fax 718.894.4476
info@thetaxadvocategroup.com
www.thetaxadvocategroup.com

VIA CERTIFIED MAIL –
RETURN RECEIPT REQUESTED

January 21, 2014

Internal Revenue Service
ACS Support
PO Box 8208
Philadelphia, PA 19101-8208

Re: Taxpayer(s): [REDACTED]
Taxpayer SSN(s): [REDACTED]
Tax Period(s): 2008 & 2009

Dear Sir or Madam:

The above-referenced taxpayers are in receipt of the collection due process notice of intent to levy dated June 20, 2013 for tax years 2008 and 2009. The taxpayers have retained our firm to represent them in this matter. We have attached copies of the power of attorneys that we have on file for this matter. See Exhibit A, Forms 2848.

We respectfully request that the taxpayers' tax account for these years be placed in currently non-collectible status. We have enclosed Form 433-F, Collection Information Statement, and its' substantiating documentation.

Per IRM 5.15.1.7 (10-02-2012), item 5, "National and local expense standards are guidelines. If it is determined a standard amount is inadequate to provide for a specific taxpayer's basic living expenses, allow a deviation. Require the taxpayer to provide reasonable substantiation and document the case file."

On Form 433-F, we respectfully request a deviation from the standard amounts allowable for automobile expenses and housing expenses. Specifically:

1. The taxpayer travels approximately 90 miles round trip from his home to work every day. This amounts to approximately 1,935 miles traveled each month. Also, tolls that the taxpayer must pay for his commute are \$6.00 per day or a minimum of \$129.00 per month. Given his particular situation, the standard amount is inadequate to provide for his necessary expense for the production of income. See Exhibit I, Automobile Expenses.
2. The taxpayer's basic living expenses for housing in Staten Island, NY are much greater than the local standard. The taxpayer monthly mortgage payment is \$2,699.00 (see exhibit D); the monthly "Local Standard for Housing and Utilities" is \$2,742.00, leave the taxpayer only \$43.00 for utilities. We would argue that the local standard does not accurately reflect the true costs of the taxpayer's basic living expenses, and therefore a deviation from the standard is most appropriate under these circumstances.

We respectfully request that, at your earliest convenience, you contact our office to discuss this matter in greater detail.

Sincerely,

Salvatore P. Candela, EA, RFC, ABA, ATA
The TaxAdvocate Group, LLC
cts

cc: [REDACTED] (NO ATTACHMENTS)

Collection Information Statement

Full Name(s) and Address <div style="background-color: black; height: 20px; width: 100%;"></div>	Your Social Security Number or Individual Taxpayer Identification Number <div style="background-color: black; height: 20px; width: 100%;"></div>								
If address provided above is different than last return filed, please check here <input type="checkbox"/>	Your Spouse's Social Security Number or Individual Taxpayer Identification Number <div style="background-color: black; height: 20px; width: 100%;"></div>								
County of Residence Richmond County	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Your Telephone Numbers</th> <th style="text-align: left;">Spouse's Telephone Numbers</th> </tr> <tr> <td>Home: _____ (POA)</td> <td>Home: _____</td> </tr> <tr> <td>Work: _____</td> <td>Work: _____</td> </tr> <tr> <td>Cell: _____</td> <td>Cell: _____</td> </tr> </table>	Your Telephone Numbers	Spouse's Telephone Numbers	Home: _____ (POA)	Home: _____	Work: _____	Work: _____	Cell: _____	Cell: _____
Your Telephone Numbers	Spouse's Telephone Numbers								
Home: _____ (POA)	Home: _____								
Work: _____	Work: _____								
Cell: _____	Cell: _____								

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse. Under 65 3 65 and over _____

If you or your spouse are self employed or have self employment income, provide the following information:

Name of Business	Business EIN	Type of Business	Number of Employees (not counting owner)
------------------	--------------	------------------	--

A. ACCOUNTS / LINES OF CREDIT: Include checking, online, mobile (e.g., PayPal) and savings accounts, Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds and other investments. If applicable, include business accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance / Value	Check if Business Account
TD Bank,		Checking Account	10.00	<input type="checkbox"/>
TD Bank,		Savings Accounts		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

B. REAL ESTATE: Include home, vacation property, timeshares, vacant land and other real estate. (Use additional sheets if necessary.)

Description/Location/County	Monthly Payment(s)	Financing	Current Value	Balance Owed	Equity
Place, Staten Island NY 4031 <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Other	2,699.00	Year Purchased 2003	Purchase Price 520,000.00	500,000.00	433,117.00
		Year Refinanced 0	Refinance Amount		
		Year Purchased	Purchase Price		
		Year Refinanced	Refinance Amount		
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other					

C. OTHER ASSETS: include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of Life Insurance company in Description. If applicable, include business assets such as tools, equipment, inventory, etc. (Use additional sheets if necessary.)

Description	Monthly Payment	Year Purchased	Final Payment (mo/yr)	Current Value	Balance Owed	Equity
2010 Honda	600.00	2010	01 / 2015	20,000.00	5,000.00	15,000.00
2006 Chevy		2006	/	3,000.00		3,000.00
			/			
			/			
			/			
			/			

NOTES (For IRS Use Only)

TURN PAGE TO CONTINUE

D. CREDIT CARDS (Visa, MasterCard, American Express, Department Stores, etc.)

Type	Credit Limit	Balance Owed	Minimum Monthly Payment
Other: Credit One Bank	1,100.00	704.00	69.00

E. BUSINESS INFORMATION Complete E1 for Accounts Receivable owed to you or your business. (Use additional sheets if necessary.) Complete E2 if you or your business accepts credit card payments.

E1. Accounts Receivable owed to you or your business

Name	Address	Amount Owed
List total amount owed from additional sheets		
Total amount of accounts receivable available to pay to IRS now		0.00

E2. Name of individual or business on account

Credit Card (Visa, MasterCard, etc.)	Issuing Bank Name and Address	Merchant Account Number

F. WAGE INFORMATION If you have more than one employer, include the information on another sheet of paper.

(If attaching a copy of current pay stub, you do not need to complete this section.)

Your current Employer (name and address)

Spouse's current Employer (name and address)

How often are you paid? (Check one)

☒ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly

Gross per pay period \$ 2,418

Taxes per pay period (Fed) \$ 412 (State) \$ 104 (Local) \$ 63

How long at current employer 20 years

How often are you paid? (Check one)

☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly

Gross per pay period

Taxes per pay period (Fed) 0 (State) (Local)

How long at current employer

G. NON-WAGE HOUSEHOLD INCOME List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes and attach a copy of your current year profit and loss statement.

Alimony Income:		Net Rental Income:	800.00	Interest/Dividends Income:	
Child Support Income:		Unemployment Income:		Social Security Income:	
Net Self Employment Income:		Pension Income:		Other:	

H. MONTHLY NECESSARY LIVING EXPENSES List monthly amounts. (For expenses paid other than monthly, see instructions.)

1. Food / Personal Care See instructions. If you do not spend more than the standard allowable amount for your family size, fill in the Total amount only.		3. Housing & Utilities		5. Other	
Food	645.00	Rent		Child / Dependent Care	
Housekeeping Supplies	65.00	Electric, Oil/Gas, Water/Trash	750.00	Estimated Tax Payments	
Clothing and Clothing Services	209.00	Telephone/Cell/Cable/Internet	513.00	Term Life Insurance	31.00
Personal Care Products & Services	64.00	Real Estate Taxes and Insurance (if not included in B above)		Retirement (Employer Required)	
Miscellaneous	251.00	Maintenance and Repairs		Retirement (Voluntary)	
Total	1,234.00	Total	1,263.00	Union Dues	815.00
2. Transportation		4. Medical		Delinquent State & Local Taxes (minimum payment)	
Gas/Insurance/Licenses/Parking/Maintenance etc.	915.00	Health Insurance	424.00	Student Loans (minimum payment)	402.00
Public Transportation		Out of Pocket Health Care Expenses	180.00	Court Ordered Child Support	
				Court Ordered Alimony	
				Other Court Ordered Payments	
				Other (specify) Tax Rep	250.00
				Other (specify)	
				Other (specify)	

Under penalty of perjury, I declare to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Your Signature

Spouse

Date

1-19-14

Form 433-F

**Supplementary Schedule
to Form 433-F
Collection Information Statement**

12. (Vehicle Operating Costs) Explain why you changed the default for this Resolution Purpose.
TP has a 90 mile RT from home to work every day. Approx 1900 miles per month. Tolls are
\$6.00 per day

Appendix B – CNC Acceptance Letter



Department of the Treasury
Internal Revenue Service
2970 Market St
Philadelphia PA 19104

In reply refer to: 0474067223
Dec. 11, 2014 LTR 4624C 13
200812 30 1
Input Op: 0474067223 00034924
BODC: SB



% SALVATORE P CANDELA
7516 METROPOLITAN AVE
MIDDLE VILLAGE NY 11379-2639

005797

Social security number: [REDACTED]
Forms: 1040
Tax Periods: Dec. 31, 2008 Dec. 31, 2009 Dec. 31, 2010

Dear Taxpayer:

This letter responds to your call on Dec. 01, 2014, about the unpaid balance for the tax periods listed above.

Case Closed - Currently Not Collectable

We determined that you can't pay the money you owe at this time. We temporarily closed your collection case for the tax periods listed above.

However, you still owe \$53,939.33 to the IRS for the tax periods listed above. This amount includes penalty and interest calculated to Dec. 02, 2014. You will receive annual reminder notices, and we will continue to charge penalties and interest until you pay the amount you owe in full. In addition, we'll apply your future federal or state refunds to the amount you owe.

We will file a Notice of Federal Tax Lien to protect the government's interest.

Because you still owe money, we may re-open your case and resume collection activities in the future if your financial situation improves.

When you don't pay your taxes by the due date, we charge a penalty of 0.5% of the unpaid amount due per month, up to 25% of the amount due. The penalty increases to 1.0% for each month the tax remains unpaid, beginning 10 days after we issue a Notice of Intent to Levy (or seize your assets). We count part of a month as a full month. (Internal Revenue Code (IRC) Section 6651).

For more information on penalties and interest, you can review Notice 746, Information About Your Notice, Penalty, and Interest. You can get Notice 746 by calling 1-800-TAX-FORM (1-800-829-3676) or

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MIDDLE VILLAGE NY 11379-2639

visiting our website at www.irs.gov/formspubs.

We are required by law to charge interest when you do not pay your liability on time. Generally, we calculate interest from the due date of your return (regardless of extensions) until you pay the amount you owe in full, including accrued interest and any penalty charges. Interest on some penalties accrues from the date we notify you of the penalty until it is paid in full. Interest on other penalties, such as failure to file a tax return, starts from the due date or extended due date of the return. Interest rates are variable and may change quarterly. (IRC Section 6601).

You don't need to take any action at this time. However, you must file all future tax returns and pay any amounts you owe on time. You can also minimize additional penalties and interest by making voluntary payments towards the amount you owe.

Because of your inability to pay your tax debt, you may be a candidate for our Offer in Compromise (OIC) program. If you meet the eligibility requirements, you can pay off your tax debt for less than the full amount you owe. An approved OIC will also release any Notice of Federal Tax Liens filed in your name after you meet the OIC's conditions. Visit www.irs.gov and search for keyword "offer in compromise" for more information on this program.

If you want to make voluntary payments, you have some payment options.

Pay in person

You can pay at a local IRS office by personal check, cashier's check, certified check, or money order. When you pay in person, be sure to bring a copy of this letter with you. Some offices also accept cash (but they cannot provide change). Check at www.irs.gov/localcontacts to find the services available at each site and the hours of operation.

When you make a voluntary payment, make your check or money order payable to the United States Treasury. Include on each payment your:

- Name
- Address
- Social security or employer identification number
- Tax year
- Tax form number
- Daytime telephone number

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Pay electronically:

Visit www.irs.gov/e-pay for information on paying your taxes electronically. If you don't have access to the internet, call EFTPS Customer Service at 1-800-316-6541 (individual) or 1-800-555-4477 (business).

When you pay with a credit or debit card, fees will vary by provider.

If you have questions, call us at 1-800-829-1040. For general information, you can also visit our website at www.irs.gov.

If you are out of the country and need assistance, call us at 1-267-941-1000 (not toll-free).

If you prefer, you can write to us at the address at the top of this letter. When you write, include a copy of this letter and provide in the spaces below, your telephone number and the hours we can reach you.

Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Sincerely yours,

Brenda Dial
Director Examination, Ogden

Enclosure(s):
Envelope

Appendix C – Form 433-A (OIC) without New Car Lease

Does Not Include Assets of Non-Liable Spouse, [REDACTED] - Except Joint Assets If and When Indicated

Form 433-A (OIC) (Rev. January 2015)	Department of the Treasury — Internal Revenue Service Collection Information Statement for Wage Earners and Self-Employed Individuals
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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)

Wage earners Complete Sections 1, 2, 3, 7, 8, 9 and the signature line in Section 10.
Self-employed individuals Complete Sections 4, 5, 6, in addition to Sections 1, 2 (if applicable), 3, 7, 8, 9 and the signature line in Section 10.
Note: Include attachments if additional space is needed to respond completely to any question.

Section 1 Personal and Household Information

Last Name [REDACTED]	First Name [REDACTED]	Date of Birth (mm/dd/yyyy) 07/29/1964	Social Security Number [REDACTED]
Marital status <input type="checkbox"/> Unmarried <input checked="" type="checkbox"/> Married	Home Address (Street, City, State, ZIP Code) [REDACTED]	Do you: <input type="checkbox"/> Own your home <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Other (specify e.g., share rent, live with relative, etc.)	
County of Residence Richmond County	Primary Phone (718) 894 - 5954 (POA)	Mailing Address (if different from above or Post Office Box number)	
Secondary Phone () -	Fax Number () -		

Provide information about your spouse.

Spouse's Last Name [REDACTED]	Spouse's First Name [REDACTED]	Date of Birth (mm/dd/yyyy) 07/16/1975	Social Security Number [REDACTED]
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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 Employment Information for Wage Earners

If you or your spouse have self-employment income (that is you file a Schedule C, E, F, etc.) instead of, or in addition to wage income, you must complete Business Information in Sections 4, 5, and 6.

Your Employer's Name [REDACTED]	Employer's Address (street, city, state, zip code) [REDACTED]
Do you have an interest in this business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, check the business interest that applies: <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Sole proprietor
Your Occupation Customer Service	
How long with this employer 1 (years) (months)	
Spouse's Employer's Name [REDACTED]	Employer's Address (street, city, state, zip code) [REDACTED]
Does your spouse have an interest in this business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, check the business interest that applies: <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Sole proprietor
Spouse's Occupation CT Scan Technician	
How long with this employer 10 (years) (months)	

Catalog Number 55896Q www.irs.gov Form 433-A (OIC) (Rev. 1-2015)

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 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).

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)

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	
See Supplementary Schedule		(1a) \$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(1b) \$
Total of bank accounts from attachment		(1c) \$ 904
Add lines (1a) through (1c) less (\$1,000) =		(1) \$ 0 Adjusted
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) \$ 2,162
Add lines (3a) through (3c) =		(3) \$ 2,162
See Supplementary Schedule		
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 Loan Balance(s)	
\$ _____	- \$ _____	= (4b) \$
Add lines (4a) through (4b) =		(4) \$

Section 3 (Continued)**Personal Asset Information****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	Date of Final Payment	
How title is held (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	Date of Final Payment	
How title is held (joint tenancy, etc.)	Description of Property	
Current Market Value	Less Loan Balance (Mortgages, etc.)	
\$ X .8 = \$ - \$	(Total Value of Real Estate) =	(5b) \$
Total value of property(s) from attachment [current market value X .8 less any loan balance(s)]		(5c) \$
Add lines (5a) through (5c) =		(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	Name of Creditor	Date of Final Payment	Monthly Lease/Loan Amount	
<input type="checkbox"/> Loan			\$	
Current Market Value	Less Loan Balance (Mortgages, etc.)	Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =		
\$ X .8 = \$ - \$				(6a) \$
If line (6a) less line (6b) is a negative number, enter "0".				(6b) \$
Vehicle Make & Model	Year	Date Purchased	Mileage	
<input type="checkbox"/> Lease	Name of Creditor	Date of Final Payment	Monthly Lease/Loan Amount	
<input type="checkbox"/> Loan			\$	
Current Market Value	Less Loan Balance (Mortgages, etc.)	Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =		
\$ X .8 = \$ - \$				(6c) \$
If you are filing a joint offer, subtract \$3,450 from line (6c). If line (6c) less line (6d) is a negative number, enter "0".				(6d) \$
Total value of vehicles listed from attachment [current market value X .8 less any loan balance(s)]				(6e) \$
Total lines (6a) through (6e) =				(6) \$ 0

Section 3 (Continued) Personal Asset Information

Other valuable items (artwork, collections, jewelry, items of value in safe deposit boxes, interest in a company or business that is not publicly traded, 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) \$
Do not include amount on the lines with a letter beside the number. 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 (1) through (7) and enter the amount in Box A =		

NOTE: If you or your spouse are self-employed, Sections 4, 5, and 6 must be completed before continuing with Sections 7 and 8.

Section 4 Self-Employed Information

If you or your spouse are self-employed (e.g., files Schedule(s) C, E, F, etc.), complete this section.

Is your business a sole proprietorship? <input checked="" 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 Absolute Auto Glass
Description of Business Auto Glass	Total Number of Employees 0	Frequency of Tax Deposits Not Applicable	Average Gross Monthly Payroll \$ 0
Do you or your spouse have any other business interests? Include any interest in an LLC, LLP, corporation, partnership, etc. <input type="checkbox"/> Yes (Percentage of ownership:) Title: <input checked="" type="checkbox"/> No		Business Address (Street, City, State, ZIP code)	
Business Name		Business Telephone Number () -	Employer Identification Number
Type of business (Select one) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other			

Section 5 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.

Round to the nearest whole 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/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(8a) \$
<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market/CD <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) =		(8) \$

Section 5 (Continued) Business Asset Information (for Self-Employed)

Description of asset:

Current Market Value	Less Loan Balance	(if leased or used in the production of income, enter 0 as the total value)	=	(9a) \$
\$ X .8 = \$	- \$			
Description of asset:				
Current Market Value	Less Loan Balance	(if leased or used in the production of income, enter 0 as the total value)	=	(9b) \$
\$ X .8 = \$	- \$			
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) \$ [4,540]
Enter the value of line (9) minus line (10). If less than zero enter zero. =				(11) \$ 0

Notes Receivable

Do you have notes receivable? ☐ Yes ☒ No

If yes, attach current listing which includes name 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? ☐ Yes ☒ 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. 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 (8) and (11) and enter the amount in Box B =

Section 6 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 17 and your monthly expenses on line 29 below. Do not complete lines (12) - (16) and (18) - (28). 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.

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

Business Income (You may average 6-12 months income/receipts to determine your Gross monthly income/receipts.)		
Gross receipts	(12) \$	1,125
Gross rental income	(13) \$	0
Interest income	(14) \$	0
Dividends	(15) \$	0
Other income	(16) \$	0
Add lines (12) through (16) =		(17) \$ 1,125
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)	(18) \$	339
Inventory purchased (e.g., goods bought for resale)	(19) \$	0
Gross wages and salaries	(20) \$	0
Rent	(21) \$	0
Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	(22) \$	0
Utilities/telephones	(23) \$	234
Vehicle costs (gas, oil, repairs, maintenance)	(24) \$	613
Business insurance	(25) \$	123
Current Business Taxes (e.g., Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	(26) \$	0
Other secured debts (not credit cards)	(27) \$	0
Other business expenses (include a list)	(28) \$	217
Add lines (18) through (28) =		(29) \$ 1,526
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 line (29) from line (17) and enter the amount in Box C =		Box C: Net Business Income 0

Section 7 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

Round to the nearest whole dollar.

Primary taxpayer					
Wages	Social Security	Pension(s)	Other Income (e.g. unemployment)	Total primary taxpayer income =	(30) \$
\$ 3,440	+ \$ 0	+ \$ 0	+ \$ 0		3,440
Spouse					
Wages	Social Security	Pension(s)	Other Income (e.g. unemployment)	Total spouse income =	(31) \$
\$	+ \$ 0	+ \$ 0	+ \$		0
Additional sources of income used to support the household, e.g., non-lie spouse, or anyone else who may contribute to the household income, etc.					(32) \$
Interest and dividends					(33) \$
Distributions (e.g., income from partnerships, sub-S Corporations, etc.)					(34) \$
Net rental income					(35) \$
Net business income from Box C					(36) \$
Child support received					(37) \$
Alimony received					(38) \$
<p>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 =</p>					Box D Monthly Household Income 3,440

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 www.irs.gov.

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) \$	494
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) \$	583
Vehicle loan and/or lease payment(s)	(41) \$	0
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) \$	0
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) \$	185
Health insurance premiums	(44) \$	0
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) \$	54
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)	(46) \$	0
Child/dependent care payments (e.g., daycare, etc.)	(47) \$	0
Life insurance premiums	(48) \$	0
Current taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)	(49) \$	793

Section 7 Monthly Household Income and Expense Information (Continued)

Other secured debts (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed Student Loan)	(50) \$	350
Delinquent State and Local Taxes	(51) \$	0
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 \$ 32,459
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 \$ 981

Section 8 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.

Round to the nearest whole dollar.

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

Enter the total from Box F \$ 981	X 12 =	Box G Future Remaining Income \$ 11,772
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If you will pay your offer in more than 5 months, multiply "Remaining Monthly Income" (Box F) by 24 to get "Future Remaining Income" (Box H). Do not enter a number less than \$0.

Enter the total from Box F \$ 981	X 24 =	Box H Future Remaining Income \$ 23,544
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Determine your minimum offer amount by adding the total available assets from Box A and Box B (if applicable) to the amount in either Box G or Box H.

Enter the amount from Box A plus Box B (if applicable) \$ 2,162	+	Enter the amount from either Box G or Box H \$ 11,772	=	Offer Amount Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only. \$ 13,934
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If you cannot pay the Offer Amount shown above due to special circumstances, explain on the Form 656, Offer in Compromise, Section 3. You must offer an amount more than \$0.

Section 9 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?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are you currently in bankruptcy?	Have you filed bankruptcy in the past 10 years?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Discharge/Dismissal Date (mm/dd/yyyy)	Location Filed
Are you or have you been party to a lawsuit?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, date the lawsuit was resolved: (mm/dd/yyyy)	
In the past 10 years, have you transferred any assets for less than their full value?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have any funds being held in trust by a third party?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much \$
Where:	

Section 10**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 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, and rent subsidies
- ☐ Copies of bank statements for the three most recent months
- ☐ 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 "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.

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Personal Bank Accounts. Include all checking, online bank accounts, money market accounts, savings accounts, stored value cards (e.g., payroll cards, government benefit cards, etc.) List safe deposit boxes including location and contents.

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name Northfield Bank	Account Number <div style="background-color: black; width: 100px; height: 15px;"></div>	Reps. 50% ownership (1a) \$ 150
<input checked="" 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 JPMorgan Chase Bank	Account Number <div style="background-color: black; width: 100px; height: 15px;"></div>	Reps. 100% ownership (1b) \$ 754
Total		(1) \$ 904

Funds listed on bank accounts are used to pay for monthly allowable living expenses

Adjusted Value of Bank Accounts: **\$0**

Adjusted Value of Bank Accounts = Total Value of all Bank Accounts (\$904) - Total Amount of Monthly Living Expenses(\$2,459) - \$1,000

Form 433-A(OIC)

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**


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 the individual is an officer, director, owner, member, or otherwise has a financial interest.

3a

Full Name & Address (Street, City, State, ZIP code) of Company MetLife PO Box 10366 Des Moines, IA 50306 Phone	Gross Value \$ 3,605	Surrender / Liquidation charges	Cost Basis	Combined Federal and State Tax Rate (%) 30 %	Federal and State Tax = Gain x Combined Federal & State Tax Rate \$ 1,082	Is this Qualified Plan? Yes
	Percent owned (%) 100 %	Net Value = Adjusted Gross Value - Surrender / Liquidation charges \$ 3,605	Gain = Net Value-Cost Basis \$ 3,605			
Type of Investment or Financial Interest SEP	Adjusted Gross Value = Gross Value x (%) Percent owned \$ 3,605	Additional Tax Rate on Qualified Plans < 59 1/2 age (%) 10 %	Additional Tax on Qualified Plans < 59 1/2 age (\$) = Net Value x Additional Tax Rate \$ 361	Current Value = Adjusted Gross Value - (Federal & State Tax + Additional Tax on Qualified Plans) \$ 2,162	Loan Balance (if applicable) As of mmm/yyyy	Equity = Current Value Minus Loan \$ 2,162

Explain why you override the defaulted QSF

Current Market Value	Less Loan Balance		
\$ 2,162 X 0.7 = \$ 2,162	- \$	= (3a) \$	2,162
Total			(3) \$ 2,162


Form 433-A(OIC)

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Wages(Taxpayer)			
Employer	Gross Amount Per Pay Period	Pay Period	Gross Monthly Income
Key Material Handling Equipment	\$ 800	Weekly	\$ 3,440
Total			\$ 3,440

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Living Expenses.
Food, Clothing, and Misc.

Category	Actual Expense
FOOD	
Meals At Home	\$ 572
Subtotal	\$ 572
HOUSEKEEPING SUPPLIES	
Laundry Supplies	\$ 125
Subtotal	\$ 125
APPAREL & SERVICES	
Clothing	\$ 89
Laundry	\$ 280
Subtotal	\$ 369
PERSONAL CARE	
Haircuts	\$ 225
Subtotal	\$ 225
Total	\$ 1,291

Number of Persons to compute categories of Food, Clothing, Misc. and Housing and Utilities 2

Amount contributed by other Non-Liable Person and/or Non-Liable Spouse \$ 4,159

Shared Household Expenses:

- Food, Clothing, and Misc
- Housing and Utilities
- Out of Pocket Health Care

Liable Person(s) Monthly Income \$ 3,440

Expenses to be reported:

$$\frac{\$ 3,440}{\$ 3,440 + \$ 4,159} \times \$ 1,291 = \$ 584$$

*National/Local/Regional Standard Amount is prorated accordingly because other Non-Liable person(s) contribute(s) to this expense on a monthly basis.

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Living Expenses.

Housing and Utilities

Category

Actual Expense

Housing & Utilities	
Rent	\$ 925
Insurance	\$ 54
Gas	\$ 18
Electricity	\$ 92
Cell Phone	\$ 198
Total	\$ 1,287

Number of Persons to compute categories of Food, Clothing, Misc. and Housing and Utilities

2

Amount contributed by other Non-Liable Person and/or Non-Liable Spouse

\$ 4,159

Shared Household Expenses:

• Food, Clothing, and Misc

• Housing and Utilities

• Out of Pocket Health Care

Liable Person(s) Monthly Income

\$ 3,440

Expenses to be reported:

\$ 3,440

\$ 3,440 + \$ 4,159

x

\$ 1,287

=

\$

583

*National/Local/Regional Standard Amount is prorated accordingly because other Non-Liable person(s) contribute(s) to this expense on a monthly basis.

Form 433-A(OIC)

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Living Expenses.	
Public Transportation	
Category	Actual Expense
Public Transportation	
Total	\$ 0

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Living Expenses.

Out of Pocket Health Care Costs

Description	Amount
	\$ 40
Dentists	
Total	\$ 40

Number of Persons to compute categories of Food, Clothing, Misc. and Housing and Utilities 2
 Amount contributed by other Non-Liable Person and/or Non-Liable Spouse \$ 4,159

Shared Household Expenses:


- Food, Clothing, and Misc
- Housing and Utilities
- Out of Pocket Health Care

Liabe Person(s) Monthly Income \$ 3,440

Expenses to be reported:

$$\frac{\$ 3,440}{\$ 3,440 + \$ 4,159} \times \$ 40 = \$ 54$$

*National/Local/Regional Standard Amount is prorated accordingly because other Non-Liable person(s) contribute(s) to this expense on a monthly basis.


Form 433-A(OIC)

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**


Living Expenses.	
Taxes	
Category	Actual Expense
Federal	\$ 287
FICA	\$ 213
Medicare	\$ 50
State	\$ 150
Local	\$ 93
Total	\$ 793

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Living Expenses.


Other Secured Debts

Type of Secured Debt	Total	Monthly Payment
		\$ 0


Form 433-A(OIC)

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Living Expenses.	
Other Expenses	
Type of Other Expenses	Amount
Accounting & Legal Fees	\$ 350
Total	\$ 350


Form 433-A(OIC)

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Sole Proprietorship Monthly Business Expenses.

Utilities/Telephone

Category	Expenses for the Reporting Period from 01/01/2013 to 12/31/2013	Gross Monthly Expenses = Expenses for the Reporting Period / # months in the Reporting period
Electricity	\$ 1,140	\$ 95
Telephone	\$ 1,667	\$ 139
Total		\$ 234

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Sole Proprietorship Monthly Business Expenses.
Insurance

Category	Expenses for the Reporting Period from 01/01/2013 to 12/31/2013	Gross Monthly Expenses = Expenses for the Reporting Period / # months in the Reporting period
Liability	\$ 1,481	\$ 123
Total		\$ 123

Form 433-A(OIC)

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Sole Proprietorship Monthly Business Expenses.

Category	Expenses for the Reporting Period from 01/01/2013 to 12/31/2013	Gross Monthly Expenses = Expenses for the Reporting Period / # months in the Reporting period
Meals / Entertainment	\$ 576	\$ 48
Accounting	\$ 850	\$ 71
Bank charges	\$ 216	\$ 18
Office Expense	\$ 201	\$ 17
Other (specify) Internet & Cable	\$ 720	\$ 60
Registration Fees	\$ 40	\$ 3
Total		\$ 217

Appendix D – Form 433-A (OIC) without New Car Lease

Does Not Include Assets of Non-Liable Spouse, [REDACTED] Except Joint Assets If and When Indicated

Form **433-A (OIC)**
(Rev. January 2014)

Department of the Treasury — Internal Revenue Service
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, 2, 3, 7, 8, 9 and the signature line in Section 10.
Self-employed individuals Complete Sections 4, 5, 6, in addition to Sections 1, 2 (if applicable), 3, 7, 8, 9 and the signature line in Section 10.
Note: Include attachments if additional space is needed to respond completely to any question.

Section 1 Personal and Household Information

Last Name [REDACTED]		First Name [REDACTED]		Date of Birth (mm/dd/yyyy) 07/29/1964	Social Security Number [REDACTED]
Marital status <input type="checkbox"/> Unmarried <input checked="" type="checkbox"/> Married	Home Address (Street, City, State, ZIP Code) [REDACTED]			Do you: <input type="checkbox"/> Own your home <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Other (specify e.g., share rent, live with relative, etc.)	
County of Residence Richmond County		Primary Phone (718) 894 - 5954 (POA)		Mailing Address (if different from above or Post Office Box number)	
Secondary Phone () -		Fax Number () -			

Provide information about your spouse.

Spouse's Last Name [REDACTED]	Spouse's First Name [REDACTED]	Date of Birth (mm/dd/yyyy) 07/16/1975	Social Security Number [REDACTED]
----------------------------------	-----------------------------------	--	--------------------------------------

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 Employment Information for Wage Earners

If you or your spouse have self-employment income (that is you file a Schedule C, E, F, etc.) instead of, or in addition to wage income, you must complete Business Information in Sections 4, 5, and 6.

Your Employer's Name [REDACTED]		Employer's Address (street, city, state, zip code) [REDACTED]	
Do you have an interest in this business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Employer's Address (street, city, state, zip code) [REDACTED]	
Your Occupation Customer Service	How long with this employer 1 (years) (months)		
Spouse's Employer's Name [REDACTED]		Employer's Address (street, city, state, zip code) [REDACTED]	
Does your spouse have an interest in this business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Spouse's Occupation CT Scan Technician	How long with this employer 10 (years) (months)		

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).

Round to the nearest whole 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/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name See Supplementary Schedule	Account Number	(1a) \$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(1b) \$
Total of bank accounts from attachment		(1c) \$ 904
Do not enter a negative number. Add lines (1a) through (1c) less (\$1,000) =		(1) \$ 0 Adjusted
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) \$ 2,162
See Supplementary Schedule		
Add lines (3a) through (3c) =		(3) \$ 2,162
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 Loan Balance(s)	
\$ _____ - \$ _____ =		(4b) \$
Add lines (4a) through (4b) =		(4) \$

Section 3 (Continued)

Personal Asset Information

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	Date of Final Payment	
How title is held (joint tenancy, etc.)	Description of Property	
Current Market Value \$ _____ X .8 = \$ _____	Less Loan Balance (Mortgages, etc.) -- \$ _____ (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	Date of Final Payment	
How Title is Held (joint tenancy, etc.)	Description of Property	
Current Market Value \$ _____ X .8 = \$ _____	Less Loan Balance (Mortgages, etc.) -- \$ _____ (Total Value of Real Estate) =	
		(5b) \$
Total value of property(s) from attachment [current market value X .8 less any loan balance(s)]		(5c) \$
Add lines (5a) through (5c) =		(5) \$

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

Vehicle Make & Model Ford F-150	Year 2014	Date Purchased 08/22/2014	Mileage 10	
<input checked="" type="checkbox"/> Lease <input type="checkbox"/> Loan	Name of Creditor Ford Motor Credit Company	Date of Final Payment 07/22/2017	Monthly Lease/Loan Amount \$ 438	
Current Market Value \$ N/A X .8 = \$ _____	Less Loan Balance -- \$ N/A	Total value of vehicle (If the vehicle is leased, enter 0 as the total value) =		
		(6a) \$ 0		
Total value of vehicles listed from attachment [current market value X .8 less any loan balance(s)]		(6c) \$		
Vehicle Make & Model	Year	Date Purchased	Mileage	
<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Name of Creditor	Date of Final Payment	Monthly Lease/Loan Amount \$	
Current Market Value \$ _____ X .8 = \$ _____	Less Loan Balance -- \$ _____	Total value of vehicle (If the vehicle is leased, enter 0 as the total value) =		
		(6b) \$		
Total value of vehicles listed from attachment [current market value X .8 less any loan balance(s)]		(6c) \$		
Enter the allowance of \$3,450 or \$6,900, whichever is applicable. See Note below.				(6d) \$ 3,450
Add lines (6a) through (6d) =				(6) \$ 0

NOTE: If you are filing an individual offer, you may subtract \$3,450 from the value of 1 vehicle. If you are filing a joint offer, you may subtract an additional \$3,450 for a second vehicle for a total of \$6,900. Enter the amount on Line (6d). Do not enter a negative number.

Section 3 (Continued)**Personal Asset Information**

Other valuable items (artwork, collections, jewelry, items of value in safe deposit boxes, interest in a company or business that is not publicly traded, 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) \$

Do not include amount on the lines with a letter beside the number. Round to the nearest whole dollar.
Do not enter a negative number. If any line item is a negative, enter "0".
Add lines (1) through (7) and enter the amount in Box A =

NOTE: If you or your spouse are self-employed, Sections 4, 5, and 6 must be completed before continuing with Sections 7 and 8.

Section 4**Self-Employed Information**

If you or your spouse are self-employed (e.g., files Schedule(s) C, E, F, etc.), complete this section.

Is your business a sole proprietorship?

☒ Yes ☐ No

Address of Business (if other than personal residence)

Name of Business

Business Telephone Number

Employer Identification Number

Business Website

Trade Name or dba
**Absolute Auto
Glass**

Description of Business

Total Number of Employees

Frequency of Tax Deposits

Average Gross Monthly Payroll \$

Auto Glass**0****Not Applicable****0**

Do you or your spouse have any other business interests? Include any interest in an LLC, LLP, corporation, partnership, etc.

☐ Yes (Percentage of ownership: _____) Title: _____☒ No

Business Address (Street, City, State, ZIP code)

Business Name

Business Telephone Number

Employer Identification Number

Type of business (Select one)

☐ Partnership ☐ LLC ☐ Corporation ☐ Other _____**Section 5****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.

Round to the nearest whole dollar.

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

☐ Cash ☒ Checking ☐ Savings ☐ Money Market ☐ Online Account ☐ Stored Value CardBank Name
JPMorgan Chase

Account Number

(8a) \$

☐ Cash ☐ Checking ☐ Savings ☐ Money Market ☐ Online Account ☐ Stored Value Card

Bank Name

Account Number

(8b) \$

Total value of bank accounts from attachment

(8c) \$

Add lines (8a) through (8c) =

(8) \$

Section 5 (Continued)**Business Asset Information (for Self-Employed)**

Description of asset:

Current Market Value	Less Loan Balance	(If leased or used in the production of income, enter 0 as the total value)	=	(9a) \$
\$ _____ X .8 = \$ _____	- \$ _____			
Description of asset:				
Current Market Value	Less Loan Balance	(If leased or used in the production of income, enter 0 as the total value)	=	(9b) \$
\$ _____ X .8 = \$ _____	- \$ _____			
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) \$ [4,470]				
Enter the value of line (9) minus line (10). If less than zero enter zero. =				
(11) \$ 0				

Notes Receivable

Do you have notes receivable?

☐ Yes ☒ No

If yes, attach current listing which includes name 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?

☐ Yes ☒ 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. Round to the nearest whole dollar.
Do not enter a negative number. If any line item is a negative, enter "0".
Add lines (8) and (11) and enter the amount in Box B =

Section 6**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 17 and your monthly expenses on line 29 below. Do not complete lines (12) - (16) and (18) - (28). 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.

Round to the nearest whole dollar.

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

Business Income (You may average 6-12 months income/receipts to determine your Gross monthly income/receipts.)	
Gross receipts	(12) \$ 1,125
Gross rental income	(13) \$ 0
Interest income	(14) \$ 0
Dividends	(15) \$ 0
Other income	(16) \$ 0
Add lines (12) through (16) = (17) \$ 1,125	
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)	(18) \$ 339
Inventory purchased (e.g., goods bought for resale)	(19) \$ 0
Gross wages and salaries	(20) \$ 0
Rent	(21) \$ 0
Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	(22) \$ 0
Utilities/telephones	(23) \$ 234
Vehicle costs (gas, oil, repairs, maintenance)	(24) \$ 613
Business Insurance	(25) \$ 123
Current Business Taxes (e.g., Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	(26) \$ 0
Other secured debts (not credit cards)	(27) \$ 0
Other business expenses (include a list)	(28) \$ 217
Add lines (18) through (28) = (29) \$ 1,526	
Round to the nearest whole dollar.	
Subtract line (29) from line (17) and enter the amount in Box C =	

Section 7 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

Round to the nearest whole dollar.

Primary taxpayer					
Wages	Social Security	Pension(s)	Other income (e.g. unemployment)	Total primary taxpayer income =	
\$ 3,440	+ \$ 0	+ \$ 0	+ \$		(30) \$ 3,440
Spouse/Other Income					
Wages	Social Security	Pension(s)	Other income (e.g. unemployment)	Total spouse income =	
\$	+ \$ 0	+ \$ 0	+ \$		(31) \$ 0
Interest and dividends					(32) \$
Distributions (e.g., income from partnerships, sub-S Corporations, etc.)					(33) \$
Net rental income					(34) \$
Net business income from Box C					(35) \$ 0
Child support received					(36) \$
Alimony received					(37) \$

Round to the nearest whole dollar.
Do not enter a negative number. If any line item is a negative, enter "0".
Add lines (30) through (37) and enter the amount in Box D =

Are there additional sources of income used to support the household, e.g. non-liable spouse, or anyone else who may contribute to the household income, etc.?

☒ Yes ☐ No

If yes, include the income on line 31 "Spouse/Other Income" above, as appropriate.

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 www.irs.gov.

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.	(38) \$	494
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).	(39) \$	583
Vehicle loan and/or lease payment(s)	(40) \$	438
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.	(41) \$	342
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.	(42) \$	0
Health insurance premiums	(43) \$	0
Out-of-pocket health care costs (e.g. average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)	(44) \$	54
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)	(45) \$	0
Child/dependent care payments (e.g., daycare, etc.)	(46) \$	0
Life insurance premiums	(47) \$	0
Current taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)	(48) \$	793

Section 7 Monthly Household Income and Expense Information (Continued)	
Other secured debts (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed Student Loan).	(49) \$ 350
Delinquent State and Local Taxes	(50) \$ 0
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0". Add lines (38) through (50) and enter the amount in Box E =	
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0". Subtract Box E from Box D and enter the amount in Box F =	

Section 8 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.	
Round to the nearest whole dollar. If you will pay your offer in 5 months or less, multiply "Remaining Monthly Income" (Box F) by 12 to get "Future Remaining Income" (Box G). Do not enter a number less than \$0.	
Enter the amount from Box F	X 12 = Enter the amount from Box G
If you will pay your offer in more than 5 months, multiply "Remaining Monthly Income" (Box F) by 24 to get "Future Remaining Income" (Box H). Do not enter a number less than \$0.	
Enter the amount from Box F	X 24 = Enter the amount from Box H
Determine your minimum offer amount by adding the total available assets from Box A and Box B (if applicable) to the amount in either Box G or Box H.	
Enter the amount from Box A plus Box B (if applicable)	+ Enter the amount from Box G or Box H = Offer Amount Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only. \$ 6,794

If you cannot pay the Offer Amount shown above due to special circumstances, explain on the Form 656, Offer in Compromise, Section 3. You must offer an amount more than \$0.

Section 9 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Are you currently in bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Have you filed bankruptcy in the past 10 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Discharge/Dismissal Date (mm/dd/yyyy)
	Location Filed
	Are you or have you been party to a lawsuit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, date the lawsuit was resolved: (mm/dd/yyyy)
	In the past 10 years, have you transferred any assets for less than their full value? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have any funds being held in trust by a third party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how much \$ Where:	

Section 10**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)
	9-8-14
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 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, and rent subsidies
- ☐ Copies of bank statements for the three most recent months
- ☐ 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 "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.

**Supplementary Schedule
to Form 433-A(OIC)
Collection Information Statement for Wage Earners
and Self-Employed Individuals**

Personal Bank Accounts. Include all checking, online bank accounts, money market accounts, savings accounts, stored value cards (e.g., payroll cards, government benefit cards, etc.) List safe deposit boxes including location and contents.

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name Northfield Bank	Account Number [REDACTED]	Reps. 50% ownership (1a) \$ 150
<input checked="" 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 JPMorgan Chase Bank	Account Number [REDACTED]	Reps. 100% ownership (1b) \$ 754
Total		(1) \$ 904

Funds listed on bank accounts are used to pay for monthly allowable living expenses

Adjusted Value of Bank Accounts: \$0

Adjusted Value of Bank Accounts = Total Value of all Bank Accounts (\$904) - Total Amount of Monthly Living Expenses (\$3,054) - \$1,000

**Supplementary Schedule
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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 the individual is an officer, director, owner, member, or otherwise has a financial interest.

3a						
Full Name & Address <i>(Street, City, State, ZIP code)</i> of Company MetLife PO Box 10366 Des Moines, IA 50306 Phone	Gross Value \$ 3,605 Percent owned 100 %	Surrender / Liquidation charges Net Value <i>= Adjusted Gross Value - Surrender / Liquidation charges</i> \$ 3,605	Cost Basis Gain <i>= Net Value - Cost Basis</i> \$ 3,605	Combined Federal and State Tax Rate (%) 30 %	Federal and State Tax <i>= Gain x Combined Federal & State Tax Rate</i> \$ 1,082	Is this Qualified Plan? Yes
Type of Investment or Financial Interest SEP	Adjusted Gross Value <i>= Gross Value x (%) Percent owned</i> \$ 3,605	Additional Tax Rate on Qualified Plans < 59 1/2 age (%) 10 %	Additional Tax on Qualified Plans < 59 1/2 age (\$) <i>= Net Value x Additional Tax Rate</i> \$ 361	Current Value <i>= Adjusted Gross Value - (Federal & State Tax + Additional Tax on Qualified Plans)</i> \$ 2,162	Loan Balance (if applicable) <i>As of mm/dd/yyyy</i>	Equity <i>= Current Value Minus Loan</i> \$ 2,162

Explain why you override the defaulted QSF

Current Market Value		Less Loan Balance		
\$ 2,162	X 0.7 = \$ 2,162	- \$	(3a) \$	2,162
			Total	(3) \$ 2,162



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**Supplementary Schedule
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Wages(Taxpayer)

Employer	Gross Amount Per Pay Period	Pay Period	Gross Monthly Income
Key Material Handling Equipment	\$ 800	Weekly	\$ 3,440
Total			\$ 3,440

Form 433-A(OIC)

**Supplementary Schedule
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and Self-Employed Individuals**

Living Expenses.
Food, Clothing, and Misc.

Category	Actual Expense
FOOD	
Meals At Home	\$ 572
Subtotal	\$ 572
HOUSEKEEPING SUPPLIES	
Laundry Supplies	\$ 125
Subtotal	\$ 125
APPAREL & SERVICES	
Clothing	\$ 89
Laundry	\$ 280
Subtotal	\$ 369
PERSONAL CARE	
Haircuts	\$ 225
Subtotal	\$ 225
Total	\$ 1,291

Number of Persons to compute categories of Food, Clothing, Misc. and Housing and Utilities **2**
 Amount contributed by other Non-Liable Person and/or Non-Liable Spouse | \$ **4,159**

Shared Household Expenses:

• Food, Clothing, and Misc

• Housing and Utilities

• Out of Pocket Health Care

Liable Person(s) Monthly Income \$ **3,440**

Expenses to be reported:

$$\frac{\$ 3,440}{\$ 3,440 + \$ 4,159} \times \$ 1,291 = \$ 584$$

*National/Local/Regional Standard Amount is prorated accordingly because other Non-Liable person(s) contribute(s) to this expense on a monthly basis.

Form 433-A(OIC)

**Supplementary Schedule
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Living Expenses. Housing and Utilities Category	Actual Expense
Housing & Utilities	
Rent	\$ 925
Insurance	\$ 54
Gas	\$ 18
Electricity	\$ 92
Cell Phone	\$ 198
Total	\$ 1,287

Number of Persons to compute categories of Food, Clothing, Misc. and Housing and Utilities

.2

Amount contributed by other Non-Liable Person and/or Non-Liable Spouse

\$ 4,159

Shared Household Expenses:

• Food, Clothing, and Misc

• Housing and Utilities

• Out of Pocket Health Care


Liable Person(s) Monthly Income

\$ 3,440

Expenses to be reported:

$$\frac{\$ 3,440}{\$ 3,440 + \$ 4,159} \times \$ 1,287 = \$ 583$$

*National/Local/Regional Standard Amount is prorated accordingly because other Non-Liable person(s) contribute(s) to this expense on a monthly basis.


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**Supplementary Schedule
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and Self-Employed Individuals**

Living Expenses,
Vehicle Ownership Costs

Make	Model	Year	Actual Monthly Payment	
Ford	F-150	2014	\$	438
Total			\$	438

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**Supplementary Schedule
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and Self-Employed Individuals**

Living Expenses.
Vehicle Operating Costs

Description (Year, Fuel, Make, Model)		Maintenance	Insurance	Repairs	Registrations	Licenses	Inspections
Year	Fuel						
2014	\$ 280	\$ 125	\$ 247	\$ 0	\$ 0	\$ 0	\$ 0
Make	Model	Other	Additional Operating Expenses	Mileage	Parking & Tools		Total
Ford	F-150		\$ 0	10		120	\$ 772
Total							\$ 772

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**Supplementary Schedule
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and Self-Employed Individuals**

Living Expenses.

Out of Pocket Health Care Costs

Description	Amount
Dentists	\$ 40
Total	\$ 40

Number of Persons to compute categories of Food, Clothing, Misc. and Housing and Utilities

2

Amount contributed by other Non-Liable Person and/or Non-Liable Spouse:

\$ 4,159

Shared Household Expenses:

• Food, Clothing, and Misc

• Housing and Utilities

• Out of Pocket Health Care

Liabe Person(s) Monthly Income

\$ 3,440

Expenses to be reported:

$$\frac{\$ 3,440}{\$ 3,440 + \$ 4,159} \times \$ 40 = \$ 54$$

*National/Local/Regional Standard Amount is prorated accordingly because other Non-Liable person(s) contribute(s) to this expense on a monthly basis.




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and Self-Employed Individuals**

Living Expenses.

Taxes


Category	Actual Expense	
Federal	\$	287
FICA	\$	213
Medicare	\$	50
State	\$	150
Local	\$	93
Total	\$	793


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**Supplementary Schedule
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Living Expenses.
Other Secured Debts

Type of Secured Debt	Monthly Payment
Total	\$ 0


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**Supplementary Schedule
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and Self-Employed Individuals**

Living Expenses.
Other Expenses

Type of Other Expenses	Amount	
Accounting & Legal Fees	\$	350
Total	\$	350

Form 433-A(OIC)

**Supplementary Schedule
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and Self-Employed Individuals**

Sole Proprietorship Monthly Business Expenses.

Utilities/Telephone

Category	Expenses for the Reporting Period from 01/01/2013 to 12/31/2013	Gross Monthly Expenses = Expenses for the Reporting Period / # months in the Reporting period
Electricity	\$ 1,140	\$ 95
Telephone	\$ 1,667	\$ 139
Total		\$ 234

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**Supplementary Schedule
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and Self-Employed Individuals**

Sole Proprietorship Monthly Business Expenses.

Insurance		
Category	Expenses for the Reporting Period from 01/01/2013 to 12/31/2013	Gross Monthly Expenses = Expenses for the Reporting Period / # months in the Reporting period
Liability	\$ 1,481	\$ 123
Total		\$ 123

Form 433-A(OIC)

**Supplementary Schedule
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Sole Proprietorship Monthly Business Expenses.
Other Expenses

Category	Expenses for the Reporting Period from 01/01/2013 to 12/31/2013	Gross Monthly Expenses = Expenses for the Reporting Period / # months in the Reporting period
Meals / Entertainment	\$ 576	\$ 48
Accounting	\$ 850	\$ 71
Bank charges	\$ 216	\$ 18
Office Expense	\$ 201	\$ 17
Other (specify) Internet & Cable	\$ 720	\$ 60
Registration Fees	\$ 40	\$ 3
Total		\$ 217