Form 433-A	(OIC)
(April 2020	ור

(April 2020)

Collection Information Statement for Wage Earners and Self-Employed Individuals

Use this form if you are

- An individual who owes income tax on a Form 1040, U.S. Individual Income Tax Return
- ► An individual with a personal liability for Excise Tax
- ► An individual responsible for a Trust Fund Recovery Penalty
- An individual who is self-employed or has self-employment income. You are considered to be self-employed if you are in business for yourself, or carry on a trade or business.
- An individual who is personally responsible for a partnership liability (only if the partnership is submitting an offer)
- An individual who operated as a disregarded single member Limited Liability Company (LLC) taxed as a sole proprietor prior to 2009
- An individual who is submitting an offer on behalf of the estate of a deceased person

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

Section 1	Persor	al and Househ	old Informati	ion		
Last name	First name D			Date of birth (mm/dd/yyyy) Social Sec		
Marital status	Home physical add	lress (street, city, stat	te, ZIP code)	Do you		
Unmarried Married				Own your home	Rent	
If married, date of marriage (mm/dd/yyyy)				Other (specify e.g., sh	are rent, live with relative, etc.)	
County of residence	Primary phone		Home mailing a	ddress (if different from abov	re or post office box number)	
	()	-				
Secondary phone	FAX number		-			
() -	()	-				
Provide information about your spous	se.					
Spouse's last name	Spouse's first i	name	Date of birth (mr	n/dd/yyyy)	Social Security Number	
Provide information for all other perso	ons in the househo	ld or claimed as a	dependent.			
Name	Age	Relati	onship	Claimed as a depend on your Form 1040		
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	
Section 2	Employm	ent Informatio	n for Wage Ea	arners		
Complete this section if you or your spou	ise are wade earner	s and receive a For	m W-2 If you or y	our spouse have self-emr	Novment income (that is	

Complete this section if you or your spouse are wage earners and receive a Form W-2. 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 also complete Business Information in Sections 4, 5, and 6.

Your employer's name	Pay period	Weekly	Bi-weekly	Employer's address (street, city, state, ZIP code)
		Monthly	Other	
Do you have an ownership interest in this	If yes, check t	the business inter	est that applies	
business	Partner	Sole propr	ietor	
Yes No	Officer (co	omplete Form 433-E	3 (OIC))	
Your occupation	How long with	n this employer		
	(у	ears)	(months)	
Spouse's employer's name	Pay period	Weekly	Bi-weekly	Employer's address (street, city, state, ZIP code)
		Monthly	Other	
Does your spouse have an ownership	If yes, check t	the business inter	est that applies	
interest in this business	Partner Sole proprietor			
Yes No	Officer (complete Form 433-B (OIC))			
Spouse's occupation	How long with	n this employer		
	(у	ears)	(months)	

Use the most current statement for each type of account, such as checking, savings, money market and online accounts, stored value cards (*such as a payroll card from an employer*), investment, retirement accounts (*IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit*) and virtual currency (*such as Bitcoin, Ripple, Ethereum, etc.*), life insurance policies that have a cash value, and safe deposit boxes. Asset value is subject to adjustment by IRS based on individual circumstances. Enter the total amount available for each of the following (*if additional space is needed include attachments*).

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

Cash and Investments (domestic and foreign)		
Cash Checking Savings Money Mark	ket Account/CD Online Account Stor	ed Value Card
Bank name	Account number	
		(1a) \$
Checking Savings Money Market Account/CL	O Online Account Stored Value Card	
Bank name	Account number	
		(1b) \$
	Total of bank accounts from attachment	(1c) \$
Ad	d lines (1a) through (1c) minus (\$1,000) =	(1) \$
Investment account Stocks Bonds Other		
Name of Financial Institution	Account number	
Current market value	Minus Ioan balance	
\$X.8 = \$	=	(2a) \$
Investment account Stocks Bonds Other		
Name of Financial Institution	Account number	
Current market value	Minus Ioan balance	
\$ X.8 = \$	- \$=	(2b) \$
wallet exchange or digital set-up	address used to Location(s) of virtual currency	
	cy exchange or DCE	
Current market value in U.S. dollars as of today		
\$ X .8 = \$	=	(2c) \$
Total investment accounts from attachm	ent. [current market value minus loan balance(s)]	(2d) \$
	Add lines (2a) through (2d) =	(2) \$
Retirement account 401K IRA Other		
Name of Financial Institution	Account number	
Current market value	Minus Ioan balance	
\$X.8 = \$		(3a) \$
Total of retirement accounts from attachment.	[current market value X .8 minus loan balance(s)]	(3b) \$
	Add lines (3a) through (3b) =	(3) \$
Note: Your reduction from current market value may be g	reater than 20% due to potential tax consequ	uences/withdrawal penalties.
Cash value of Life Insurance Policies		
Name of Insurance Company	Policy number	
Current cash value	Minus Ioan balance	
\$	- \$ =	(4a) \$
Total cash value of life insurance policies from attachment	Minus loan balance(s)	
\$	- \$ =	(4b) \$
	Add lines (4a) through (4b) =	(4) \$
Catalog Number EE9060	·····	

Catalog Number 55896Q

Section	3 (Continued)	Per	s
	perty (enter information abou use if you live in a communit		со
Is your rea	al property currently for sale or	do you anticipate selli	ng
	<i></i>	No	
Yes	(listing price)		

Personal Asset Information

eal property (enter information about any house, condo, co-op, time share, etc. that you own or are buying including any assets owned by our spouse if you live in a community property state)

Is your real pro	operty currently for sale of	or do you anticipate	selling your real	prope	rty to fund the offer amount		
Yes (listing price) No							
Property desci	Property description (<i>indicate if personal residence</i>) Purchase/Lease date (<i>mm/dd/yyyy</i>)						
Amount of mo	tgage/rent payment	Date of final paym	ient	How	title is held (joint tenancy, etc.)		
Location (stree	t, city, state, ZIP code, coun	ty, and country)	Lender/Lessor/ state, ZIP code) a		ord name, address (street, city,		
				anu pi	IONE		
Current marke	t value	Minu	is loan balance (m	ortgag	es, etc.)		
\$	X .8 = \$	- \$			(total value of real estate) =	(5a) \$	
Property desci	iption (indicate if rental pro	perty, vacant, etc.)	Purchase/Leas	e date	e (mm/dd/yyyy)		
Amount of mo	tgage/rent payment	Date of final paym	ient	How	title is held (joint tenancy, etc.)		
Location (stree	t, city, state, ZIP code, coun	ty, and country)			ord name, address (street, city,		
			state, ZIP code) a	and pr	none		
Current marke	t value	Minu	Is loan balance <i>(m</i>	ortgag	es, etc.)		
\$	X .8 = \$	- \$			(total value of real estate) =	(5b) \$	
	Total value of property	(s) from attachmen	t [current market \	/alue 2	X .8 minus any loan balance(s)]	(5c) \$	
			-	Ad	d lines (5a) through (5c) =	(5) \$	
Vehicles (ente	r information about any ca	ars. boats. motorcvo	les. etc. that you o				
Vehicle make			ate purchased		Mileage		
			·				
Lease	Name of creditor	D	ate of final payme	ent	Monthly lease/loan amount		
└─ Loan					\$		
Current marke	t value	Minus	loan balance				
•		•		Т	otal value of vehicle (if the vehicle	(-)	
\$	X.8 = \$			is	leased, enter 0 as the total value) =	(6a) \$	
		(11	line (6a) minus \$	3,450	Subtract \$3,450 from line (6a) is a negative number, enter "0")	(6b) \$	
Vehicle make	& model	Year D	ate purchased		Mileage		
Lease	Name of creditor	D	ate of final payme	ent	Monthly lease/loan amount		
Loan					\$		
Current marke	t value	Minus	loan balance				
\$	X .8 = \$	\$			otal value of vehicle (if the vehicle leased, enter 0 as the total value) =	(6c) \$	
					er, subtract \$3,450 from line (6c)		
					is a negative number, enter "0") , enter the amount from line (6c)	(6d) \$	
1	otal value of vehicles lis	ted from attachmer	nt [current market	value	X .8 minus any loan balance(s)]	(6e) \$	
			-	Total	lines (6b), (6d), and (6e) =	(6) \$	

Section 3 (Continued	d)		Personal Ass	set Inforr	mation			
Other valuable items (artw	ork, collections, j	ewelry, items of v	alue in safe deposit bo	oxes, interest	in a company or bus	iness that i	s not publicly trade	ed, etc.)
Description of asset(s)								
				linus lass h				
Current market value	V 0 -	¢		linus loan b	alance		(フー) 作	
\$	= 8. X			- \$		=	(7a) \$	
Value of remaining furnitu Description of asset	re and persona	al effects (not lis	ted above)					
Description of asset								
Current market value			Μ	linus loan b	alance			
\$	X .8 =	\$	-	- \$		=	(7b) \$	
Total value of valua	ble items listed	d from attachme	ent [current market	value X .8	minus any loan bal	ance(s)]	(7c) \$	
		Add lines (7a) through (7c) m	inus IRS	deduction of \$9	,690 =	(7) \$	
Do not include amount on the lines with a letter beside the number. Round to the nearest Do not enter a negative number. If any line item is a negative, enter "C Add lines (1) through (7) and enter the amount					ative, enter "0" on t the amount in E	that line. Box A =	\$	vidual Equity in Assets
NOTE: If you or your spo	ouse are self-	employed, Sec			-	ntinuing	with Sections	r and 8.
Section 4			Self-Employ					
If you or your spouse are	self-employed	(e.g., files Sche	dule(s) C, E, F, etc	.), complete	e this section.			
Is your business a sole pr	oprietorship			Address of	of business (if other	than perso	nal residence)	
Yes No				_				
Name of business								
Business telephone numb	er	Employer Ider	tification Number	Business	website address			Trade name or DBA
() -								
Description of business		Total number	of employees	Frequency	y of tax deposits	Average payroll \$	gross monthly	
Do you or your spouse ha interest in an LLC, LLP, co			s? Include any	Business	address <i>(street, city</i>	, state, ZIP	code)	
Yes (percentage of c	wnership:) Title						
No No								
Business name				Business	telephone number		Employer	Identification Number
				()	-			
Type of business (select or	ne)							
Partnership L	LC 🗌 Cor	poration	Other					
Section 5		Busines	s Asset Inform	ation (fo	r Self-Employ	ed)		
List business assets such that is owned/leased/rente	ed. If additional	space is neede	ed, attach a list of ite	ems. Do no	t include personal	assets list	ted in Section 3.	eles and real property
Cash Checking			ney Market Account		Online Account		ed Value Card	
Bank name				Account n				
							(8a) \$	
Cash Checking	g 🗌 Saviı	ngs 🗌 Mor	ey Market Account	/CD	Online Account	Stor	ed Value Card	
Bank name				Account n	umber		(8b) \$	
Virtual currency	Name of virtua	al currency	Email address use	ed to	Location(s) of virt	tual		
Type of virtual currency	wallet, exchar currency exch	0 0	set-up with the vir currency exchang		currency			
Current market value in U	S dollars as o	of today						
\$.3. dollars as c X .8 =					=	(8c) \$	
Ψ	- 0. 7	Ψ		Total bank	accounts from atta		(8d) \$	
					es (8a) through		(ou) \$	

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Description	ı of asset			
Current ma		Minus loan balance	Total value (if leased or used in the production of income,	
\$	X .8 = \$		enter 0 as the total value) =	(9a) \$
Description) of asset:			
Current ma	arket value	Minus Loan Balance	Total value (if leased or used	
\$	X .8 = \$	\$	in the production of income, enter 0 as the total value) =	(9b) \$
	Total value of assets listed	from attachment [current market valu	ue X .8 minus any loan balance(s)]	(9c) \$
		A	Add lines (9a) through (9c) =	(9) \$
		essional books and tools of trade –	(10) \$ [4,850]	
	Enter the val	ue of line (9) minus line (10). If	less than zero enter zero. =	(11) \$
Notes Rec	eivable			
Do you hav	ve notes receivable	es 🗌 No		
lf yes, attac	ch current listing that includes nan	ne(s) and amount of note(s) receivab	ble	
Accounts	Receivable			
	ve accounts receivable, including o , and any bartering or online aucti	🗌 No		
lf yes, you	may be asked to provide a list of			
		ide the number [for example: (9c)]. Round to the nearest whole dollar.	Box B Available Business Equity in Assets	
	Do not enter	a negative number. If any line item is Add lines (8) and (11) and	s a negative, enter "0" on that line. enter the amount in Box B =	\$
Section	6 Busines	s Income and Expense Info	ormation (for Self-Employe	d)

Business Asset Information (for Self-Employed)

ection 6	Business Income and Expense Information (for Self-En
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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) \$
Gross rental income	(13) \$
Interest income	(14) \$
Dividends	(15) \$
Other income	(16) \$
Add lines (12) through (16) =	(17) \$
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) \$
Inventory purchased (e.g., goods bought for resale)	(19) \$
Gross wages and salaries	(20) \$
Rent	(21) \$
Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	(22) \$
Utilities/telephones	(23) \$
Vehicle costs (gas, oil, repairs, maintenance)	(24) \$
Business insurance	(25) \$
Current business taxes (e.g., real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	(26) \$
Secured debts (not credit cards)	(27) \$
Other business expenses (include a list)	(28) \$
Add lines (18) through (28) =	(29) \$
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 \$

Section 5 (Continued)

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Section 7

Monthly Household Income and Expense Information

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

Monthly Household Income

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

						-	Round to the nearest whole dollar.
Primary taxpaye	ər						
Gross wages		Social Security		Pension(s)		Other income (e.g. unemployment)	
\$	+	\$	+	\$	+	Total primary taxpayer income =	(30) \$
Spouse							
Gross wages		Social Security		Pension(s)		Other Income (e.g. unemployment)	
\$	+	\$	+	\$	+	\$ Total spouse income =	(31) \$
Additional source	es of inc	come used to suppo	ort the	e household, e.g.	, non-lia	ble spouse, or anyone else who may	
contribute to the	househ	old income, etc. Lis	st sou	rce(s)			(32) \$
Interest, dividend	ls, and	royalties					(33) \$
Distributions (e.g., income from partnerships, sub-S Corporations, etc.)							(34) \$
Net rental income							(35) \$
Net business inco	ome fro	m Box C					(36) \$
Child support rec	eived						(37) \$
Alimony received	1						(38) \$
						Round to the nearest whole dollar. item is a negative, enter "0" on that line.	Box D Total Household Income
		A	dd li	nes (30) throu	gh (38)	and enter the amount in Box D =	\$

Monthly Household Expenses

Enter your average monthly expenses.

Note: For expenses claimed in boxes (39) and (45) only, you should list the full amount of the allowable standard even if the actual amount you pay is less. For the other boxes input your actual expenses. You may find the allowable standards at http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Collection-Financial-Standards.

	Round to the nearest whole dollar.
Food, clothing, and miscellaneous (e.g., housekeeping supplies, personal care products , minimum payment on credit card). A reasonable estimate of these expenses may be used	(39) \$
Housing and utilities (e.g., rent or mortgage payment and average monthly cost of property taxes, home insurance, maintenance, dues, fees and utilities including electricity, gas, other fuels, trash collection, water, cable television and internet, telephone, and cell phone)	(40) \$
Vehicle loan and/or lease payment(s)	(41) \$
Vehicle operating costs (e.g., average monthly cost of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, tolls, etc.). A reasonable estimate of these expenses may be used	(42) \$
Public transportation costs (e.g., average monthly cost of fares for mass transit such as bus, train, ferry, taxi, etc.). A reasonable estimate of these expenses may be used	(43) \$
Health insurance premiums	(44) \$
Out-of-pocket health care costs (e.g. average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)	(45) \$
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)	(46) \$
Child/dependent care payments (e.g., daycare, etc.)	(47) \$
Term life insurance premiums	(48) \$
Current monthly taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)	(49) \$
Secured debts/Other (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed student loan) List debt(s)	(50) \$
Enter the amount of your monthly delinquent state and/or local tax payment(s). Total tax owed	(51) \$
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line. Add lines (39) through (51) and enter the amount in Box E =	Box E Total Household Expenses \$
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line. Subtract Box E from Box D and enter the amount in Box F =	Box F Remaining Monthly Income \$

Section 8

Calculate Your Minimum Offer Amount

The next steps calculate your minimum offer amount. The amount of time you take to pay your offer in full will affect your minimum offer amount. Paying over a shorter period of time will result in a smaller minimum offer amount.

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

Round to the nearest whole dollar.

If you will pay your offer in 5 or fewer payments within 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		Box G Future Remaining Income
\$	X 12 =	\$

If you will pay your offer in 6 to 24 months, multiply "Remaining Monthly Income" (Box F) by 24 to get "Future Remaining Income" (Box H). Do not enter a number less than \$0.

Ent	er the total from Box F		Box H Future Remaining Income
\$		X 24 =	\$

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 either Box G or Box H		Offer Amount Your offer must be more than zero (\$0). Do
\$	+	\$	=	not leave blank. Use whole dollars only. \$

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

Section 9			Other Info	rmation						
Additional information you are not eligible to	IRS needs to consider apply for an offer.	settlement of	f your tax debt	t. If you or	your	business are o	currer	ntly in a ba	ankruptcy p	roceeding,
Are you a party to or inv	olved in litigation (if yes, a	nswer the follow	ing)						Yes	No
Plaintiff	Location of filing	Location of filing Represented by			Docket/			Docket/Cas	e number	
Defendant										
Amount of dispute	Possible completion date (mmddyyyy) Subject of litigation									
\$										
Have you filed bankrupt	cy in the past 7 years (if y	es, answer the f	ollowing)						Yes	No
Date filed <i>(mmddyyyy)</i>	Date dismissed (mn	<i>nddyyyy)</i> Dat	e discharged (mn	discharged (mmddyyyy) Petition no.			Location filed			
In the past 10 years, have you lived outside of the U.S. for 6 months or longer (<i>if yes, answer the following</i>)						No				
Dates lived abroad: From (mmddyyyy) To (mmddyyyy)										
Are you or have you ever been party to any litigation involving the IRS/United States (including any tax litigation) Yes No						No				
If yes and the litigation i	ncluded tax debt, provide	the types of ta	ix and periods i	nvolved						
Are you the beneficiary	of a trust, estate, or life in	surance policy	' (if yes, answer ti	he following)					Yes	No No
Place where recorded	Place where recorded EIN									
Name of the trust, estate, or policy				Anticipated amount to be received When will the				he amount b	e received	
\$										
Are you a trustee, fiduciary, or contributor of a trust					Yes	No No				
Name of the trust EIN										
Do you have a safe deposit box (business or personal) (if yes, answer the following)						Yes	No No			
Location (name, address and box number(s)) Contents					Value					
									\$	
In the past 10 years, hav following)	ve you transferred any as	sets, including	real property, f	for less tha	n theii	full value <i>(if y</i> e	s, ansv	ver the	Yes	No No
List asset(s)		Value at tim	ne of transfer	Date trans	sferred	(mmddyyyy)	To w	hom or wh	ere was it tra	ansferred
		\$								
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Section 9 (Continued) Other Information					
Do you have any assets or own any real property outside the U.S.	Yes No				
If yes, provide description, location, and value					
Do you have any funds being held in trust by a third party	Yes No				
If yes, how much \$ Where Signatures					
Under penalties of perjury, I declare that I have examined this offer, including accompany is true, correct, and complete.	ring documents, and to the best of my knowledge it				
Signature of Taxpayer	Date (<i>mm/dd/yyyy</i>)				
Signature of Spouse	Date (mm/dd/yyyy)				
Remember to include all applicable attachments listed below.	·				
Copies of the most recent pay stub, earnings statement, etc., from each employ	yer.				
Copies of the most recent statement for each investment and retirement account.					
Copies of the most recent statement, etc., from all other sources of income such as pensions, Social Security, rental income, interest and dividends (including any received from a related partnership, corporation, LLC, LLP, etc.), court order for child support, alimony, royalties, and rent subsidies.					
Copies of individual bank statements for the three most recent months. If you operate a business, copies of the six most recent statements for each business bank account.					
Copies of the most recent statement from lender(s) on loans such as mortgages, second mortgages, vehicles, etc., showing monthly payments, loan payoffs, and balances.					

- List of Notes Receivable, if applicable.
- Verification of delinquent State/Local Tax Liability showing total delinquent state/local taxes and amount of monthly payments, if applicable.
- Documentation to support any special circumstances 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.
- Completed and signed current Form 656.