

Offer in Compromise

Attach Application Fee and Payment (check or money order) here.

IRS Received Date

Section 1 Your Contact Information

Your First Name, Middle Initial, Last Name

If a Joint Offer, Spouse's First Name, Middle Initial, Last Name

Your Physical Home Address (Street, City, State, ZIP Code)

Mailing Address (if different from above or Post Office Box number)

Business Name

Your Business Address (Street, City, State, ZIP Code)

Social Security Number (SSN)
(Primary)

(Secondary)

Employer Identification Number
(EIN)

(EIN not included in offer)

Section 2

Tax Periods

To: Commissioner of Internal Revenue Service

In the following agreement, the pronoun "we" may be assumed in place of "I" when there are joint liabilities and both parties are signing this agreement.

I submit this offer to compromise the tax liabilities plus any interest, penalties, additions to tax, and additional amounts required by law for the tax type and period(s) marked below:

1040 Income Tax-Year(s) _____

1120 Income Tax-Year(s) _____

941 Employer's Quarterly Federal Tax Return - Quarterly period(s) _____

940 Employer's Annual Federal Unemployment (FUTA) Tax Return - Year(s) _____

Trust Fund Recovery Penalty as a responsible person of (enter corporation name) _____
for failure to pay withholding and Federal Insurance Contributions Act taxes (Social Security taxes), for period(s) ending _____

Other Federal Tax(es) [specify type(s) and period(s)] _____

Note: If you need more space, use attachment and title it "Attachment to Form 656 dated _____." Make sure to sign and date the attachment.

Section 3

Reason for Offer

Doubt as to Collectibility - I have insufficient assets and income to pay the full amount.

Exceptional Circumstances (Effective Tax Administration) - I owe this amount and have sufficient assets to pay the full amount, but due to my exceptional circumstances, requiring full payment would cause an economic hardship or would be unfair and inequitable. I am submitting a written narrative explaining my circumstances.

Section 3 (Continued) Reason for Offer

Explanation of Circumstances (Add additional pages, if needed)

The IRS understands that there are unplanned events or special circumstances, such as serious illness, where paying the full amount or the minimum offer amount might impair your ability to provide for yourself and your family. If this is the case and you can provide documentation to prove your situation, then your offer may be accepted despite your financial profile. Describe your situation below and attach appropriate documents to this offer application.

Section 4 Low Income Certification (Individuals Only)

Do you qualify for Low-Income Certification? You qualify if your gross monthly household income is less than or equal to the amount shown in the chart below based on your family size and where you live. If you qualify, you are not required to submit any payments during the consideration of your offer.

Check here if you qualify for Low-Income Certification based on the monthly income guidelines below.

Size of family unit	48 contiguous states and D.C.	Hawaii	Alaska
1	\$2,327	\$2,679	\$2,910
2	\$3,152	\$3,627	\$3,942
3	\$3,997	\$4,575	\$4,973
4	\$4,802	\$5,523	\$6,004
5	\$5,627	\$6,471	\$7,035
6	\$6,452	\$7,419	\$8,067
7	\$7,277	\$8,367	\$9,098
8	\$8,102	\$9,315	\$10,129
For each additional person, add	\$825	\$948	\$1,031

Section 5 Payment Terms

↓ Check one of the payment options below to indicate how long it will take you to pay your offer in full ↓

Lump Sum Cash

Enter the amount of your offer \$ _____

Check here if you will pay your offer in five or fewer payments:

Enclose a check for 20% of the offer amount (waived if you are an individual and met the requirements for Low-Income certification) and fill in the amount(s) and date(s) of your future payment(s). Your offer must be fully paid 24 months from the date your offer is accepted.

Total Offer Amount	-	20% Initial Payment	=	Remaining Balance
\$	-	\$	=	\$

You may pay the remaining balance in one payment after acceptance of the offer or up to five payments.

- 1) \$ _____ paid on the _____ (day), _____ month(s) after acceptance.
- 2) \$ _____ paid on the _____ (day), _____ month(s) after acceptance.
- 3) \$ _____ paid on the _____ (day), _____ month(s) after acceptance.
- 4) \$ _____ paid on the _____ (day), _____ month(s) after acceptance.
- 5) \$ _____ paid on the _____ (day), _____ month(s) after acceptance.

Periodic Payment

Enter the amount of your offer \$ _____

Check here if you will pay your offer in full in more than five monthly installments.

Enclose a check for one month's installment (waived if you are an individual and met the requirements for Low-Income certification)

\$ _____ is being submitted with the Form 656 and then \$ _____ on the _____ (day) of each month thereafter for a total of _____ months (may not exceed 23). Total payments must equal the total Offer Amount.

You must continue to make these monthly payments while the IRS is considering the offer. Failure to make regular monthly payments will cause your offer to be returned.

Section 6**Designation of Down Payment and Deposit (Optional)**

If you want your payment to be applied to a specific tax year and a specific tax debt, please tell us the tax form _____ and Tax Year/Quarter _____. If you do not designate a preference, we will apply any money you send in to the governments best interest.

If you are paying more than the required payment when you submit your offer and want any part of that payment treated as a deposit, check the box below and insert the amount.

I am making a deposit of \$ _____ with this offer.

Section 7**Source of Funds and Making Your Payment**

Tell us where you will obtain the funds to pay your offer. You may consider borrowing from friends and/or family, taking out a loan, or selling assets.

Include separate checks for the payment and application fee.

Make checks payable to the "United States Treasury" and attach to the front of your Form 656, Offer in Compromise. All payments must be in U.S. dollars. **Do not send cash.** Send a separate application fee with each offer; do not combine it with any other tax payments, as this may delay processing of your offer. Your offer will be returned to you if the application fee and the required payments are not properly remitted, or if your check is returned for insufficient funds.

Section 8**Offer Terms**

By submitting this offer, I/we have read, understand and agree to the following terms and conditions:

Terms, Conditions, and Legal Agreement

a) I request that the IRS accept the offer amount listed in this offer application as payment of my outstanding tax debt (including interest, penalties, and any additional amounts required by law) as of the date listed on this form. I authorize the IRS to amend Section 2 on page 1 in the event I failed to list any of my assessed tax debt. I understand that my offer will be accepted, by law, unless IRS notifies me otherwise, in writing, within 24 months of the date my offer was received by IRS.

IRS will keep my payments, fees, and some refunds.

b) I voluntarily submit the payments made on this offer and understand that they are not refundable even if I withdraw the offer or the IRS rejects or returns the offer. Unless I designated how to apply the required payment (page 3 of this application), the IRS will apply my payment in the best interest of the government, choosing which tax years and tax liabilities to pay off. The IRS will also keep my application fee unless the offer is not accepted for processing.

c) The IRS will keep any refund, including interest, that I might be due for tax periods extending through the calendar year in which the IRS accepts my offer. I cannot designate that the refund be applied to estimated tax payments for the following year or the accepted offer amount. If I receive a refund after I submit this offer for any tax period extending through the calendar year in which the IRS accepts my offer, I will return the refund as soon as possible.

d) The IRS will keep any monies it has collected prior to this offer and any payments that I make relating to this offer that I did not designate as a deposit. Only amounts that exceed the mandatory payments can be treated as a deposit. Such a deposit will be refundable if the offer is rejected or returned by the IRS or is withdrawn. I understand that the IRS will not pay interest on any deposit. The IRS may seize ("levy") my assets up to the time that the IRS official signs and accepts my offer as pending.

Pending status of an offer and right to appeal

e) Once an authorized IRS official signs this form, my offer is considered pending as of that signature date and it remains pending until the IRS accepts, rejects, returns, or terminates my offer or I withdraw my offer. An offer is also considered pending for 30 days after any rejection of my offer by the IRS, and during the time that any rejection of my offer is being considered by the Appeals Office. An offer will be considered withdrawn when the IRS receives my written notification of withdrawal by personal delivery or certified mail or when I inform the IRS of my withdrawal by other means and the IRS acknowledges in writing my intent to withdraw the offer.

f) I waive the right to an Appeals hearing if I do not request a hearing within 30 days of the date the IRS notifies me of the decision to reject the offer.

I must comply with my future tax obligations and understand I remain liable for the full amount of my tax debt until all terms and conditions of this offer have been met.

g) I will file tax returns and pay required taxes for the five year period beginning with the date of acceptance of this offer. If this is an offer being submitted for joint tax debt, and one of us does not comply with future obligations, only the non-compliant taxpayer will be in default of this agreement.

h) The IRS will not remove the original amount of my tax debt from its records until I have met all the terms and conditions of this offer. Penalty and interest will continue to accrue until all payment terms of the offer have been met. If I file for bankruptcy before the terms are fully met, any claim the IRS files in the bankruptcy proceedings will be a tax claim.

i) Once the IRS accepts my offer in writing, I have no right to contest, in court or otherwise, the amount of the tax debt.

I understand what will happen if I fail to meet the terms of my offer (e.g., default).

j) If I fail to meet any of the terms of this offer, the IRS may levy or sue me to collect any amount ranging from the unpaid balance of the offer to the original amount of the tax debt without further notice of any kind. The IRS will continue to add interest, as Section 6601 of the Internal Revenue Code requires, on the amount the IRS determines is due after default. The IRS will add interest from the date I default until I completely satisfy the amount owed.

I agree to waive time limits provided by law.

k) To have my offer considered, I agree to the extension of the time limit provided by law to assess my tax debt (statutory period of assessment). I agree that the date by which the IRS must assess my tax debt will now be the date by which my debt must currently be assessed plus the period of time my offer is pending plus one additional year if the IRS rejects, returns, or terminates my offer or I withdraw it. (Paragraph (e) of this section

Section 8 - (Continued)

Offer Terms

defines pending and withdrawal). I understand that I have the right not to waive the statutory period of assessment or to limit the waiver to a certain length or certain periods or issues. I understand, however, that the IRS may not consider my offer if I refuse to waive the statutory period of assessment or if I provide only a limited waiver. I also understand that the statutory period for collecting my tax debt will be suspended during the time my offer is pending with the IRS, for 30 days after any rejection of my offer by the IRS, and during the time that any rejection of my offer is being considered by the Appeals Office.

I understand the IRS may file a Notice of Federal Tax Lien on my property.

l) The IRS may file a Notice of Federal Tax Lien during the offer investigation. The IRS may file a Notice of Federal Tax Lien to protect the Government's interest on offers that will be paid over time. This tax lien will be released when the payment terms of the accepted offer have been satisfied.

I authorize the IRS to contact relevant third parties in order to process my offer

m) By authorizing the IRS to contact third parties including credit bureaus, I understand that I will not be notified of which third parties the IRS contacts as part of the offer application process, as stated in section 7602(c) of the Internal Revenue Code.

I am submitting an offer as an individual for a joint liability

n) I understand if the liability sought to be compromised is the joint and individual liability of myself and my co-obligor(s) and I am submitting this offer to compromise my individual liability only, then if this offer is accepted, it does not release or discharge my co-obligor(s) from liability. The United States still reserves all rights of collection against the co-obligor(s).

Section 9

Signatures

Under penalties of perjury, I declare that I have examined this offer, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Taxpayer/Corporation Name	Phone Number	Date (mm/dd/yyyy)
Signature of Taxpayer/Authorized Corporate Officer	Phone Number	Date (mm/dd/yyyy)

Section 10

Paid Preparer Use Only

Signature of Preparer	Phone Number	Date (mm/dd/yyyy)
Name of Paid Preparer	Preparer's CAF no. or PTIN	

Firm's Name, Address, and ZIP Code

Include a valid, signed Form 2848 or 8821 with this application, if one is not on file.

Section 11

Third Party Designee

Do you want to allow another person to discuss this offer with the IRS? Yes No

If yes, provide designee's name

Telephone Number
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IRS Use Only

I accept the waiver of the statutory period of limitations on assessment for the Internal Revenue Service, as described in Section 8 (k).

Signature of Authorized Internal Revenue Service Official	Title	Date (mm/dd/yyyy)
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Privacy Act Statement

We ask for the information on this form to carry out the internal revenue laws of the United States. Our authority to request this information is Section 7801 of the Internal Revenue Code.

Our purpose for requesting the information is to determine if it is in the best interests of the IRS to accept an offer. You are not required to make an offer; however, if you choose to do so, you must provide all of the taxpayer information requested. Failure to provide all of the information may prevent us from processing your request.

If you are a paid preparer and you prepared the Form 656 for the taxpayer submitting an offer, we request that you complete and sign Section 10 on Form 656, and provide identifying information. Providing this information is voluntary. This information will be used to administer and enforce the internal revenue laws of the United States and may be used to regulate practice before the Internal Revenue Service for those persons subject to Treasury Department Circular No. 230, Regulations Governing the Practice of Attorneys, Certified Public Accountants, Enrolled Agents, Enrolled Actuaries, and Appraisers before the Internal Revenue Service. Information on this form may be disclosed to the Department of Justice for civil and criminal litigation.

We may also disclose this information to cities, states and the District of Columbia for use in administering their tax laws and to combat terrorism. Providing false or fraudulent information on this form may subject you to criminal prosecution and penalties.

Form **656-A**
(February 2007)

Department of the Treasury — Internal Revenue Service

**Income Certification for Offer in Compromise
Application Fee and Payment**
(For Individual Taxpayers Only)

If you are not required to submit the fee or payments based on your income level, you must complete this form and attach both it and the worksheet to the front of your Form 656.

Your Name <i>(Last, First, Middle initial) (Please Print)</i>	Social Security Number (SSN) or Taxpayer Identification Number (TIN)
Spouse's Name <i>(Last, First, Middle initial) (Please Print)</i>	Social Security Number (SSN) or Taxpayer Identification Number (TIN)

Certification: I/We certify under penalty of perjury that I am not required to submit an Offer in Compromise application fee and payment, based on my family unit size and income.

Your Signature	Date
Spouse's Signature <i>(if submitting a joint Offer in Compromise)</i>	Date

Note: If the Internal Revenue Service determines that you were required to pay a fee or payment, your Offer in Compromise will be returned without further consideration.

Collection Information Statement for Wage Earners and Self-Employed Individuals

Use this form if you are

- An individual who owes income tax on a Form 1040, U.S. Individual Income Tax Return
- An individual with a personal liability for Excise Tax
- An individual responsible for a Trust Fund Recovery Penalty
- An individual who is personally responsible for a partnership liability
- An individual who is self-employed or has self-employment income. You are considered to be self-employed if you are in business for yourself, or carry on a trade or business.

Wage earners Complete sections 1, 3, 4 (Box 1), 6, and 7 including signature line on page 7.

Self-employed individuals Complete all sections and signature line on page 7

Note: Include attachments if additional space is needed to respond completely to any question.

Section 1 Personal and Household Information

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

Provide information about your spouse.

Spouse's Last Name		First Name		Date of Birth (mm/dd/yyyy)	Social Security Number - -
Occupation				Employer's Address (Street, City, State, ZIP Code)	
Employer's Name					

Provide information for all other persons in the household or claimed as a dependent.

Name	Age	Relationship	Claimed as a dependent on your Form 1040?	Contributes to household income?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 Self-employed Information

If you or your spouse is self-employed, complete this section.

Is your business a sole proprietorship (filing Schedule C)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address of Business (if other than personal residence)			
Name of Business		Trade Name or dba			
Business Telephone Number () -	Employer Identification Number				
Description of Business	Total Number of Employees	Frequency of Tax Deposits	Average Gross Monthly Payroll \$		

Section 2 (Continued)

Self-employed Information

Do you or your spouse have any other business interests? <input type="checkbox"/> Yes (Percentage of ownership: _____) <input type="checkbox"/> No		Business Address (Street, City, State, ZIP code)
Business Name		
Business Telephone Number (_____)	Business Identification Number	
Type of business (Select one) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other		

Section 3

Personal Asset Information

Cash and Investments (domestic and foreign)

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

If any line item is zero or less, enter "0". Do not enter negative numbers on this form.

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(1a) \$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(1b) \$
Total value of bank accounts from attachment		(1c) \$
Add lines (1a) through (1c) =		(1) \$
Investment Account: <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other		
Name of Financial Institution	Account Number	
Current Market Value	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) \$
Add lines (3a) through (3c) =		(3) \$

Section 3 (Continued)

Personal Asset Information

Cash value of life insurance policies		
Name of Insurance Company	Policy Number	
Current Cash Value	Less Loan Balance	
\$ _____	- \$ _____	= (4a) \$ _____
Total of life insurance policies from attachment.	Less Any Loan Balance(s)	
\$ _____	- \$ _____	= (4b) \$ _____
Add lines (4a) through (4b) =		(4) \$ _____

Real Estate (Enter information about any house, condo, co-op, time share, etc. that you own or are buying)

Property Address (Street Address, City, State, ZIP Code)	Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Purchased _____	
	County and Country	
How is property titled? (joint tenancy, etc.)?	Description of Property	
Current Market Value	Less Loan Balance (Mortgages, etc.)	
\$ _____ X .8 = \$ _____	- \$ _____	Total Value of Real Estate = (5a) \$ _____

Property Address (Street Address, City, State, ZIP Code)	Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Purchased _____	
	County and Country	
How is property titled? (joint tenancy, etc.)?	Description of Property	
Current Market Value	Less Loan Balance (Mortgages, etc.)	
\$ _____ X .8 = \$ _____	- \$ _____	Total Value of Real Estate = (5b) \$ _____

Property Address (Street Address, City, State, ZIP Code)	Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Purchased _____	
	County and Country	
How is property titled? (joint tenancy, etc.)?	Description of Property	
Current Market Value	Less Loan Balance (Mortgages, etc.)	
\$ _____ X .8 = \$ _____	- \$ _____	Total Value of Real Estate = (5c) \$ _____

Total value of property(s) from attachment [current market value X .8 less any loan balance(s)]	(5d) \$ _____
Add lines (5a) through (5d) =	
	(5) \$ _____

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

Vehicle Make & Model	Year	Date Purchased	Mileage	<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$	
Current Market Value			Less Loan Balance		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =	
\$ _____ X .8 = \$ _____			- \$ _____		(6a) \$ _____	

Vehicle Make & Model	Year	Date Purchased	Mileage	<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$	
Current Market Value			Less Loan Balance		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =	
\$ _____ X .8 = \$ _____			- \$ _____		(6b) \$ _____	

Vehicle Make & Model	Year	Date Purchased	Mileage	<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$	
Current Market Value			Less Loan Balance		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =	
\$ _____ X .8 = \$ _____			- \$ _____		(6c) \$ _____	

Section 3 (Continued) Personal Asset Information

Total value of vehicles listed from attachment [current market value X .8 less any loan balance(s)]	(6d) \$
Add lines (6a) through (6d) =	(6) \$

Other valuable items (artwork, collections, jewelry, items of value in safe deposit boxes, etc).

Description of asset:	
Current Market Value	Less Loan Balance
\$ _____ X .8 = \$ _____	- \$ _____ = (7a) \$

Description of asset:	
Current Market Value	Less Loan Balance
\$ _____ X .8 = \$ _____	- \$ _____ = (7b) \$

Total value of valuable items listed from attachment [current market value X .8 less any loan balance(s)]	(7c) \$
Add lines (7a) through (7c) =	(7) \$

Section 4 Business Asset Information (for Self-Employed)

List business assets such as bank accounts, tools, books, machinery, equipment, business vehicles and real property that is owned/leased/rented. If additional space is needed, attach a list of items. Do not enter a number less than zero.

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

<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	
Bank Name	Account Number
(8b) \$	

Total value of bank accounts from attachment	(8c) \$
Add lines (8a) through (8c) for total bank account(s) =	(8) \$

Description of asset:	
Current Market Value	Less Loan Balance
\$ _____ X .8 = \$ _____	- \$ _____ = (9a) \$

Description of asset:	
Current Market Value	Less Loan Balance
\$ _____ X .8 = \$ _____	- \$ _____ = (9b) \$

Total value of assets listed from attachment [current market value X .8 less any loan balance(s)]	(9c) \$
Add lines (9a) through (9c) =	(9) \$

IRS allowed deduction for professional books and tools of trade –	(10) \$ [4,290]
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Enter the value of line (9) minus line (10). If less than zero enter zero. =	(11) \$
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Notes Receivable	
Do you have notes receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach current listing which includes name and amount of note(s) receivable.	

Accounts Receivable	
Do you have accounts receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, you may be asked to provide a list of the Account(s) Receivable.	

Do not include amount on the lines with a letter beside the number. Add lines (1) through (8), and line (11) and enter the amount in Box 1 =	Box 1 Available Equity in Assets \$
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Section 5 Business Income and Expense Information (for Self-Employed)

Note: If you provide a current profit and loss (P&L) statement for the information below, enter the total gross monthly income on line 18 and your monthly expenses on line 30 below. Do not complete lines (13) - (17) and (19) - (29). You may use the amounts claimed for income and expenses on your most recent Schedule C; however, if the amount has changed significantly within the past year, a current P&L should be submitted to substantiate the claim.

Business Income (You may average 6-12 months income/receipts to determine your Gross monthly income/receipts.)

Gross receipts	(13) \$
Gross rental income	(14) \$
Interest income	(15) \$
Dividends	(16) \$
Other income	(17) \$
Gross Monthly Business Income - Add lines (13) through (17) =	(18) \$

Business Expenses (You may average 6-12 months expenses to determine your average expenses.)

Materials purchased (e.g., items directly related to the production of a product or service)	(19) \$
Inventory purchased (e.g., goods bought for resale)	(20) \$
Gross wages and salaries	(21) \$
Rent	(22) \$
Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	(23) \$
Utilities/telephones	(24) \$
Vehicle costs (gas, oil, repairs, maintenance)	(25) \$
Business Insurance	(26) \$
Current Business Taxes (e.g., Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	(27) \$
Other secured debts (not credit cards)	(28) \$
Other business expenses (include a list)	(29) \$
Total Monthly Business Expenses - Add lines (19) through (29) =	(30) \$
Subtract line (30) from line (18) and enter the amount in Box 2 =	Box 2 Net Business Income \$

Section 6 Monthly Household Income and Expense Information

Enter your household's gross monthly income. The information below is for yourself, your spouse, and anyone else who contributes to your household's income. The entire household includes spouse, significant other, children, and others who contribute to the household. This is necessary for the IRS to accurately evaluate your offer.

Monthly household income

Primary taxpayer					
Wages	Social Security	Pension(s)	Total primary taxpayer income		(31) \$
\$ _____	+ \$ _____	+ \$ _____	=		
Spouse					
Wages	Social Security	Pension(s)	Total spouse income		(32) \$
\$ _____	+ \$ _____	+ \$ _____	=		
Interest and dividends					(33) \$
Distributions (such as, income from partnerships, sub-S Corporations, etc.)					(34) \$
Net rental income					(35) \$
Net business income from Box 2					(36) \$
Child support received					(37) \$
Alimony received					(38) \$
Add lines (31) through (38) and enter the amount in Box 3 =					Box 3 Total Household Income \$

Are there additional sources of income used to support the household, e.g. non-lie spouse, roommate, etc. Yes No

Section 6 - (Continued)**Monthly Household Income and Expense Information****Monthly Household Expenses**

Enter your average monthly expenses. **Note: Expenses may be adjusted based on IRS Collection Financial Standards. The standards may be found at irs.gov.**

Food, clothing, and miscellaneous (e.g., housekeeping supplies, personal care products, minimum payment on credit card). A reasonable estimate of these expenses may be used.	(41) \$
Housing and utilities (e.g., rent or mortgage payment and average monthly cost of property taxes, home insurance, maintenance, dues, fees and utilities including electricity, gas, other fuels, trash collection, water, cable television and internet, telephone, and cell phone).	(42) \$
Vehicle loan and/or lease payment(s)	(43) \$
Vehicle operating costs (e.g., average monthly cost of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, tolls, etc.). A reasonable estimate of these expenses may be used.	(44) \$
Public transportation costs (e.g., average monthly cost of fares for mass transit such as bus, train, ferry, taxi, etc.). A reasonable estimate of these expenses may be used.	(45) \$
Health insurance premiums	(46) \$
Out-of-pocket health care costs (e.g. average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)	(47) \$
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)	(48) \$
Child/dependent care payments (e.g., daycare, etc.)	(49) \$
Life insurance premiums	(50) \$
Current taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)	(51) \$
Other secured debts (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed Student Loan).	(52) \$
Delinquent State and Local Taxes	(53) \$
Add lines (41) through (53) and enter the amount in Box 4 =	Box 4 Household Expenses \$
Subtract Box 4 from Box 3 and enter the amount in Box 5 =	Box 5 Remaining Monthly Income \$

Section 7**Calculate Your Minimum Offer Amount**

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

If you will pay your offer in 5 months or less, multiply "Remaining Monthly Income" (Box 5) by 12 to get "Future Remaining Income" (Box 6).

Enter the total from Box 5 here \$ _____	X 12 =	Box 6 Future Remaining Income \$ _____
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If you will pay your offer in more than 5 months, multiply "Remaining Monthly Income" (Box 5) by 24 to get "Future Remaining Income" (Box 7).

Enter the total from Box 5 here \$ _____	X 24 =	Box 7 Future Remaining Income \$ _____
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Determine your minimum offer amount by adding the total available assets from Box 1 to amount in either Box 6 or Box 7.

Enter the amount from Box 1 here Do Not Enter a Number Less Than Zero \$ _____	+	Enter the amount from either Box 6 or Box 7 \$ _____	=	Offer Amount Must be more than zero \$ _____
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If you have special circumstances that would hinder you from paying this amount, explain them on Form 656, Offer in Compromise, page 2, "Explanation of Circumstances."

Section 8 Other Information

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

Are you the beneficiary of a trust, estate, or life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed bankruptcy in the past 10 years? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No If applicable, date the lawsuit was resolved: (mm/dd/yyyy)	
In the past 10 years, have you transferred any assets for less than their full value? <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, date the asset was transferred: (mm/dd/yyyy)	
Have you lived outside the U.S. for 6 months or longer in the past 10 years? <input type="checkbox"/> Yes <input 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 9 Signatures

Under penalties of perjury, I declare that I have examined this offer, including accompanying documents, and to the best of my knowledge it is true, correct, and complete.

Signature of Taxpayer	Date (mm/dd/yyyy)
Signature of Taxpayer	Date (mm/dd/yyyy)

Remember to include all applicable attachments listed below.

- Copies of the most recent pay stub, earnings statement, etc., from each employer
- Copies of bank statements for the three most recent months
- Copies of the most recent statement, etc., from all other sources of income such as pensions, Social Security, rental income, interest and dividends, court order for child support, alimony, and rent subsidies
- Copies of the most recent statement for each investment and retirement account
- Copies of the most recent statement from lender(s) on loans such as mortgages, second mortgages, vehicles, etc., showing monthly payments, loan payoffs, and balances
- List of Notes Receivable, if applicable
- Verification of State/Local Tax Liability, if applicable
- Documentation to support any special circumstances described in the "Explain special circumstances" section on page 2 of Form 656, if applicable
- Attach a Form 2848, *Power of Attorney*, if you would like your attorney, CPA, or enrolled agent to represent you and you do not have a current form on file with the IRS.

Privacy Act Statement

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

Collection Information Statement for Businesses

Complete this form if your business is a

- Corporation
- Partnership
- Limited Liability Company (LLC) classified as a corporation
- Other multi-owner/multi-member LLC
- Single member LLC

If your business is a sole proprietorship (filing Schedule C), do not use this form. Instead, complete Form 433-A (OIC) Collection Information Statement for Wage Earners and Self-Employed Individuals.

Include attachments if additional space is needed to respond completely to any question.

Section 1 Business Information

Business Name		Employer Identification Number
Business address (street, city, state, zip code)		County of Business Location
		Description of Business and dba or "Trade Name"
Primary Phone () -	Secondary Phone () -	Mailing address (if different from above or Post Office Box number)
Business website address		
Fax Number () -	Does the business outsource its payroll processing and tax return preparation for a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list provider name and address in box below (Street, City, State, ZIP Code)	
Federal Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Employees	
Frequency of tax deposits	Average gross monthly payroll \$	

Provide information about all partners, officers, LLC members, major shareholders (foreign and domestic), etc., associated with the business. Include attachments if additional space is needed.

Last Name	First Name	Title
Percent of Ownership and annual salary	Social Security Number - -	Home address (Street, City, State, ZIP Code)
Primary Phone () -	Secondary Phone () -	
Last Name	First Name	Title
Percent of Ownership and annual salary	Social Security Number - -	Home address (Street, City, State, ZIP Code)
Primary Phone () -	Secondary Phone () -	
Last Name	First Name	Title
Percent of Ownership and annual salary	Social Security Number - -	Home address (Street, City, State, ZIP Code)
Primary Phone () -	Secondary Phone () -	

Section 2**Business Asset Information**

Gather the **most current** statement from banks, lenders on loans, mortgages (including second mortgages), monthly payments, loan balances, and accountant's depreciation schedules, if applicable. Also, include make/model/year/mileage of vehicles and current value of business assets. To estimate the current value, you may consult resources like Kelley Blue Book (www.kbb.com), NADA (www.nada.com), local real estate postings of properties similar to yours, and any other websites or publications that show what the business assets would be worth if you were to sell them. Asset value is subject to adjustment by IRS. Enter the total amount available for each of the following (if additional space is needed, please include attachments).

If any line item is zero or less, enter "0". Do not enter negative numbers on this form.

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(1a) \$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(1b) \$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(1c) \$
Total value of bank accounts from attachment		(1d) \$
Add lines (1a) through (1d) =		(1) \$
Investment Account: <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other		
Name of Financial Institution	Account Number	
Current Market Value	Less Loan Balance	
\$ _____ X .8 = \$ _____	- \$ _____	= (2a) \$
Investment Account: <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other		
Name of Financial Institution	Account Number	
Current Market Value	Less Loan Balance	
\$ _____ X .8 = \$ _____	- \$ _____	= (2b) \$
Total of investment accounts from attachment. [current market value X.8 less loan balance(s)]		(2c) \$
Add lines (2a) through (2c) =		(2) \$
Notes receivable		
Do you have notes receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes , attach current listing which includes name and amount of note(s) receivable.		
Accounts Receivable		
Do you have accounts receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes , you may be asked to provide a list of name and amount of the Account(s) Receivable.		

Section 2 (Continued)

Business Asset Information

If the business owns more properties, vehicles, or equipment than shown in this form, please list on an attachment.

Real Estate (Buildings, Lots, Commercial Property, etc.)

Do not use negative numbers.

Property Address (Street Address, City, State, ZIP Code)	Property Description	Date Purchased	
	County and Country		
Current Market Value		Less Loan Balance (Mortgages, etc.)	
\$ _____ X .8 = \$ _____		- \$ _____ Total Value of Real Estate =	
			(3a) \$
Property Address (Street Address, City, State, ZIP Code)	Property Description	Date Purchased	
	County and Country		
Current Market Value		Less Loan Balance (Mortgages, etc.)	
\$ _____ X .8 = \$ _____		- \$ _____ Total Value of Real Estate =	
			(3b) \$
Total value of property(s) listed from attachment [current market value X .8 less any loan balance(s)]			(3c) \$
Add lines (3a) through (3c) =			(3) \$

Business Vehicles (cars, boats, motorcycles, trailers, etc.). If additional space is needed, list on an attachment.

Vehicle Make & Model	Year	Date Purchased	Mileage or Use Hours	
<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$ _____			
Current Market Value		Less Loan Balance		
\$ _____ X .8 = \$ _____		- \$ _____ Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =		
				(4a) \$
Vehicle Make & Model	Year	Date Purchased	Mileage or Use Hours	
<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$ _____			
Current Market Value		Less Loan Balance		
\$ _____ X .8 = \$ _____		- \$ _____ Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =		
				(4b) \$
Vehicle Make & Model	Year	Date Purchased	Mileage or Use Hours	
<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease/Loan Amount \$ _____			
Current Market Value		Less Loan Balance		
\$ _____ X .8 = \$ _____		- \$ _____ Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =		
				(4c) \$
Total value of vehicles listed from attachment [current market value X .8 less any loan balance(s)]				(4d) \$
Add lines (4a) through (4d) =				(4) \$

Other Business Equipment

Current Market Value	Less Loan Balance	Total value of equipment	
\$ _____ X .8 = \$ _____	- \$ _____	(if leased, enter 0 as the total value) =	
			(5a) \$
Total value of equipment listed from attachment [current market value X .8 less any loan balance(s)]			(5b) \$
IRS allowed exemption for professional books and tools of trade -			(5c) \$ [4,290]
Add lines (5a) and (5b) minus line (5c), if number is less than zero, enter zero =			(5) \$
Do not include the amount on lines with a letter beside the number. Add lines (1) through (5) and enter the amount in Box 1 =			Box 1 Available Equity in Assets \$ _____

Section 3**Business Income Information**

Enter the average gross monthly income of your business. To determine your gross monthly income use the most recent 6-12 months documentation of commissions, invoices, gross receipts from sales/services, etc.; most recent 6-12 months earnings statements, etc., from every other source of income (such as rental income, interest and dividends, or subsidies); or you may use a most recent 6-12 months Profit and Loss (P&L) to provide the information of income and expenses.

Note: If you provide a current profit and loss statement for the information below, enter the total gross monthly income in Box 2 below. Do not complete lines (6) - (10).

Gross receipts	(6) \$
Gross rental income	(7) \$
Interest income	(8) \$
Dividends	(9) \$
Other income (Specify on attachment)	(10) \$
Add lines (6) through (10) and enter the amount in Box 2 =	Box 2 Total Business Income \$

Section 4**Business Expense Information**

Enter the average gross monthly expenses for your business using your most recent 6-12 months statements, bills, receipts, or other documents showing monthly recurring expenses.

Note: If you provide a current profit and loss statement for the information below, enter the total monthly expenses in Box 3 below. Do not complete lines (11) - (20).

Materials purchased (e.g., items directly related to the production of a product or service)	(11) \$
Inventory purchased (e.g., goods bought for resale)	(12) \$
Gross wages and salaries	(13) \$
Rent	(14) \$
Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	(15) \$
Utilities/telephones	(16) \$
Vehicle costs (gas, oil, repairs, maintenance)	(17) \$
Insurance (other than life)	(18) \$
Current taxes (e.g., real estate, state, and local income tax, excise franchise, occupational, personal property, sales and employer's portion of employment taxes, etc.)	(19) \$
Other expenses (e.g., secured debt payments. Specify on attachment. Do not include credit card payments)	(20) \$
Add lines (11) through (20) and enter the amount in Box 3 =	Box 3 Total Business Expenses \$
Subtract Box 3 from Box 2 and enter the amount in Box 4 = If number is less than zero, enter zero.	Box 4 Remaining Monthly Income \$

Section 5 Calculate Your Minimum Offer Amount

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

If you will pay your offer in 5 months or less, multiply "Remaining Monthly Income" (Box 4) by 12 to get "Future Remaining Income."

Enter the amount from Box 4 here \$ _____	X 12 =	Box 5 Future Remaining Income \$ _____
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If you will pay your offer in more than 5 months, multiply "Remaining Monthly Income" (from Box 4) by 24 to get "Future Remaining Income."

Enter the amount from Box 4 here \$ _____	X 24 =	Box 6 Future Remaining Income \$ _____
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Determine your minimum offer amount by adding the total available assets from Box 1 to amount in either Box 5 or Box 6.

Enter the amount from Box 1 here* Do not enter a number less than zero \$ _____	+	Enter the amount from either Box 5 or Box 6 \$ _____	=	Offer Amount Must be more than zero \$ _____
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If you have special circumstances that would hinder you from paying this amount, explain them on Form 656, Offer in Compromise, Page 2, "Explanation of Circumstances."

*You may exclude any equity in income producing assets shown in Section 2 of this form.

Section 6 Other Information

Additional information IRS needs to consider settlement of your tax debt. If this business is currently in a bankruptcy proceeding, the business is not eligible to apply for an offer.

Is the business currently in bankruptcy?
 Yes No

Has the business ever filed bankruptcy?
 Yes No

If yes, provide:
 Date Filed (mm/dd/yyyy) _____ Date Dismissed or Discharged (mm/dd/yyyy) _____
 Petition No. _____ Location Filed _____

Does this business have other business affiliations (e.g., subsidiary or parent companies)?
 Yes No

If yes, list the Name and Employer Identification Number: _____

Do any related parties (e.g., partners, officers, employees) owe money to the business?
 Yes No

Is the business currently, or in the past, a party to a lawsuit?
 Yes No If applicable, date the lawsuit was resolved: _____

In the past 10 years, has the business transferred any assets for less than their full value?
 Yes No If applicable, provide date and type of asset transferred: _____

Has the business been located outside the U.S. for 6 months or longer in the past 10 years?
 Yes No

Does the business have any funds being held in trust by a third party?
 Yes No If yes, how much \$ _____ Where: _____

Does the business have any lines of credit?
 Yes No If yes, credit limit \$ _____ Amount owed \$ _____

What property secures the line of credit? _____

Section 7

Signatures

Under penalties of perjury, I declare that I have examined this offer, including accompanying documents, and to the best of my knowledge it is true, correct, and complete.

Signature of Taxpayer	Title	Date (mm/dd/yyyy)
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Remember to include all applicable attachments from list below.

- A current Profit and Loss statement covering at least the most recent 6-12 month period, if appropriate.
- Copies of the most recent statement for each bank, investment, and retirement account.
- If an asset is used as collateral on a loan, include copies of the most recent statement from lender(s) on loans, monthly payments, loan payoffs, and balances.
- Copies of the most recent statement of outstanding notes receivable.
- Copies of the most recent statements from lenders on loans, mortgages (including second mortgages), monthly payments, loan payoffs, and balances.
- Copies of relevant supporting documentation of the special circumstances described in the "Explain special circumstances" section on page 2 of Form 656, if applicable.
- Attach a Form 2848, Power of Attorney, if you would like your attorney, CPA, or enrolled agent to represent you and you do not have a current form on file with the IRS.

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