

IRS Collection Update

Bar Association of San Francisco Taxation Section July 15, 2014

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OUTLINE

A. Taxpayer with Tax Debt - Possible Options

- 1) Full pay
- 2) Installment agreement
- 3) Offer in Compromise
- 4) Bankruptcy

1. Full Pay

2. Installment Agreement

a) *The Basics*

i) Overview - Arrangement with IRS to pay tax liability over a period of time. Must be in tax filing compliance and stay in future compliance to obtain/maintain installment agreement (IA).

ii) Partial Pay Installment Agreement - If the IRS determines the amount a taxpayer (Taxpayer) can pay on an IA will not fully pay off the tax liability before the collection statute expiration date (CSED), it may set up a "partial pay installment agreement" (PPAI).

b) *What's New*

IRS Fresh Start Initiative (FSI) introduced an increased threshold for a streamlined IA to \$50,000 from \$25,000 for individuals. The limit for businesses is \$25,000 on a streamlined IA. *A streamlined IA does not require financial information to be submitted to the IRS and can stretch out payments up to 72 months (increased from 60 months).*

California Directory

**Small Business Self-Employed
Stakeholder Liaison Division**

IRS Telephone DIRECTORY for Practitioners



5/29/2014

The purpose of the IRS Telephone Directory for Practitioners is to assist members of the practitioner community as they attempt to resolve issues or concerns without circumventing normal channels that exist. Please note this information is only intended for tax professionals and is not to be shared with individual clients.

If you are unsure of who to contact or when to initiate a contact, an IRS Stakeholder Liaison can provide guidance and assistance. You can find your local liaison on IRS.gov, keyword search: "Stakeholder Liaison".

California Directory

Appeals

| | | |
|---|-------------------|-------------------|
| Director, Field Operations West | Delon Harris | 202-317-8819 |
| Program Manager - Area 9 Riverside | Annette Streater | 951-276-6441 x103 |
| Program Manager - Area 8 San Francisco | Patrick McGuire | 503-415-7103 |
| Program Manager - Area 11 Collection | Richard Stefanski | 415-281-7866 |

Area Counsel

| | | |
|------------------------------|-----------------|-------------------|
| Area Counsel - Los Angeles | James A. Nelson | 213-894-3027 x124 |
| Area Counsel - San Francisco | John Cardone | 415-547-3722 |

Criminal Investigation

| | | |
|--|----------------|--------------|
| Director, Field Operations | John Fort | 202-622-7026 |
| Special Agent in Charge, Oakland Field Office | Jose Martinez | 510-637-2688 |
| Special Agent in Charge, Los Angeles | Erick Martinez | 313-234-2401 |

HQ PIPDS - Disclosure

| | | |
|---|------------------|--------------|
| Director | Joyce Peneau | 510-637-3024 |
| Manager, West Area | Theresa Gates | 206-220-5672 |
| Disclosure Manager - Southern CA | Klaudia Villegas | 213-576-4223 |
| Disclosure Manager - Central & Northern CA | Celeste Neal | 510-637-3030 |

HQ PIPDS - Governmental Liaison

| | | |
|---------------------|------------|--------------|
| Area Manager - West | Bill Maier | 408-283-1777 |
|---------------------|------------|--------------|

Insolvency

| | | |
|--------------------------------|-------------------|--------------|
| Director, Advisory/Insolvency | Quinton B Smith | 512-490-0251 |
| Territory Manager - Insolvency | Liz Sanchez | 408-283-1800 |
| Territory Manager - Advisory | Richard Sheinberg | 213-576-4519 |

Large Business & International (Communications, Technology, and Media)

| | | |
|---|----------------------|--------------|
| Director | Cheryl Claybough | 510-637-4600 |
| Director, Field Operations (West) | Kimberly Edwards | 713-209-3615 |
| Director, Field Operations (Southwest) | Rosemary Daley | 949-389-4581 |
| Territory Manager - San Francisco | Mark Nyman | 415-837-6296 |
| Territory Manager - San Jose | Antoine Shabazz | 408-817-6275 |
| Territory Manager - Glendale | Erwin Walker | 818-543-2230 |
| Territory Manager - Glendale | Nicholas Photakis | 818-543-2390 |
| Territory Manager - Phoenix | Clifford Scherwinski | 602-636-9400 |
| Territory Manager - Laguna Niguel | Ethelyn McDaniel | 949-389-4107 |

Lien Cases

| | | |
|---------------------------|--|--------------|
| Centralized Lien Function | | 800-913-6050 |
|---------------------------|--|--------------|

SB/SE Collection Division

| | | |
|-------------------------------|---------------------|--------------|
| Area Director, Southwest Area | Dawn Harris, Acting | 510-637-2700 |
|-------------------------------|---------------------|--------------|

| | | |
|---|---------------------------|--|
| (Southern CA) | | |
| Territory Manager - Laguna Niguel | Gloria Sapp | 949-389-4603 |
| Territory Manager - El Segundo | Mel Hadley | 310-414-4815 |
| Territory Manager - San Bernardino | Paul Alvarado | 909-388-8394 |
| Territory Manager - OIC | Jeff Tuler | 949-389-4183 |
| Territory Manager - Long Beach | Deidra Frank | 562-491-7789 |
| Territory Manager - Quad State/Central CA | Rick Chezum | 408-817-6900 |
| Territory Manager - Camarillo | Jim Thompson | 805-445-4430 |
| Area Director, Western Area (Northern CA) | Thomas Mathews | 801-799-7020 |
| Territory Manager - Oakand | Maryann Enciso | 559-676-6848 |
| Territory Manager - Sacramento | Mike Rockwell | 916-974-5472 |
| <u>SB/SE Communications and Stakeholder Outreach</u> | | |
| Western Area Manager | James Kinsey | james.r.kinsey@irs.gov 408-440-7887 |
| Assistant Area Manager | David Lawson | david.a.lawson@irs.gov 949-389-4333 |
| <u>SB/SE Examination Division - Northern Area</u> | | |
| Area Director - Northern CA | John Tuzynski, Acting | 240-613-5060 |
| Territory Manager - San Francisco | Tim Kelly | 707-535-3850 |
| Territory Manager - Oakland | Patti Jacobson | 408-283-1705 |
| Territory Manager - San Jose | Patti Jacobson | 408-283-1705 |
| Territory Manager - Sacramento | Albert Ju | 916-974-5170 |
| Territory Manager - Sacramento TCO | Sheryl Parker | 916-972-5371 |
| <u>SB/SE Examination Division - Southern Area</u> | | |
| Area Director - Southern CA | Moises Medina | 213-576-3589 |
| Territory Manager - Los Angeles TCO | Anna Hom | 213-576-3373 |
| Territory Manager - El Monte | Tonya Mitchell | 626-927-1400 |
| Territory Manager - Glendale | DeGina LaCour | 213-576-3847 |
| Territory Manager - El Segundo | Tim Bilotta | 310-414-3608 |
| Territory Manager - San Diego | Phil Edwards | 619-615-3998 |
| Territory Manager - Santa Ana | Dorothy Russell | 714-347-9511 |
| Territory Manager - Southern CA TCO | Mark Jaramillo | 909-388-8294 |
| Territory Manager - Central Coast | Mark Tracht | 818-274-0770 |
| Territory Manager-Phoenix/Central CA | John Murphy | 602-636-9204 |
| Territory Manager - Phoenix 2/Palm Springs | Kurt Branning Branning | 602-636-9275 |
| <u>SB/SE Specialty Programs Employment Tax</u> | | |
| Territory Manager | Richard O'Connell | 651-726-1420 |
| <u>Taxpayer Advocate</u> | | |
| Area Director | John Tam | 510-637-2044 |

| | | |
|--|---------------------------|--------------|
| Area Manager - Los Angeles | Michael Shuler | 213-576-3016 |
| Area Manager - Laguna Niguel | Doris Ward | 949-389-4828 |
| Area Manager - Oakland | Tiffany Todaro | 510-637-3079 |
| Area Manager - Fresno Campus | Jeffrey Bentson | 559-442-6428 |
| Area Manager - Sacramento | Daniel Maiuro | 916-974-5191 |
| <u>TE/GE Employee Plans</u> | | |
| Area Director | Colleen Patton | 720-956-4533 |
| <u>TE/GE Exempt Organizations</u> | | |
| Area Manager | Joan Hirsch | 602-636-9793 |
| <u>TE/GE Indian Tribal Governments</u> | | |
| Program Manager | John Saltmarsh | 909-388-8162 |
| <u>Wage & Investment Field Assistance</u> | | |
| Director, Field Assistance | Craig Stevens | 559-488-7780 |
| Territory Manager - Oakland | Stella Lee | 510-637-2460 |
| Territory Manager - Los Angeles | Sandra Fleming | 213-576-3057 |
| Territory Manager - Santa Ana | Diane Thomson | 714-347-9208 |
| Territory Manager - Fresno | William Johnson | 206-220-5990 |
| <u>Wage & Investment Stakeholder Partnership, Education & Communication</u> | | |
| Area Director | Denise Lage, Acting | 559-454-6844 |
| Territory Manager - Los Angeles | Connie Stewart | 213-576-3439 |
| Territory Manager - Sacramento | April Crawford, Acting | 925-974-3813 |
| Territory Manager - Oakland/San Jose/Hawaii | Shelly Dunn | 510-637-3163 |

c) *Hot Tip:*

A Taxpayer may pay down a balance to just under \$50,000 and pursue a streamlined IA to avoid the (expensive and time-consuming) need to provide financial forms and supporting documents to the IRS.

3. Offers in Compromise

a) *The Basics*

i) Overview - Permits Taxpayers to settle their tax debt for less than the full amount due in certain circumstances due to:

- a. inability to fully pay (doubt as to collectability),
- b. doubt as to liability, or
- c. the compromise serves the interest of effective tax administration.

ii) Key number for offers based on doubt as to collectability: Reasonable Collection Potential (RCP). The IRS considers all assets in the RCP calculation including equity in an owned residence and retirement accounts. On the income side, the RCP is based on the Taxpayer's monthly gross income less expenses, but only some expenses are allowed and only up to a certain IRS-prescribed amounts.

b) *What's New*

i) A significant change in the OIC program is the change on the net future income calculation. There are two payment options with OIC - selected at the start:

a. Lump-sum: 20% of offered amount included with the submission of the OIC; plus, the rest of offered amount must be paid within five (5) months of acceptance.

b. Periodic-payment: no 20% down payment required but must start making proposed monthly payments right away and continue throughout period OIC is being considered/processed - and beyond if accepted.

Previously, the RCP used 48, 60 or even more months of the determined future monthly net income. Thus, the monthly net income was determined and then multiplied by 48, 60 or more in determining the income portion of the RCP. *Now, only 12 months of net income is used if a lump sum offer is made and 24 months if a periodic payment offer is made.*

EXAMPLE

Reasonable Collection Potential (RCP) Calculation:

| | | |
|-----------------------------|---|---|
| Net Equity in Assets | = | \$12,000 |
| Monthly Net Income | = | \$800 |
| RCP on Lump-Sum OIC | = | \$21,600 (\$800 times 12 plus \$12,000) |
| RCP on Periodic Payment OIC | = | \$31,200 (\$800 times 24 plus \$12,000) |

Note - In determining if a Taxpayer can fully pay his tax liability and, thus, is ineligible for an OIC, the IRS, however, still uses the higher number of months (such as the number of months left on the CSED). Thus, the RCP is calculated for two reasons: first, to determine if Taxpayer can fully pay within CSED and, if not, second, to determine minimum acceptable offer amount. It is only the latter step to which this change - to 12 or 24 months - applies.

ii) Forms 656/433 - Updated on January 2014. The family of Forms 433, used to profile a Taxpayer's financial circumstances, has expanded and includes some Taxpayer-friendly calculation features. See attached Forms 433(OIC) and 656.

iii) The OIC application fee increased from \$150 to \$186 (still may be waived for low-income taxpayers)

iv) IRS now has a pre-qualifier tool on its website that may help Taxpayers determine if OIC is an option for them.

v) Dissipated assets - As part of the Fast Start Initiative, there are fewer situations when dissipated assets will be included in the RCP.

vi) OICs based on Effective Tax Administration – A possible solution for clients with serious health issues and/or medical costs – but enough assets to full-pay the tax liability.

c) *Hot Tips*

i) Designating OIC Payments to specific tax periods - The Form 656 allows Taxpayers to designate payments made with an OIC (for example, the 20% down payment, pending offer payments).

ii) Include extra costs for older vehicles

iii) If at all possible, select the lump-sum offer option over periodic payments. Reduce your client's total amount paid and reduce risk of default.

iv) Expenses in Future Income - Before submitting the OIC, identify every possible allowable expense which the Taxpayer can substantiate, especially those not limited by application of the IRS national expense standards.

4. Bankruptcy

Some tax debt is dischargeable in bankruptcy. In particular circumstances, bankruptcy may be preferable to an OIC.

B. Liens and Levies

a) The Basics

Liens attach as a matter of law upon assessment of a tax liability. However, liens are now being recorded in fewer situations. Levies remain one of the Service's most motivating collection tools.

b) What's New

i) The threshold when a notice of federal tax lien will be filed increased from \$5,000 to \$10,000 in total amount outstanding.

ii) The IRS generally will withdraw filed Federal Tax Liens if the tax liability is under \$25,000 and the Taxpayer enters into a direct debit Installment Agreement for the balance.

iii) Requests to discharge property from a federal tax lien now require processing time of 45 to 60 days from the date the request is assigned to an IRS representative.

C. First Time Penalty Relief

a) The (little known) Basics

The IRS generally will generally abate a penalty for failure to pay tax or failure to file a return for one period if the Taxpayer had no other penalties during the prior three years.

b) Hot Tip

Ask for the abatement if the Taxpayer qualifies. It is rare for the IRS to offer the abatement.

D. Voluntary Classification Settlement Program – Worker Classification Issues

a) *The Basics*

Companies functioning with independent contractors face inquiries regarding the proper classification of the workers instigated by the IRS and the workers themselves. The Voluntary Classification Settlement Program (VCSP) was developed by the IRS to allow companies to voluntarily reclassify their independent contractor workers as employees for future tax periods for employment tax purposes.

b) *What's New*

i) VCSP offers a simple, relatively low cost means to reclassify workers as employees. Participating companies submit a two-page form (IRS Form 8952), specifying the preferred date of conversion (at least sixty days prior to conversion).

ii) No payment is required with the VCSP application.

iii) No employment tax audit with respect to the worker classification of workers for prior years...no liability for penalties...no interest.

iv) The VCSP payment is highly favorable to the taxpayer company.

a. Ten percent of the amount of employment taxes calculated under the reduced rates of IRC section 3509(a),

b. For compensation paid for the most recent year,

c. For the workers being reclassified.

d. High level example: Company wishes to reclassify workers during 2013. Company paid workers \$1,500,000 during 2012 (the most recent year). Under IRC section 3509(a), the applicable employment taxes for \$1,500,000 in wages would be \$154,200. Under VCSP, the company's payment would be \$15,420, with no added penalties or interest. And, certainty of no audit for employment tax issues for the prior years.

v) Eligible participants include:

a. Companies with workers consistently treated as independent contractors or other non-employees who will be converted to employee status.

b. Companies must have filed Forms 1099 for the workers for the previous three years (or fewer years beginning when the company began operating with non-employees).

c. Must not be under audit currently by the IRS for employment tax issues. Companies undergoing an SS-8/Worker Classification review may apply to participate.

d. Must not be under audit by the Department of Labor or any state agency regarding the classification of workers. (However, if the company was audited and is complying with the determination, the company may apply to participate in the VCSP.)

c) *Hot Tips*

The Voluntary Classification Settlement Program may be the Service's best deal for taxpayer companies. The program combines simple application procedures at highly favorable tax rates payable for only one tax year with the certainty of being free from the threat of worker reclassification or employment tax audit for the reclassified workers.

Not all workers must be reclassified.

The VCSP unit is clandestine. Not even IRS Practitioner Hotline representatives have telephone access to the unit (based in Ogden). Apply and the unit will contact you.

E. Potpourri

- New fax numbers for submitting Forms 2848. For Ogden (CAF): 855-214-7522.
- Transcript access via the Practitioner's Hotline is more limited. The taxpayer must have an active issue in controversy.
- IRS e-Services are valuable time-savers (including for requesting transcripts), available to non-return preparers.

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 | | First Name | | Date of Birth (mm/dd/yyyy) | Social Security Number - - |
| Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married | 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 () - | | | |

Provide information about your spouse.

| | | | |
|--------------------|---------------------|----------------------------|-------------------------------|
| Spouse's Last Name | Spouse's First Name | Date of Birth (mm/dd/yyyy) | Social Security Number - - |
|--------------------|---------------------|----------------------------|-------------------------------|

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 | | Employer's Address (street, city, state, zip code) | |
| Do you have an interest in this business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Your Occupation | How long with this employer (years) (months) | | |
| Spouse's Employer's Name | | Employer's Address (street, city, state, zip code) | |
| Does your spouse have an interest in this business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Spouse's Occupation | How long with this employer (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 | 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) \$ |
|--|---------|

| | |
|---|---------------|
| <i>Do not enter a negative number.</i> Add lines (1a) through (1c) less (\$1,000) = | (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) \$ |
|--------------------------------------|---------------|

| | | |
|---------------------------------------|-------------------|---------|
| 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 | | 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) = | (6a) \$ |
| 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) \$ |
| Add lines (6a) through (6d) = | | | | | (6) \$ |

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 \$ _____ X .8 = \$ _____ | Less Loan Balance - \$ _____ = (7a) \$ |
| Description of asset: | |
| Current Market Value \$ _____ X .8 = \$ _____ | Less Loan Balance - \$ _____ = (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? <input 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 |
| Description of Business | Total Number of Employees | Frequency of Tax Deposits | Average Gross Monthly Payroll \$ |
| 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 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 <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 <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 \$ _____ X .8 = \$ _____ | Less Loan Balance - \$ _____ | <i>(if leased or used in the production of income, enter 0 as the total value)</i> | = | (9a) \$ |
| Description of asset: | | | | |
| Current Market Value \$ _____ X .8 = \$ _____ | Less Loan Balance - \$ _____ | <i>(if leased or used in the production of income, enter 0 as the total value)</i> | = | (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) \$ [4,470] |
| Enter the value of line (9) minus line (10). If less than zero enter zero. = | | | | (11) \$ |
| 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, including e-payment, factoring companies, and any bartering or online auction accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, you may be asked to provide a list of 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 = | | | | Box B Available Business Equity in Assets \$ |

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) \$ |
| 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) \$ |
| Other 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". Subtract line (29) from line (17) and enter the amount in Box C = | Box C Net Business Income \$ |

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) \$ |
| Spouse/Other Income | | | | | |
| Wages | Social Security | Pension(s) | Other Income (e.g. unemployment) | Total spouse income = | |
| \$ _____ | + \$ _____ | + \$ _____ | + \$ _____ | | (31) \$ |
| 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) \$ |
| 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 = | | | | | Box D Total Household Income \$ _____ |

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) \$ |
| 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) \$ |
| Vehicle loan and/or lease payment(s) | (40) \$ |
| 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) \$ |
| 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) \$ |
| Health insurance premiums | (43) \$ |
| 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) \$ |
| Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.) | (45) \$ |
| Child/dependent care payments (e.g., daycare, etc.) | (46) \$ |
| Life insurance premiums | (47) \$ |
| Current taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.) | (48) \$ |

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) \$ |
| Delinquent State and Local Taxes | (50) \$ |
| <p>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 =</p> | Box E Total Household Expenses \$ |
| <p>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 =</p> | 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.

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 \$ | X 12 = | Box G Future Remaining Income \$ |
|----------------------------------|--------|-------------------------------------|

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 \$ | X 24 = | Box H Future Remaining Income \$ |
|----------------------------------|--------|-------------------------------------|

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. 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?

Yes No

Are you currently in bankruptcy?

Yes No

Have you filed bankruptcy in the past 10 years?

Yes No

Discharge/Dismissal Date (mm/dd/yyyy)

Location Filed

Are you or have you been party to a lawsuit?

Yes 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?

Yes 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?

Yes No

Do you have any funds being held in trust by a third party?

Yes 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.

Collection Information Statement for Businesses

Complete this form if your business is a

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

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

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

Section 1 Business Information

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

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

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

Section 2 Business Asset Information

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

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

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

Section 2 (Continued)

Business Asset Information

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

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

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

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

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

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

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

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

Section 3**Business Income Information**

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

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

| | |
|---|---------------|
| Gross receipts | (6) \$ _____ |
| Gross rental income | (7) \$ _____ |
| Interest income | (8) \$ _____ |
| Dividends | (9) \$ _____ |
| Other income <i>(Specify on attachment)</i> | (10) \$ _____ |
| Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0". | |
| Add lines (6) through (10) and enter the amount in Box B = | |
| \$ _____ | |

Section 4**Business Expense Information**

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

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

| | |
|--|---------------|
| Materials purchased <i>(e.g., items directly related to the production of a product or service)</i> | (11) \$ _____ |
| Inventory purchased <i>(e.g., goods bought for resale)</i> | (12) \$ _____ |
| Gross wages and salaries | (13) \$ _____ |
| Rent | (14) \$ _____ |
| Supplies <i>(items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)</i> | (15) \$ _____ |
| Utilities/telephones | (16) \$ _____ |
| Vehicle costs <i>(gas, oil, repairs, maintenance)</i> | (17) \$ _____ |
| Insurance <i>(other than life)</i> | (18) \$ _____ |
| Current taxes <i>(e.g., real estate, state, and local income tax, excise franchise, occupational, personal property, sales and employer's portion of employment taxes, etc.)</i> | (19) \$ _____ |
| Other expenses <i>(e.g., secured debt payments. Specify on attachment. Do not include credit card payments)</i> | (20) \$ _____ |
| Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0". | |
| Add lines (11) through (20) and enter the amount in Box C = | |
| \$ _____ | |
| Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0". | |
| Subtract Box C from Box B and enter the amount in Box D = | |
| \$ _____ | |

Section 5

Calculate Your Minimum Offer Amount

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

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

Round to the nearest whole dollar.

| | | |
|---|--------|---|
| Enter the amount from Box D \$ _____ | X 12 = | Box E Future Remaining Income \$ _____ |
|---|--------|---|

If you will pay your offer in more than 5 months, multiply "Remaining Monthly Income" (from Box D) by 24 to get "Future Remaining Income." Do not enter a number less than zero.

| | | |
|---|--------|---|
| Enter the amount from Box D \$ _____ | X 24 = | Box F Future Remaining Income \$ _____ |
|---|--------|---|

Determine your minimum offer amount by adding the total available assets from Box A to amount in either Box E or Box F. Your offer amount must be more than zero.

| | | | | |
|--|---|---|---|---|
| Enter the amount from Box A* \$ _____ | + | Enter the amount from either Box E or Box F \$ _____ | = | Offer Amount Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only. \$ _____ |
|--|---|---|---|---|

If you cannot pay the offer amount due to special circumstances, explain on the Form 656, Offer in Compromise, Section 3. You must offer something.

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

Section 6

Other Information

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

| |
|--|
| Is the business currently in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the business ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide: Date Filed (mm/dd/yyyy) _____ Date Dismissed or Discharged (mm/dd/yyyy) _____ Petition No. _____ Location Filed _____ |
| Does this business have other business affiliations (e.g., subsidiary or parent companies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the Name and Employer Identification Number: |
| Do any related parties (e.g., partners, officers, employees) owe money to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the business currently, or in the past, a party to a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date the lawsuit was resolved: |
| In the past 10 years, has the business transferred any assets for less than their full value? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date and type of asset transferred: |
| Has the business been located outside the U.S. for 6 months or longer in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the business have any funds being held in trust by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much \$ _____ Where: _____ |
| Does the business have any lines of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, credit limit \$ _____ Amount owed \$ _____ What property secures the line of credit? _____ |

Section 7**Signatures**

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

| Signature of Taxpayer | Title | Date (mm/dd/yyyy) |
|-----------------------|-------|-------------------|
|-----------------------|-------|-------------------|

Remember to include all applicable attachments from list below.

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

Form **656**
(Rev. January 2014)

Offer in Compromise

Did you use the Pre-Qualifier tool located on our website at www.irs.gov prior to filling out this form?

Yes No

Include the Application Fee and Payment (personal check, cashier check, or money order) with your Form 656. You must also include the completed Form 433-A (OIC) and/or 433-B (OIC) and supporting documentation.

Section 1 Your Contact Information

| | | |
|---|-------------------------------------|--------------------------|
| Your First Name, Middle Initial, Last Name | Social Security Number (SSN) - - | IRS Received Date |
| If a Joint Offer, Spouse's First Name, Middle Initial, Last Name | Social Security Number (SSN) - - | |
| Your Physical Home Address (Street, City, State, ZIP Code) | | |
| Mailing Address (if different from above or Post Office Box number) | | |
| Business Name (If included in the offer) | | |
| Business Address (Street, City, State, ZIP Code) | | |
| 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.

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 and Sole Proprietors 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. **Businesses other than sole proprietorships do not qualify for the low income waiver.**

- 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 | \$2,394 | \$2,756 | \$2,990 |
| 2 | \$3,231 | \$3,719 | \$4,038 |
| 3 | \$4,069 | \$4,681 | \$5,085 |
| 4 | \$4,906 | \$5,644 | \$6,133 |
| 5 | \$5,744 | \$6,606 | \$7,181 |
| 6 | \$6,581 | \$7,569 | \$8,229 |
| 7 | \$7,419 | \$8,531 | \$9,277 |
| 8 | \$8,256 | \$9,494 | \$10,325 |
| For each additional person, add | \$ 838 | \$ 963 | \$1,048 |

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. You must offer more than \$0. The offer amount should be in whole dollars only.

Lump Sum Cash

Enter the amount of your offer \$ _____

Check here if you will pay your offer in 5 or fewer months from the date of acceptance.:

Enclose a check for 20% of the offer amount (waived if you are an individual or sole proprietorship and met the requirements for Low Income Certification) and fill in the amount(s) and date(s) of your future payment(s).

| 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, but cannot exceed 5 months. | | | | |
| Amount of payment 1 \$ _____ | | payable within _____ | | Months after acceptance |
| Amount of payment 2 \$ _____ | | payable within _____ | | Months after acceptance |
| Amount of payment 3 \$ _____ | | payable within _____ | | Months after acceptance |
| Amount of payment 4 \$ _____ | | payable within _____ | | Months after acceptance |
| Amount of payment 5 \$ _____ | | payable within _____ | | Months after acceptance |

Periodic Payment

Enter the amount of your offer \$ _____

Check here if you will pay your offer in full in 6 to 24 months.

Enclose a check for one month's installment

\$ _____ is being submitted with the Form 656 and then \$ _____ on the _____ (day) of each month thereafter for a total of _____ months (may not exceed a total of 24 payments, including any payment submitted with this offer). Total payments must equal the total offer amount.

You must continue to make these monthly payments while the IRS is considering the offer (waived if you are an individual or sole proprietorship and met the requirements for Low Income Certification). Failure to make regular monthly payments will cause your offer to be returned with no appeal rights.

IRS Use Only

Attached is an addendum dated (insert date) _____ setting forth the amended offer amount and payment terms.

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 government's best interest. If you wish to designate any payments not included with this offer, you must designate a preference for each payment at the time the payment is made. However, you cannot designate the \$186 application fee or any payment after the IRS accepts the offer.

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. Deposits will be refunded if the offer is rejected, returned, or withdrawn, unless you request it to be applied to your tax debt.

My payment of \$ _____ includes the \$186 application fee and \$ _____ for my initial offer payment. I am requesting the additional payment of \$ _____ be held as a deposit.

CAUTION: Do NOT designate the amounts sent in with your offer to cover the down payment and application fee as "deposits." Doing so will result in the return of your 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, or tax debt assessed before acceptance of my offer. I also authorize the IRS to amend Section 2 on page 1 by removing any tax years on which there is currently no outstanding liability. 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. I also understand that if any tax debt that is included in the offer is in dispute in any judicial proceeding it/they will not be included in determining the expiration of the 24-month period.

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 designate how to apply each required payment in Section 6 page 3, the IRS will apply my payment in the best interest of the government, choosing which tax years and tax debts 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. The IRS may levy my assets up to the time that the IRS official signs and acknowledges my offer as pending, which is accepted for processing and the IRS may keep any proceeds arising from such a levy.

The IRS will keep any payments that I make related to this offer. I agree that any funds submitted with this offer will be treated as a payment unless I checked the box to treat an overpayment as a deposit. Only amounts that exceed the mandatory payments can be treated as a deposit. I also agree that any funds submitted with periodic payments made after the submission of this offer and prior to the acceptance, rejection, or return of this offer will be treated as payments, unless I identify an overpayment as a deposit on the check submitted with the corresponding periodic payment. A deposit will be refundable if the offer is rejected, returned, or withdrawn. I understand that the IRS will not pay interest on any deposit.

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 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.

Section 8 - (Continued)**Offer Terms**

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 timely file tax returns and pay required taxes for the five year period beginning with the date of acceptance of this offer and ending through the fifth year, including any extensions to file and pay. 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) I agree that I will remain liable for the full amount of the tax liability, accrued penalties and interest, until I have met all of 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 and conditions of the offer are met, I agree that the IRS may file a claim for the full amount of the tax liability, accrued penalties and interest, and that any claim the IRS files in the bankruptcy proceeding 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 (less payments made) plus penalties and interest that have accrued from the time the underlying tax liability arose. 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.

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 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 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.

Correction Agreement

m) I/We authorize IRS, to correct any typographical or clerical errors or make minor modifications to my/our Form 656 that I/We signed in connection to this offer.

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

n) By authorizing the IRS to contact third parties, I understand that I will not be notified of which third parties the IRS contacts as part of the offer application process, including tax periods that have not been assessed, as stated in section 7602 (c) of the Internal Revenue Code. In addition, I authorize the IRS to request a consumer report on me from a credit bureau.

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

o) 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 () |
|---------------------------------|-------------------------------|

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) |
|---|-------|-------------------|

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.

APPLICATION CHECKLIST

Review the entire application and verify that it is complete.

Forms 433-A (OIC), 433-B (OIC), and 656

- Did you complete all fields and sign all forms?
- Did you make an offer amount that is equal to the offer amount calculated on the Form 433-A (OIC) or Form 433-B (OIC)? If not, did you describe the special circumstances that are leading you to offer less than the minimum in the "Explanation of Circumstances" Section 3 of Form 656, and did you provide supporting documentation of the special circumstances?
- Did you select a payment option on Form 656?
- If you want to allow the IRS to discuss your offer with another person, did you complete the "Third-Party Designee" section on the Form 656?
- If someone other than you completed the Form 656, did they sign it?
- Did you sign and attach the Form 433-A (OIC) if applicable?
- Did you sign and attach the Form 433-B (OIC) if applicable?
- Did you sign and attach the Form 656?

Supporting documentation and additional forms

- Did you include photocopies of all required supporting documentation?
- If you want a third party to represent you during the offer process, did you include a Form 2848 or Form 8821 unless one is already on file?

Payment

- Did you include a check or money order made payable to the "United States Treasury" for the initial payment? (Waived if you meet Low Income Certification guidelines—see Form 656.)
- Did you include a separate check or money order made payable to the "United States Treasury" for the \$186 application fee? (Waived if you meet Low Income Certification guidelines—see Form 656.)

Mail your application package to the appropriate IRS facility

Mail the Form 656, 433-A (OIC) and/or 433-B (OIC), and related financial document(s) to the appropriate IRS processing office for your state. You may wish to send it by Certified Mail so you have a record of the date it was mailed.

If you reside in:

AK, AL, AR, AZ, CO, FL, GA, HI, ID, KY, LA, MS, MT, NC,
NM, NV, OK, OR, SC, TN, TX, UT, WA, WI, WY

CA, CT, DE, IA, IL, IN, KS, MA, MD, ME, MI, MN, MO, ND,
NE, NH, NJ, NY, OH, PA, RI, SD, VT, VA, WV; DC, PR, or
a foreign address

Mail your application to:

Memphis IRS Center COIC Unit P.
O. Box 30803, AMC Memphis, TN
38130-0803 1-866-790-7117

Brookhaven IRS Center COIC Unit
P.O. Box 9007 Holtsville, NY
11742-9007 1-866-611-6191