Form **433-A (OIC)**

Department of the Treasury — Internal Revenue Service

(April 2025)

Collection Information Statement for Wage Earners and Self-Employed Individuals

Use this form if you are

- An individual who owes income tax on a Form 1040, U.S. Individual Income Tax Return
- An individual with a personal liability for Excise Tax
- An individual responsible for a Trust Fund Recovery Penalty
- An individual who is self-employed or has self-employment income. You are considered to be self-employed if you are in business for yourself, or operate a trade or business.
- An individual who is personally responsible for a partnership liability (only if the partnership is submitting an offer)
- An individual who is submitting an offer on behalf of the estate of a deceased person

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

Section 1 Persona	al and H	louseho	old Informati	on						
Last name	First nam	ıe		Date of birth (r	mm/dd/yyyy)	Social Security Number or ITIN				
Marital status Unmarried Married If married, date of marriage (mm/dd/yyyy)	Home ph	ysical add	dress (street, city,	state, ZIP code)	Do you Own your home Rent Other (specify e.g., share rent, live with relative, etc.)					
If you were married and lived in AZ, 0	CA, ID, LA	, NM, NV,	TX, WA or WI v	vithin the last ten ye	ears check here					
County of residence	Prima	ary phone		Home mailing	Home mailing address (if different from above or post office box number)					
Secondary phone	FAX	number								
Provide information about your spous	e.									
Spouse's last name	puse's last name Spouse's first name			Date of birth (r	Date of birth (mm/dd/yyyy) Social Security Number					
Provide information for all other person	ns in the	househo	ld or claimed a	s a dependent.		-				
Name		Age	Re	lationship	Claimed as a dep	l				
					Yes	No	Yes No			
					Yes	No	Yes No			
					Yes	No	Yes No			
					Yes	No	Yes No			
Section 2 Employ	ment In	formati	on for Wage	Earners						
Complete this section if you or your spou you file a Schedule C, E, F, etc.) instead										
Your employer's name	Pay	period	Weekly Monthly	☐ Bi-weekly ☐ Other	Employer's address (s	treet, city,	state, ZIP code)			
Do you have an ownership interest in this	business									
Yes (also complete and submit Form 433	<u>-B</u>)	No								
Your occupation	How	long with	this employer							
		(ye	ars)	(months)						
Spouse's employer's name	Pay	period	Weekly Monthly	☐ Bi-weekly ☐ Other	Employer's address (s	treet, city,	state, ZIP code)			
Does your spouse have an ownership int	erest in th	is busines	iS							
Yes (also complete and submit Form 433	<u>-B</u>)	No								
Spouse's occupation	How	long with f	this employer							
		(ye	ears)	(months)						

Section 3 Personal Asset Information (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, retirement accounts (IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit) and digital assets, or financial interests in digital assets, such as non-fungible tokens (NFTs) and virtual currencies, such as cryptocurrencies and stablecoins, life insurance policies that have a cash value, or may be sold on a secondary market, a life settlement, and safe deposit boxes including those located in foreign countries or jurisdictions. 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). Ensure you also include assets located in foreign countries or jurisdictions and add attachment(s) if additional space is needed to respond.

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

Cash and Investments (domestic and foreign)			
Cash Checking Savings Money Ma	arket Account/	CD Online Account Stor	ed Value Card
Bank name and country location	Account nui	mber	
			(1a) \$
Checking Savings Money Market Account/	CD Onl	ine Account Stored Value Card	
Bank name and country location			
			(1b) \$
	То	tal of bank accounts from attachment	(1c) \$
A	dd lines (1a) through (1c) minus (\$1,000) =	(1) \$
Investment account Stocks Bonds Other			
Name of Financial Institution and country location	Account nui	mber	
Current market value	Minus loan b	alance	
\$	\$	=	(2a) \$
Investment account Stocks Bonds Other			
Name of Financial Institution and country location	Account nui	mber	
Current market value	Minus loan b	alance	
\$	\$	=	(2b) \$
Digital asset Number Location of digital ass of units account, self-hosted		Account number for assets held by a custodian or broker	
Description of digital asset	,		
Digital asset address for self-hosted digital assets US dolla	r equivalent of	the digital asset as of today	
\$		=	(2c) \$
Total investment accounts from attach	nment. [current	market value minus loan balance(s)]	(2d) \$
	<u> </u>	Add lines (2a) through (2d) =	(2) \$
Retirement account 401K IRA Other		/ taaoo (=a) oag.: (=a) =	() .
Name of Financial Institution and country location	Account nui	mber	
Current market value	Mi	nus loan balance	
\$ X .8 = \$	_	=	(3a) \$
Total of retirement accounts from attachmen	nt. [current mar		(3b) \$
		Add lines (3a) through (3b) =	(3) \$
Note: Your reduction from current market value may be	e greater tha	n 20% due to potential tax conseq	uences/withdrawal penalties.
Cash value of Life Insurance Policies			
Name of Insurance Company	Policy numb	per	
Current cash value	Minus loan b	alance	
\$	- \$	=	(4a) \$
Total cash value of life insurance policies from attachment	Minus loan b	alance(s)	
\$	- \$	=	(4b) \$
<u>-:-</u>	<u> </u>	Add lines (4a) through (4b) =	(4) \$

Page 3 Personal Asset Information (Domestic and Foreign) Section 3 (Continued) Real property - Enter information about any house, condo, co-op, time share, etc. that you own (or have interest in through a life estate), or that your spouse owns if you live in a community property state. Is your real property currently for sale or do you anticipate selling your real property to fund the offer amount (listing price) ☐ No Property description (indicate if personal residence, rental property, vacant, etc.) Purchase date (mm/dd/yyyy) Amount of mortgage payment Date of final payment How title is held (joint tenancy, etc.) Location (street, city, state, ZIP code, county, and country) Lender/Contract holder name, address (street, city, state, ZIP code) and phone Current market value Minus loan balance (mortgages, etc.) X.8 = \$- \$ (total value of real estate) = (5a) \$ Property description (indicate if personal residence, rental property, vacant, etc.) Purchase date (mm/dd/yyyy) Amount of mortgage payment Date of final payment How title is held (joint tenancy, etc.) Lender/Contract holder name, address (street, city, Location (street, city, state, ZIP code, county, and country) state, ZIP code) and phone Current market value Minus Ioan balance (mortgages, etc.) X . 8 = \$- \$ (total value of real estate) = (5b)\$ Total value of property(s) from attachment [current market value X .8 minus 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). Include those located in foreign countries or jurisdictions. If additional space is needed, list on an attachment. Vehicle make & model Year Date purchased Mileage License/Tag number Date of final payment Monthly lease/loan amount Name of creditor Lease Own \$ Current market value Minus loan balance Total value of vehicle (if the vehicle X.8 =\$ (6a) \$ is leased, enter 0 as the total value) = Subtract \$3,450 from line (6a) (6b) \$ (If line (6a) minus \$3,450 is a negative number, enter "0") License/Tag number Vehicle make & model Year Date purchased Mileage Date of final payment Monthly lease/loan amount Name of creditor Lease \$ Own Current market value Minus loan balance Total value of vehicle (if the vehicle X.8 =\$ (6c)\$ is leased, enter 0 as the total value) = If you are filing a joint offer, subtract \$3,450 from line (6c) (If line (6c) minus \$3,450 is a negative number, enter "0") (6d)\$ If you are not filing a joint offer, enter the amount from line (6c) Total value of vehicles listed from attachment [current market value X .8 minus any loan balance(s)] (6e)\$

(6)\$

Total lines (6b), (6d), and (6e) =

Section 3 (Continued)	Perso	nal Asset	Information (Dom	estic and Foreign)				
Other valuable items (artwork	k, collections	s, jewelry, items	s of value in safe deposit bo	oxes, interest in a company or busi	iness that is	s not publicly trade	ed, etc.)	
Description of asset(s)								
Comment as a destroyles				Linux Inna halanaa				
Current market value	V 0	c		linus loan balance		(7 - \ 0		
\$	X .8 =	<u> </u>		- \$	=	(7a) \$		
Value of remaining furniture Description of asset	and perso	nai effects (n	ot listed above)					
Description of asset								
Current market value			M	linus Ioan balance				
\$	X .8 =	= \$	-	- \$	=	(7b) \$		
Total value of valuab	le items list	ed from attac	chment [current market v	value X .8 minus any loan bal	ance(s)]	(7c) \$		
	,710 =	(7) \$						
Do not include amount on the lines with a letter beside the number. Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line. Add lines (1) through (7) and enter the amount in Box A =							ividual Equity in Asset	
NOTE: If you or your spou	ise are sel	f-employed,	Sections 4, 5, and 6 m	nust be completed before co	ntinuing	with Sections	7 and 8.	
Section 4	Self-E	mployed I	Information					
If you or your spouse are se	elf-employe	d (e.g., files S	Schedule(s) C, E, F, etc	.), complete this section.				
Is your business a sole prop	rietorship			Address of business (if other	than persor	nal residence)		
Yes No								
Name of business								
							I	
Business telephone number	•	Employer	Identification Number	Business website address			Trade name or DBA	
Description of headers		Tatalana		Francisco de la contra del la contra del la contra del la contra del la contra de la contra de la contra del la contra d			-	
Description of business			average payroll \$	gross monthly				
Do you or your spouse have	any other	business inte	erests? Include any	Business address (street, city,				
interest in an LLC, LLP, corp	poration, pa	artnership, et	c.					
Yes (percentage of ow	nership:) Title						
☐ No								
Business name				Business telephone number		Employer Identification Number		
Type of business (select one))							
Partnership LLC) [C	orporation	Other					
Section 5	Busin	ess Asset	Information (for S	Self-Employed) (Dome:	stic and	l Foreign)		
	ed/rented. It	f additional sp	pace is needed, attach a	ocurrency), tools, books, mach a list of items. Do not include p enter a negative number. If a	personal a	ssets listed in S	Section 3.	
Cash Checking	Saving			nline Account Stored Valu			· · · · · · · · · · · · · · · · · · ·	
Bank name and country loca	ation	<u> </u>	<u> </u>	Account number		(8a) \$		
Cash Checking	Saving	gs Mor	ney Market/CD On	Iline Account Stored Valu	ue Card			
Bank name and country loca	ation			Account number				
						(8b) \$		
Digital asset	Number		digital asset (exchange	Account number for assets	held by			
Description of digital asset	of units	account, se	lf-hosted wallet)	a custodian or broker				
Digital asset address for sel	f-hosted die	gital assets	US dollar equivalent o	of the digital asset as of today				
			\$		=	(8c) \$		
			1 .	Total bank accounts from atta	-	(8d) \$		
				Add lines (8a) through		(8) \$		

Description of asset			
Current market value	Minus loan balance	Total value (if leased or used	
\$ X .8 = \$	- \$	in the production of income, enter 0 as the total value) =	(9a) \$
Description of asset:			
Current market value	Minus Loan Balance	Total value (if leased or used	
\$ X .8 = \$	- \$	in the production of income, enter 0 as the total value) =	(9b) \$
Total value of assets listed from attac	chment [current market va		(9c) \$
_	Add lines (9a) through (9c) =	(9) \$	
IRS allowed deduction for professional	books and tools of trade f	or individuals and sole-proprietors –	(10) \$
Enter the value of lin	(11) \$		
Notes Receivable			
Do you have notes receivable Yes	No		
If yes, attach current listing that includes name(s) and	amount of note(s) receive	able	
Accounts Receivable			
Do you have accounts receivable, including e-payment			
companies, and any bartering or online auction account		∐ No	
If yes, provide a list of your current accounts receivable	, ,	,	D D
Do not include amounts from	n the lines with a letter be	side the number [for example: (9c)]. Round to the nearest whole dollar.	Box B Available Business Equity in
		is a negative, enter "0" on that line.	Assets
	() ()	d enter the amount in Box B =	\$
Section 6 Business Income	and Expense Infor	mation (for Self-Employed)	
If you provide a current profit and loss (P&L) statement expenses on line 29 below. Do not complete lines (12)			
recent Schedule C; however, if the amount has chang			
Period provided beginning	through		
Round to the nearest w	hole dollar. Do not ente	r a negative number. If any line ite	m is a negative number, enter "0".
Business income (you may average 6-12 months incom	ne/receipts to determine yo	ur 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 exp	penses to determine your a	verage expenses)	
Materials purchased (e.g., items directly related to the prod	duction of a product or service	e)	(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	n one year, e.g., books, office	e 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 prop	perty, sales and employer's portion of	(00) 0
employment taxes)			(26) \$
Secured debts (not credit cards)			(27) \$
Other business expenses (include a list)		Add lines (10) through (20)	(28) \$
		Add lines (18) through (28) =	(29) \$
Do not enter a negativ	e number. If anv line item	Round to the nearest whole dollar. is a negative, enter "0" on that line.	Box C Net Business Income
		d enter the amount in Box C =	\$

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

Section 7

Monthly Household Income and Expense Information

Enter your household's average gross monthly income. Gross monthly income includes wages, social security, pension, unemployment, and other income. Examples of other income include but are not limited to: agricultural subsidies, gambling income, oil credits, rent subsidies, sharing economy income from providing on-demand work, services or goods (e.g., Uber, Lyft, DoorDash, AirBnB, VRBO), income through digital platforms like an app or website, etc., and recurring capital gains from the sale of securities or other property such as digital assets. Include the below information for yourself, your spouse, and anyone else who contributes to your household's income. This is necessary for the IRS to accurately evaluate your offer.

Monthly Household Income

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

							Round to the nearest whole dollar.		
Primary taxpaye	er								
Gross wages		Social Security		Pension(s)		Other income (e.g. unemployment)			
\$	+	\$	+	\$	+	\$ Total primary taxpayer income =	(30) \$		
Spouse									
Gross wages		Social Security		Pension(s)		Other Income (e.g. unemployment)			
\$	+	\$	_ +	\$	+	\$ Total spouse income =	(31) \$		
Additional source	es of in	come used to suppo	ort the	e household, e.g.	, non-lia	ble spouse, or anyone else who may			
contribute to the	househ	nold income, etc. Lis	st sou	ırce(s)			(32) \$		
Interest, dividends, and royalties						(33) \$			
Distributions (e.g., income from partnerships, sub-S Corporations, etc.)						(34) \$			
Net rental income	е						(35) \$		
Net business income from Box C [Deductions for non-cash expenses on Schedule C (e.g., depreciation, depletion, etc.) are not permitted as an expense for offer purposes and must be added back in to the net income figure]						(36) \$			
Child support received						(37) \$			
Alimony received						(38) \$			
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.						Total Household Income			
		A	dd li	nes (30) throu	gh (38)	and enter the amount in Box D =	\$		

Monthly Household Expenses

Enter your average monthly expenses.

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

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

Section 8 Calculate Your Minimum Offer Amount

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

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

Round to the nearest whole dollar.

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

Enter the total from Box F		Box G Future Remaining Income						
\$	X 12 =	\$						
If you will pay your offer in 6 to 24 months, multiply "Remaining Monthly Income" (Box F) by 24 to get "Future Remaining Income" (Box H). Do not enter a number less than \$0.								
Enter the total from Box F		Box H Future Remaining Income						
\$	X 24 =	\$						

Determine your minimum offer amount by adding the total available assets from Box A and Box B (if applicable) to the amount in either Box G or Box H

Enter the amount from Box A plus Box B (if applicable)		Enter the amount from either Box G or Box H		Offer Amount Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only.
\$	+	\$	=	\$

Place the offer amount shown above on the Form 656, Section 4, Payment Terms, unless you cannot pay that amount due to special circumstances. If you cannot pay that amount due to special circumstances, place the amount you can pay on the Form 656, Section 4, Payment Terms, and explain your special circumstances on the Form 656, Section 3, Reason for Offer.

Section 9	Other Information									
Additional information I you are not eligible to a	RS needs to consider settlem pply for an offer.	ent of y	our tax debt.	If you or	your l	business are curre	ently in a ba	ankruptcy p	roceeding,	
Are you a party to or invo	lved in litigation (if yes, answer the	following	1)					Yes	☐ No	
Plaintiff	Location of filing		Represente	d by				Docket/Cas	se number	
Defendant										
Amount of dispute	Possible completion date (mmde	dyyyy)	Subject of lit	tigation						
\$										
Have you filed bankrupto	y in the past 7 years (if yes, answe	r the follo	owing)					Yes	☐ No	
Date filed (mmddyyyy)	Date dismissed (mmddyyyy)	issed (mmddyyyy) Date discharged (m			Petiti	ion no.	Location filed			
In the past 10 years, have	e you lived outside of the U.S. for	6 mont	hs or longer (if yes, answ	er the t	following)		Yes	☐ No	
Dates lived abroad: From	(mmddyyyy)			To (mma	dyyyy)				
Are you or have you ever	been party to any litigation invol	ving the	IRS/United S	tates (inclu	ding a	ny tax litigation)		Yes	☐ No	
If yes and the litigation inc	cluded tax debt, provide the type:	s of tax	and periods ir	nvolved						
Are you the beneficiary of (if yes, answer the following)	f a trust, estate, or life insurance	policy, i	ncluding those	e located in	n forei	gn countries or juris	sdictions	Yes	☐ No	
Place where recorded							EIN	IN		
Name of the trust, estate, or policy				Anticipated amount to be received \$			When will the amount be received			
Are you a trustee, fiducia	ry, or contributor of a trust							Yes	☐ No	
Name of the trust EIN										
Do you have a safe depo	sit box (business or personal) include	ding thos	se located in f	oreign cou	intries	or jurisdictions (if y	es, answer	Yes	☐ No	
Location (name, address ar	nd box number(s))					Contents		Value		
\$										

Section 9 (Continued) Other Informa	ntion								
In the past 10 years, have you transferred any as less than their full value (if yes, answer the follow		f more than \$10,000	including re	eal property, for	Yes	☐ No			
List asset(s)	Value at time of transfer	Date transferred (m	mddyyyy)	To whom or where v	vas it tra	nsferred			
	\$								
Do you have any assets or own any real property	outside the U.S.				Yes	☐ No			
If yes, provide description, location, and value									
Do you have any funds being held in trust by a th	ird party				Yes	☐ No			
If yes, how much \$ Where									
Section 10 Signatures									
Under penalties of perjury, I declare that I havis true, correct, and complete.	re examined this offer, inclu	ding accompanyin	g documer	nts, and to the best o	f my kn	nowledge it			
Signature of Taxpayer			Date (mm/d	ld/yyyy)					
Signature of Spouse			Data (mm/a	Idhaaa)					
Signature of Spouse			Date (mm/d	id/yyyy)					
Remember to include all applicable attac	chments listed below.								
Copies of the most recent pay stub, earni	ngs statement etc. from each	n employer							
Copies of the most recent statement for e									
Copies of all documents and records show									
Copies of the most recent statement, etc.			ne Social S	ecurity rental income	interes.	t and			
dividends (including any received from a	elated partnership, corporatio	n, LLC, LLP, etc.), c	ourt order fo	or child support, alimo	ny, roya	alties,			
agricultural subsidies, gambling income, c (e.g., Uber, Lyft, AirBnB, VRBO), income									
securities or other property such as digita		in app or website, e	ic., and rece	arring capital gains no	111 1110 30	aic oi			
Copies of individual complete bank stater	nents for the three most recen	t months. If you ope	erate a busir	ness, copies of the six	most re	cent			
complete statements for each business b	ank account.								
Completed Form 433-B (Collection Inform sole-proprietorship.	ation Statement for Businesse	es) if you or your sp	ouse have a	an interest in a busine	ss entity	other than a			
Copies of the most recent statement from loan payoffs, and balances.	lender(s) on loans such as m	ortgages, second m	ortgages, v	ehicles, etc., showing	monthly	payments,			
List of Accounts Receivable or Notes Rec	eivable, if applicable.								
Verification of delinquent State/Local Tax	Liability showing total delinque	ent state/local taxes	and amour	nt of monthly payment	s, if appl	licable.			
Copies of court orders for child support/al	imony payments claimed in m	onthly expense sect	tion.						
Copies of Trust documents if applicable p	er Section 9.								
Documentation to support any special circ	cumstances described in the "l	Explanation of Circu	ımstances" (on Form 656, if applic	able.				
Attach a Form 2848, <i>Power of Attorney a</i> you and you do not have a current form o the current tax year.									
Completed and signed current Form 656.									
	Drivesy Act C								

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 9 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.