NAVIGATING FEDERAL AND STATE TAX LIABILITY FROM INCEPTION TO APPEAL

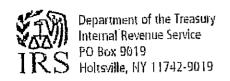
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April 25, 2012	
ria CERTIFIED MAIL	
nternal Revenue Service Kansas City, MO 64999	
RE: Client Name SSN:	
To Whom it May Concern:	
We are making, on Mr	rwise faith payment
Enclosed please find IRS Form 2848, Power of Attorney and Declaration of Representation arming the undersigned as representative for Mr for the years in issue. In accordance with such designation, please direct any questions or concerns regarding this me at the above-listed address and phone number.	ı
Thank you for your prompt attention and response in this matter.	
Very truly yours,	
PRICE & ASSOCIATES, LLC	

Adria S. Price Attorney at Law

Enclosure



Notice CP22A

Tax Year 2008

Notice date April 25, 2011

Social Security number

To contact us Phone 1-£00-829-8374

Page 1 of 2

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12199

Changes to your 2008 Form 1040

Amount due: \$34,216.18

The income or deductions reported on your 2008 Form 1040 do not match what was reported to us by your payer or trustees. We've contacted you about this issue, but have no record you've responded as required. So, we've changed your tax return to match our records and correct your:

- other income
- taxable social security benefits
- · self-employment tax

We changed the civil penalty amount that we previously charged.

As a result, you ove \$34,216.18.

Billing Summary	
Increase in tax	\$26,445.00
Increase in interest	2,482.18
Amount due by May 16, 2011	\$34,216.18

認 IRS

Notice CP22A Notice date April 25, 2011 Social Security number

Payment

Make your check or money order payable to the United States Treasury.

Write your Social Security number
 I, the tax year (2008), and the form number (1040) on your payment and any correspondence.

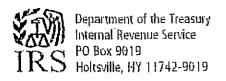
Amount due by May 16, 2011

\$34,216.18

Continued on bac

INTERNAL REVENUE SERVICE Cincinnati, OH 45999-0149

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Notice	CP22A
Tax Year	2008
Notice clate	April 25, 2011
Social Security nur	nber
To contact us	Phone 1-800-829-8374
Page 1 of 2	

382199.861456.0987.020 1 AT 0.365 372 լոգնոլնակիլիննանրդինրակինիյակինիկիրդով<u>իկինն</u>

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12199

Changes to your 2008 Form 1040

Amount due: \$34,216.18

The income or deductions reported on your 2008 Form 1040, do not match what was reported to us by your payer or trustees. We've contacted you about this issue, but have no record you've responded as required. So, we've changed your tax return to match our records and correct your:

- · other income
- · taxable social security benefits
- self-employment tax

We changed the civil penalty amount that we previously charged.

As a result, you owe \$34,216.18.

Billing Summary	
Increase in tax	\$26,445.00
Increase in interest	2,482.18
Amount due by May 16, 2011	\$34,216.18

Continued on back



Notice date April 25, 201 Social Security number

Payment

Make your check or money order payable to the United States Treasury.

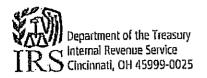
• Write your Social Security number), the tax year (2008), and the form number (1040) on your payment and any correspondence.

Amount due by May 16, 2011

\$34,216.18

INTERNAL REVENUE SERVICE Cincinnati, OH 45999-0149

Սիկլինակիրակիլիիիիկիլըը, ունիակարարկիրիի



004754.849192.0020.001 1 AT 0.365 705

Natice	CP503
Tax Year	2010
Natice date	May 16, 2011
Social Security number	
To contact us	Phone 1-800-829-8374
Your Caller ID	577374
Dogg 1 of 3	





004754

Second reminder: You have unpaid taxes for 2010

Amount due: \$19,166.21

As we notified you before, our records show you have unpaid taxes for the tax year ending June 30, 2010 (Form CIVPEN). If you don't pay \$19,166.21 by May 26, 2011, interest will increase and additional penalties may apply.

Billing Summary		 		
Amount you owed	#1=9=01/[s.]1,14 meator		 	\$18,906.50
Interest charges		 	 	259.71
Amount due by May 26	, 2011			\$19,166.21

What you need to do immediately

Pay immediately

 Send us the amount due of \$19,166.21 by May 26, 2011, to avoid additional penalty and interest charges.

Continued on back.



Notice	CP503		•	
Notice date	May 16,	2011	•	
Social Security number	r			

Payment

Make your check or money order payable to the United States Treasury.

Write your Social Security number

), the tax year (2010), and the form number (CIVPEN) on your payment and any correspondence.

Amount due by May 26, 2011

\$19,166.21

INTERNAL REVENUE SERVICE CINCINNATI, OH 45999-0025 «Ալեւթյ[լուհոլիորևԱ[ոլ]]իևեվ,Ա[իրիհոկոլերով]

CP503	
2010	
May 16, 2011	
iber	adamente redirect
	2010

What you need to do immediately—continued

Pay immediately—continued

- If you can't pay the amount due, pay as much as you can now and make payment arrangements that allow you to pay off the rest over time. Visit www.irs.gov and search for keyword: "tax payments options" for more information about:
 - Installment and payment agreements—download required forms or save time and money by applying online if you qualify
 - Automatic deductions from your bank account
 - Payroll deductions
 - Credit card payments

Or, call us at 1-800-829-8374 to discuss your options.

If you've already paid your balance in full within the past 14 days or made payment arrangements, please disregard this notice.

If we don't hear from you

- If you don't pay \$19,166.21 by May 26, 2011, interest will increase and additional penalties may apply.
- If you don't pay the amount due or call us to make payment arrangements, we can file
 a Notice of Federal Tax Lien on your property at any time, if we haven't already done
 so.
- If the lien is in place, you may find it difficult to sell or borrow against your property.
 The tax lien would also appear on your credit report—which may harm your credit rating—and your creditors would also be publicly notified that the IRS has priority to seize your property.
- If you don't pay your tax debt, we have the right to seize ("levy") your property.



Notice CP503
Notice date May 16, 2011
Social Security number

Contact information

If your address has changed, please call 1-800-829-8374 or visit www.irs.gov.

Please check here if you've included any correspondence. Write your Social Security number (: the tax year (2010), and the form number (CIVPEN) on any correspondence.

Primary phone Best time to call Secondary phone Best time to call

Notice	CP503
Tax Year	2010
Notice date	May 16, 2011
Social Security nun	nber
Page 3 of 3	The state of the s

Interest charges



004754

We are required by law to charge interest on unpaid tax from the date the tax return was due to the date the tax is paid in full. The interest is charged as long as there is an unpaid amount due, including penalties, if applicable. (Internal Revenue Code section 6601)

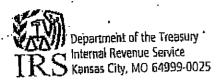
The table below shows the rates used to calculate the interest on your unpaid amount due. For a detailed calculation of your interest, call 1-800-829-8374.

F≘riod Interest rat
Beginning April 1, 2009 4%

Additional information

- Visit www.irs.gov/cp503
- For tax forms, instructions, and publications, visit www.irs.gov.or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.



 Notice CP504

Tax Year 2008

Notice date January 31, 2011

Social Security number

To contact us Phone 1-800-829-9922

Page 1 of 4





000553

Notice of Intent to levy

Intent to seize your property or rights to property Amount due immediately: \$11,740.64

As we notified you before, our records show you have unpaid taxes for the tax year ending December 31, 2008 (Form 1040A). If you don't call us immediately or pay the amount due by February 10, 2011, we may seize ("levy") any state tax refund to which you're entitled and apply it to the \$11,740.64 you owe.

If you still have an outstanding balance after we seize any state tax refund, we may take possession of your other property or your rights to property.

What you need to do immediately

Billing Summary

Amount you owed \$11,580.56
Fallure-to-pay penalty 80.79
Interest charges 79.29
Amount due immediately \$11,740.64

Pay immediately

Send us the amount due of \$11,740.64, or we may seize ("levy") your state tax refund on or after February 10, 2011.

Continued on back...



Notice CP504
Notice date January 31, 2011
Social Security number

Payment

INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999-0025 ԱՎՄԻՎԱԻՄԻ ԱՄԵՐԱՄԻ Make your check or money order payable to the United States Treasury.

 Write your Social Security number the tax year (2008), and the form number (1040A) on your payment and any correspondence.

Amount due immediately

\$11,740.64



ACS SUPPORT - STOP 5050 PO BOX 219236 KANSAS CITY, MO 64121-9236 ate:

FEB. 21, 2011

Taxpayer Identification Number: XXX-XX

Case Reference Number: 9850943900

Caller ID:

391396

Contact Telephone Number: TOLL FREE: 1-800-829-7650 BEST TIME TO CALL: MON - FRI 8:00 AM TO 8:00 PM ASISTENCIA EN ESPANOL 1-800-829-7650



100239

CALL IMMEDIATELY TO PREVENT PROPERTY LOSS FINAL NOTICE OF INTENT TO LEVY AND NOTICE OF YOUR RIGHT TO A HEARING

WHY WE ARE SENDING YOU THIS LETTER

We've written to you before asking you to contact us about your overdue taxes. You haven't responded or paid the amounts you owe. We encourage you to call us immediately at the telephone number listed above to discuss your options for paying these amounts. If you act promptly, we can resolve this matter willhout taking and seiling your property to collect what you owe.

We are authorized to collect overdue taxes by taking, which is called levying, property or rights to property and selling them if necessary. Properly includes bank accounts, wages, real estate commissions, business assets, cars and other income and assets.

WHAT YOU SHOULD DO

This is your notice, as required under Internal Revenue Code sections 6330 and 6331, that we intend to levy on your property or your rights to property 30 days after the date of this letter unless you take one of these actions: Pay the full amount you owe, shown on the back of this letter. When doing so,

Please make your check or money order payable to the United States Treasury; Write your social security number and the tax year or employer identification number and the tax period on your payment; and enclose a copy of this letter with your payment.

Make payment arrangements, such as an installment agreement that allows you to pay off your debt over time. Appeal the intended levy on your property by requesting a Collection Due Process hearing within 30 days from the date of this latter.

WHAT TO DO IF YOU DISAGREE

If you've paid already or think we haven't credited a payment to your account, please send us proof of that payment. You may also appeal our intended actions as described above.

Even if you request a hearing, please note that we can still file a Notice of Federal Tax Lien at any time to protect the government's interest. A lien is a public notice that tells your creditors that the government has a right to your current assels and any assets you acquire aller we file the lien.

We've enclosed two publications that explain how we collect past due taxes and your collection appeal rights, as required under internal Revenue Code sections 6330 and 6331. In addition, we've enclosed a form that you can use to request a Collection Due Process hearing.

We look forward to hearing from you immediately, and hope to assist you in fulfilling your responsibility as a laxpayer.

Enclosures: Copy of letter, Form 12153, Publication 594, Publication 1660, Envelope



Automated Collection System

Pay By Date:

03-24-2011

Accou	ınt Su	mmar	y					XXX-	XX-	
Type of Tax	Peri- End	ing		sed Balance		red Interest	P	Payment enalty		Total
1040A 1040A	12-31 12-31	-200 <i>6</i> -2007	\$ \$	338,497.67 214,725.22	ş	5,619.48 3,564.72	\$	8,007.12 5,482.04	47-47	352,124.27 223,771.98
		-								
					 	Total	Amoi	ınt Due \$	57.	5,896.25
Type o	xaT lo	Period	Ending				e of A			

Taxpayer Identification Number: XXX-XX-Case Reference Number: 9850943900

Penalty and Interest

The penalty and interest charges on your account are explained below. If you want a more detailed explanation of your penalty and interest, please call the telephone number listed on the front of this notice/letter.

Paying Late - Internal Revenue Code Sections 6651(a)(2), a(3) and (d)(1)

We charge a late payment penalty of 1/2 percent of the tax owed for each month or part of a month the tax remains unpaid from the due date, up to a maximum of 25 percent of the tax due. The 1/2 percent increases to 1 percent for each subsequent month or part of a month if the tax remains unpaid 10 days after the IRS issues a notice of intent to levy.

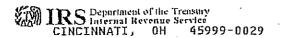
Interest - IRC Section 6601

We charge interest when your tax is not paid on time. Interest is computed from the due date of your return (regardless of extensions) until paid in full. Interest is also charged on penalties for late filing, late payment, over or understating valuations, and substantially understating the tax you owe. Interest compounds daily, except on late or underpaid estimated income taxes for individuals or corporations.

Corporate Interest - We charge additional interest of 2 percent if, according to our records, you didn't make your corporate lax (income, employment, excise, etc.) payment within 30 days after we notified you of the underpayment of tax. This interest begins on the 31st day after we notify you of the underpayment on tax amounts you owe over \$100,000, minus your timely payments and credits.



00239



Notice Number; CP 91
Notice Date; MAY 10, 2010
Social Security Number:

Collection Assistance:

1-800-829-3903 (Asistencia en español disponible) Caller ID:

1.1

XDAVID E PRICE 43 N KRINGLE PL SANTA CLAUS IN

47579-6153

)02579

Final Notice Before Levy On Social Security Benefits

Our records indicate the federal tax you owe has not been paid, although we have previously advised you of your appeal rights and asked you to pay it. The law allows the IRS to take up to 15% of your Social Security benefits to pay your overdue taxes. We may proceed with levy action if you do not pay the full amount you owe, or contact us to resolve the tax matter within 30 days from the date of this notice. You may also request a hearing with the IRS; however, this may not stop the levy action against your Social Security benefits.

We have identified the following Social Security account information:

Social Security Claim Account Number: Beneficiary's Own Account Number;

To avoid this levy action against your Social Security benefits:

If You Can Pay The Amount You Owe In Full;

- Make your check or money order payable to the United States Treasury.
- Write your Social Security Number, the form number(s), and tax period(s) on your payment.
- Send your payment and the attached payment stub to us in the enclosed envelope.

You will find the amount you owe listed on the next page. The amount you owe includes tax, penalties, and interest. Penalty and interest charges, known as statutory additions, are detailed on the following pages and continue to accrue until you pay the total amount in full.

If You Cannot Pay The Amount You Owe In Full:

It is important that you call us immediately at the telephone number listed above. Please be prepared to tell us your monthly income and expenses so we can help you resolve this tax matter. We may be able to set up a payment arrangement. Or, if we determine that you cannot pay any of your tax debt due to an economic hardship, we may temporarily delay collection until your financial condition improves.

Contact Us (Within 30 days from the date of this notice)

Please do not contact the Social Security Administration regarding your federal tax matter. If you have any questions, please call the IRS at the above telephone number or write to us at the address located on the return stub found on the second page of this notice. We want to help you resolve this matter, so please call us if you need assistance.

Authorized Representative

If you wish to have someone else contact us to resolve this tax matter, complete Form 2848, *Power of Altorney and Declaration of Representative*, and send it to us in the enclosed envelope. You can get this form at your local IRS office, by calling 1-800-829-3676, or from our website at www.irs.gov. For your information, we have enclosed Publication 4134. This publication provides a list of Low Income Taxpayer Clinics that assist low-income taxpayers for free or for a nominal charge.

Enclosures: Publication 4134 Copy of this notice Envelope

CP 91 (Rev. 07-2007)



IRS Offers New Penalty Relief and Expanded Installment Agreements to Taxpayers under Expanded Fresh Start Initiative

IRS YouTube Video Fresh Start: English

IRS Podcast Fresh Start

|R-2012-31, March 7, 2012

WASHINGTON — The Internal Revenue Service today announced a major expansion of its "Fresh Start" initiative to help struggling texpayers by taking steps to provide new penalty relief to the unemployed and making Installment Agreements available to more people.

Under the new Fresh Start provisions, part of a broader effort started at the IRS in 2006, cartain taxpayers who have been unemployed for 30 days or longer will be able to avoid failure-to-pay penallies. In addition, the IRS is doubling the dollar threshold for taxpayers eligible for installment Agreements to help more people quality for the program.

"We have an obligation to work with taxpayers who are struggling to make ends meet," said IRS Commissioner Doug Shulman. "This new approach makes sense for taxpayers and for the nation's tax system, and it's part of a wider effort we have underway to help struggling taxpayers."

Penalty Reliaf

The IRS encounced plans for new penalty relief for the unemplayed on failure-to-pay penalties, which are one of the biggest factors a financially distressed texpayer faces on a lax hill.

To assist those most in need, a six-month grace period on fellure-to-pay penalties will be made available to cartain wage earners and self-employed individuals. The request for an extension of time to pay will result in relief from the failure to pay penalty for tax yeer 2011 only if the tax, interest and any other penalties are fully paid by Oct. 15, 2012.

The penalty reflet will be available to two categories of taxpayers:

- Wage earners who have been unemployed at least 30 consecutive days during 2011 or in 2012 up to the April
 17 deadline for filing a federal tax return this year.
- Self-employed individuals who experienced a 25 percent or greater reduction in business income in 2011 due to the economy.

This panalty relief is subject to income limits. A texpayer's income must not exceed \$200,000 if he or she files as married filing jointly or not exceed \$100,000 if he or she files as single or head of trousehold. This penalty relief is also restricted to taxpayers whose calendar year 2011 balance due does not exceed \$50,000.

Taxpayars meeting the eligibility criteria will need to complete a new <u>Form 1127A</u> to seek the 2011 penalty relief. The new form is available on IRS.gov.

The fallure-to-pay penalty is generally half of 1 percent per month with an upper limit of 25 percent. Under this new relief, texpayers can avoid that penalty until Oct. 15, 2012, which is six months beyond this year's filling deadline. However, the IRS is still legally required to charge interest on unpaid back taxes and does not have the authority to waive this charge, which is currently 3 percent on an annual basis.

Even with the new penalty relief becoming available, the IRS strongly encourages taxpayers to file their returns on time by April 17 or file for an extension. Failure-to-file penalties applied to unpaid taxes remain in effect and are generally 5 percent per month, also with a 25 percent cap.

Installment Agreements

The Fresh Start provisions also mean that more taxpayers will have the ability to use streamlined installment agreements to catch up on back taxes.

The IRS announced today that, effective immediately, the threshold for using an installment agreement without having to supply the IRS with a linearcial statement has been raised from \$25,000 to \$50,000. This is a significant reduction in tax payer burden.

Texpayers who owe up to \$50,000 in back taxes will now be able to enter into a streamlined agreement with the IRS that stretches the payment out over a series of months or years. The maximum term for streamlined installment agreements has also been raised to 72 months from the current 60-month maximum.

Taxpayers seeking Installment agreements exceeding \$50,000 will still need to supply the IRS with a Collection Information Statement (<u>Form 433-A</u> or <u>Form 433-F</u>). Taxpayers may also pay down their balance due to \$50,000 or less to take advantage of this payment option.

An installment agreement is an option for those who cannot pay their entire (ax bills by the due date. Penallies are reduced, although interest continues to accuse on the outstanding balance, in order to qualify for the new expanded streamlined installment agreement, a taxpayer must agree to monthly direct debit payments.

Taxpayers can set up an installment agreement with the IRS by going to the On-line Payment Agreement (OPA) page on IRS.gov and following the instructions.

These changes supplement a number of efforts to help struggling texpayers, including the "Fresh Start" program announced last year. The initiative includes a variety of changes to help individuals and businesses pay back taxes more earlier and with last businesses have because of fewer textians.

"Our goal is to help people most their obligations and get back on their feet financially," Shulman said.

Input from the Internal Revenue Service Advisory Council and the IRS National Texpayer Advocate's office contributed to the formulation of Fresh Start.

Offers in Compromise

Under the first round of Fresh Start, the IRS expanded a new streamlined Offer in Compromise (OIC) program to cover a larger group of struggling taxpayers. An offer-in-compromise is an agreement between a taxpayer and the IRS that settles the taxpayer's tax liabilities for less than title full amount lowed.

The IRS recognizes that many texpayers are still struggling to pay their bills so the agency has been working to put in place more common sense changes to the OIC program to more closely reflect real-world situations.

For example, the IRS has more flexibility with financial analysis for determining reasonable collection potential for distressed taxpayers.

Generally, an offer will not be accepted if the IRS believes that the liability can be paid in full as a lump sum or through a payment agreement. The IRS looks at the laxpayer's income and assets to make a datermination regarding the taxpayer's ability to pay.

Details on IRS Collection and Other Information

A sories of eight short videos are available to familiarize (axpayers and practitioners with the tRS collection process. The series "Owe Taxes? Understanding IRS Collection Efforts", is available on the tRS website, <u>www.irs.gov</u>.

The IRS website has a variety of other critine resources available to help taxpayers meat their payment obligations:

- IR-2011-20: IRS Announces New Effort to Help Struggling Taxpayers Get a Fresh Start; Major Changes Made lo Lien Process
- Oller in Compromise
- Tax Tip: Ten Tips for Taxpayers Who Owe Money to the IRS The Whal Il's of an Economic Downtorn
- Video on How to Complete Form 656: Offer in Compromise

Page Last Reviewed or Updated: March 16, 2012

Form **656**

(Rev. March 2011)

Department of the Treasury — Internal Revenue Service

Offer in Compromise

Attach Application Fe	e and Payment (check or mon	ey order) here.	IDC Descriped Date
Section 1 Your Contact Information			IRS Received Date
Your First Name, Middle Initial, Last	Name		
If a Joint Offer, Spouse's First Name	, Middle Initial, Last Name		
Your Physical Home Address (Street,	City, State, ZIP Code)	-	
Mailing Address (if different from above	or Post Office Box number)		ý.
Business Name			
Your Business Address (Street, City, S	State, ZIP Code)		
Social Security Number (SSN) (Primary)	(Secondary)	Employer Identification Number (EIN)	er (EIN not included in offer)
		_	_
Section 2	Tax	Periods	
To: Commissioner of Internal	Revenue Service		
7		ed in place of "l" when the	re are joint liabilities and both parties
	e tax liabilities plus any interest, penalt	ies, additions to tax, and additio	nal amounts required by law for the tax type
1040 Income Tax-Year(s)			
1120 Income Tax-Year(s)			
941 Employer's Quarterly Feder	ral Tax Return - Quarterly period(s)		
940 Employer's Annual Federal	Unemployment (FUTA) Tax Return - \	Year(s)	
	s a responsible person of (enter corporated Federal Insurance Contributions Act		τ period(s) ending
Other Federal Tax(es) [specify t	type(s) and period(s)]		
Note: If you need more space, tattachment.	use attachment and title it "Attachment	to Form 656 dated	." Make sure to sign and date the
Section 3	Reaso	n for Offer	
Doubt as to Collectibility - I ha	ave insufficient assets and income to p	ay the full amount.	-
	uiring full payment would cause an eco		t assets to pay the full amount, but due to my air and inequitable. I am submitting a written

			Page 2 of
Section 3	Reason for Offer (Continu	ued)	
Explanation of Circumstances	(Add additional pages, if needed)		
The IRS understands that there are ur offer amount might impair your ability to	planned events or special circumstances, such as s o provide for yourself and your family. If this is the o oted despite your financial profile. Describe your situ	ase and you can provide docun	nentation to prove your
			.
			· · · = · · · ·
	· · · · · · ·		
Section 4	Low Income Certification (Indivi	iduals Only)	
chart below based on your family size offer.	ification? You qualify if your gross monthly househor and where you live. If you qualify, you are not requiry welloome Certification based on the monthly income.	ed to submit any payments duri	
Size of family unit	48 contiguous states and D.C.	Hawaii	Alaska
1	\$2,256	\$2,596	\$2,819
2	\$3,035	\$3,492	\$3,794
3	\$3,815	\$4,388	\$4,769
5	\$4,594 #5 373	\$5,283	\$5,744
6	\$5,373 \$6,152	\$6,179 \$7,075	\$6,719 \$7,694
7	\$6,931	\$7,971	\$8,669
8	\$7,710	\$8,867	\$9,644
For each additional person, add	\$ 779	\$ 896	\$ 975
Section 5	Payment Terms	 .	
Enter the amount of your offer \$Check οπe of the payment options below	ow to indicate how long it will take you to pay your of	fer in full:	
Payment Option 1			
Check here if you will pay your	offer in five or fewer payments:		
Enclose a check for 20% of the of amount(s) and date(s) of your future.	fer amount (waived if you are an individual and met ire payment(s).	the requirements for Low-Incom	e certification) and fill in the
20% of the offer amount is \$	leaving a balance of \$	to be paid as follows after the	acceptance of your offer:
Amount of payment 1 \$	date		
Amount of payment 2 \$	date		
Amount of payment 3 \$			
Amount of payment 4 \$	date		
Amount of payment 5 \$	date		

Payment Option 2

total of

_ Check her	e if you will pay your offer in full in more than five months and	pay in monthly instal	iments
Enclose a	check for one month's installment (waived if you are an individual a	nd met the requirement	is for Low-Income certification)
œ.	is being authoritied with the Earn SES and then C	on the	(day) of each month there

months. Total payments must equal the total Offer Amount.

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

	Page 3 of
Section 6	Designation of Down Payment and Deposit (Optional)
	oplied to a specific tax year and a specific tax debt, please tell us the tax form and you do not designate a preference, we will apply any money you send in to the governments best interest.
If you are paying more than the rebelow and insert the amount.	equired payment when you submit your offer and want any part of that payment treated as a deposit, check the box
I am making a deposit of \$	with this offer.
Section 7	Source of Funds
Tell us where you will obtain the fo	unds 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	• •
application fee with each offer; do	es Treasury" and attach to the front of your Form 656, Offer in Compromise. Do not send cash. Send a separate not combine it with any other tax payments, as this may delay processing of your offer. Your offer will be returned to 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 ha	ave 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.
IRS will keep my payments, fees, and some refunds.	b) I voluntarily submit the payments made on this offer and understand that they are not refundable even if I withdraw the offer or the IRS rejects or returns the offer. Unless I designated how to apply the required payment (page 3 of this application), the IRS will apply my payment in the best interest of the government, choosing which tax years and tax liabilities to pay off. The IRS will also keep my application fee unless the offer is not accepted for processing.
	c) The IRS will keep any refund, including interest, that I might be due for tax periods extending through the calendar year in which the IRS accepts my offer. I cannot designate that the refund be applied to estimated tax payments for the following year or the accepted offer amount. If I receive a refund after I submit this offer for any tax period extending through the calendar year in which the IRS accepts my offer, I will return the refund as soon as possible.
	d) The IRS will keep any monies it has collected prior to this offer and any payments that I make relating to this offer that I did not designate as a deposit. Only amounts that exceed the mandatory payments can be treated as a deposit. Such a deposit will be refundable if the offer is rejected or returned by the IRS or is withdrawn. I understand that the IRS will not pay interest on any deposit. The IRS may seize ("levy") my assets up to the time that the IRS official signs and accepts my offer as pending.
Pending status of an offer and right to appeal	e) Once an authorized IRS official signs this form, my offer is considered pending as of that signature date and it remains pending until the IRS accepts, rejects, returns, or terminates my offer or I withdraw my offer. An offer will be considered withdrawn when the IRS receives my written notification of withdrawal by personal delivery or certified mail or when I inform the IRS of my withdrawal by other means and the IRS acknowledges in writing my intent to withdraw the offer.
	f) I waive the right to an Appeals hearing if I do not request a hearing within 30 days of the date the IRS notifies me of the decision to reject the offer.
I must comply with my future tax obligations and understand I remain liable for the full amount of my tax debt until all terms and	g) I will file tax returns and pay required taxes for the five year period beginning with the date of acceptance of this offer, or until my offer is paid in full, whichever is longer. 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.

conditions of this offer have been met.

- h) The IRS will not remove the original amount of my tax debt from its records until I have met all the terms and conditions of this offer. Penalty and interest will continue to accrue until all payment terms of the offer have been met. If I file for bankruptcy before the terms are fully met, any claim the IRS files in the bankruptcy proceedings will be a tax claim.
- i) Once the IRS accepts my offer in writing, I have no right to contest, in court or otherwise, the amount of the tax

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

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

I agree to waive time limits provided by law.

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

Section 8 - (Continued)

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

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

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

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

Section 9	Signatures			
Under penalties of perjury, I declare that I have examined to my knowledge and belief, it is true, correct and complete.	his offer, including accomp	oanying sche	edules and statem	ents, and to the best of
Signature of Taxpayer	•	Date (m	nm/dd/yyyy)	
Signature of Taxpayer		Date (m	nm/dd/yyyy)	
Section 10	Paid Preparer Use Onl	у		
Signature of Preparer				
Name of Paid Preparer	Date (mm/dd/yyyy)		Preparer's CAF	no. or PTIN
Firm's Name, Address, and ZIP Code			<u> </u>	
Include a valid, signed Form 2848 or 8821 with this applica	ation, 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 Num	ber
IRS Use Only I accept the waiver of the statutory period of limitations on ass	essment for the Internal Reve	enue Service,	as described in Se	ction 8 (k).
Signature of Authorized Internal Revenue Service Official	Title			Date (mm/dd/yyyy)
L	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 Actuaries, and Appraisers before the Internal Revenue Service. Information on this form may be disclosed to the Department of Justice for civil and criminal litigation.

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

Form 433-A

(Rev. January 2008) Department of the Treasury Internal Revenue Service

Collection Information Statement for Wage Earners and Self-Employed Individuals

Wage Earners Complete Sections 1, 2, 3, and 4, including signature line on page 4. Answer all questions or write N/A.

Self-Employed Individuals Complete Sections 1, 2, 3, 4, 5 and 6 and signature line on page 4. Answer all questions or write N/A.

For Additional Information, refer to Publication 1854, "How To Prepare a Collection Information Statement"

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

Name	on Internal I	Revenue Servi	ce (IR	S) Account	Social Secu	rity Nun	iber SS	N on IRS	Account	Emplo	yer Identificatio	n Nun	nber I	ΞίΝ
												٠		
		rsonal Inform							•					
1a	Full Name of	Taxpayer and S	Spous	e (if applicable)			10	Home F	hone '		1d Cell Pho	ne		
1b	Address (Stre	et. Citv. State.	ZIP ce	ode) (County of	Residence)		1e	Busines	s Phone		1f Busines:	Cell	Pho	ne
	, 100, 200 (20, 2	,,,		, (,				())		, ()			-
							2b	Name,	Age, and Rel	ations	hip of depend	ent(s)		
2a	Marital Status	s: Married		Innerried (Cinal	le, Divorced, Wido	u codi	-							
_Zd	Mantai Status	_=		No. <i>(SSN</i>)	Date of B		nddvv	/vl	Driver's	Licen	se Number and	Stat	·e	
3a	Taxpayer				Date of B	31 GT (1112	.,,,,,	77	Direct 6		JO TTGITTOOT GIT	3 0101		
3b	Spouse													
		ployment In												
If the	taxpayer or				self-employment	incom	ie, als	o compi	lete Busines	s Info	ormation in S	ectio	ns 5	and 6
	T 1 F		xpay	er		<u> </u>				ouse)			
4a	faxpayer's Er	mployer Name				5a	Spous	e's Empl	oyer Name					
	Address (Stre	et, City, State,	ZIP co	ode)		5h	Addre	ss (Stree	t, City, State,	ZIP (rode)			
		o., o.,,, o.a.o,		340,		"	, taa. o		i, Oily, Olato,	_n	<i>,</i> 000 <i>,</i>			
4c	Work Telepho	one Number	4d	Does employer allo	_	5c	Work	Telephon	e Number	5d	Does employer a	allow co	ontact	at work
	()		16	∐ Yes	∐ No		<u>(</u>	_)			∐ Yes		No	
4e	1	n this employer	4f	Occupation		5e		Ĭ	this employe	5f	Occupation			
4g	(years) Number of ex	(months) emptions	4h	Pay Period:		5a	<i>(yea.</i> Numb	rs) er of exe	(months)	5h	Pay Period:			
	claimed on Fo			Weekly	☐ Bi-weekly			d on For		"	☐ Weekly		Bi-w	eekly
				☐ Monthly	Other						☐ Monthly		Othe	-
Se	ection 3: Oth	ner Financial	Info	mation (Attac	ch copies of app	licable	docu	ımentati	on.)					
6	Is the individ	lual or sole pro	priet	orship party to	a lawsuit (If yes,	answei	r the fo	ollowing)			Yes [No	
			1	Location of Filin	ig		Repre	sented b	 by		Doc	ket/Ca	ase N	lo.
	Plaintiff	☐ Defendar	ıt				-							
	Amount of Su	ıit	F	ossible Comple	etion Date <i>(mmdd</i>)	<i>(</i> 1999)	Subje	ct of Sui	t					
	\$							-						
7	Has the indiv	idual or sole	oropri	etorship ever t	filed bankruptcy (If yes, a	answei	the follo	wing)		Yes [No	
	Date Filed (mi	mddyyyy)		Date Dism	issed or Discharged	(mmdd)	ryyy)	Petition	No.		Location			
8	Any increase	/decrease in i	ncom	e anticipated (business or pers	onal) (li	f yes, a	inswer th	ne following)		Yes [No	
	Explain. (Use	attachment if n	eeded	3)	How much v	vill it inc	rease/d	ecrease	When will	it incr	ease/decrease			
					\$									
		lual or sole pro r the following)		orship a benef	iciary of a trust,	estate,	or life	insuran	ce policy		Yes	7	No	П
	Place where i								CINI.		163 [_	110	_
		trust, estate, or	nolici		Anticipated am	ount to	ho ro	coived	EIN:	the ar	nount be rece	ivad		
	rame or me	iruai, baiaib, Oi	polic	у	\$	want to	, ne 16	COIVEU	AALIGN WIII	ui c di	nount be rece	vou		
10	In the past 10	vears has the	individ	fuel resided out	side of the United	States	for no	inde of A	months or la	nger				
	(If yes, answer		n iulvit	zuai resideu out	aide of the Officed	Jiales	tor her	ious oi 0	monules of R	myer	Yes [No	
	Dates lived at	oroad: from (mi	nddyy	<i>'</i> yy)		- -	Го (тл	nddyyyy)						
www.	irs.gov				Cat. No. 20312	N I					Form 43	3-A	(Rev	1-2008

G	action 4: Por	conal Acast In	formation for All Individuals					ruge =
`	ection 4: Per	sonal Asset in	ormation for Air Individuals					
11	Cash on Han	ıd. Include cash th	nat is not in a bank.		Total Cash o	n Hand	\$	
	Personal Bank cards (e.g., pay	Accounts. Inclinroll cards, govern	ude all checking, online bank accour ment benefit cards, etc.) List safe depo	ınts, m osit bo	oney market acc xes including locat	ounts, sav	rings accou ontents.	ints, stored value
	Type of Account		ess <i>(Street, City, State, ZIP code)</i> of Bank, Saion, or Financial Institution.	avings	Account Nur	nber	Account Ba	alance As of
12a								
							\$	
12b							e.	
12c	Total Cash ((Add lines 12a,	12b, and amounts from any attachi	ments))		\$	
	investments. Ir 401(k) plans. In	nclude stocks, bor	nds, mutual funds, stock options, certifi tions, partnerships, limited liability on the continuous discount interview in the continuous discount interview in the continuous discount discount in the continuous discount d	ficates (of deposit, and ret			
	Type of nvestment or nancial Interest	Full Name & Addr	ess (Street, City, State, ZIP code) of Compan	ту	Current Value	(if apı	Balance olicable) mmddyyyy	Equity Value Minus Loan
13a							атисуууу	
		Phone		\$		\$		\$
13b								
		Phone		\$		\$		\$
13c								
		Phone	N	\$		\$.		\$
13d	Total Equity	(Add lines 13a t	hrough 13c and amounts from any	attach	nments)	7		\$
			ed credit cards with available credit. tate, ZIP code) of Credit Institution		Credit Limit	As of _	mmddyyyy	Available Credit As of
14a								
	Acct No.:			\$		\$		\$
14b								
	Acct No.:			\$		\$		\$
			lines 14a, 14b and amounts from					\$
15a	Life Insurance Yes N		ual have life insurance with a cash valued to the cash polete blocks 15b through 15f for each p		m Life insurance o	loes not ha	ave a cash	value.)
15b	Name and Ado of Insurance Company(ies):							
15c	Policy Number	r(s)						
15d	Owner of Police	ру						
15e	Current Cash 1	Value	\$ \$			\$		
15f	Outstanding Lo	an Balance	\$			\$		
15g	Total Available	Cash. (Subtract arr	nounts on line 15f from line 15e and include	e amour	nts from any attachn	nents) \$		

Page	1
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16		0 years, have any r the following. If n	assets been transfer no, skip to 17a)	rred by the ind	ividual for less than	full value	`	Yes □ No □
	List Asset		Value at Time	of Transfer	Date Transferred	(mmddyyyy)	To Whom or Where	e was it Transferred
			\$					
F	Real Property	Owned, Rented	, and Leased. Inclu	de all real prop	perty and land cont	racts.		
			Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Payment	Equity FMV Minus Loan
17a	Property De	escription				 - 		
		-	<u>, </u>	\$	\$	\$		\$
	Location (Str	eet, City, State, Z	(IP code) and County	,	Lender/Lessor/Lar	idlord Name, A	ddress, (Street, City, Sta	te, ZIP code) and Phone
							į t	
17b	Property De	escription		\$	\$	S		\$
	Location (Stre	eet, City, State, Z	(IP code) and County	,		1 7	ddress, (Street, City, Sta	ite, ZIP code) and Phone
—— 17c	Total Fauit	v (Add lings 17:	a, 17b and amount	e from any at	tachments)			
			d Purchased. Include		·	e etc	·	\$
		ription		Current Fair		Amount	of Date of Final	
	(Year, Mileage	, Make, Model)	Purchase/Lease Date (mmddyyyy)	Market Value (FMV)	Current Loan Balance	Monthly Paymen	y Payment	Equity FMV Minus Loan
18a	Year	Mileage		\$	\$	\$		\$
	Make	Model	Lender/Lessor Na	me, Address, (Street, City, State,	ZIP code) and	d Phone	
18b	Year	Mileage		\$	\$	\$		\$
	Make	Model	Lender/Lessor Na	me, Address, (Street, City, State,	ZIP code) and	d Phone	
18c	Total Fouity	(Add lines 18a 1	8b and amounts fron	n anv attachme	ente)			\$
						(coins, guns,	etc.), antiques or oth	
	a She as gaf San (1827) A She She She She She A She She She She She	herman result (Ante sept Pop and Sept sept a Person	Purchase/Lease Date (mmddyyyy)	Gurrent Fair Market Value (FMV)	Current Loan Balance	Amount Monthly Paymen	y Payment	Equity FMV Minus Loan
19a	Property De	escription		\$	\$	\$		\$
	Location (Str	eet, City, State, Z	(IP code) and County	,	Lender/Lessor Na	ame, Address,	(Street, City, State, Zli	P code) and Phone
19b	Property De	escription	<u> </u>			<u> </u>		
				\$	\$	\$		\$
	Location (Str	eet, City, State, Z	IP code) and County		Lender/Lessor Na	ame, Address,	(Street, City, State, Zli	P code) and Phone
 19c	Total Equity	(Add lines 19a, 1	9b and amounts fron	n any attachme	ents)			\$

If the taxpayer is self-employed, sections 5 and 6 must be completed before continuing.

Monthly Income/Expense Statement (For additional information, refer to Publication 1854.)

	Total Income			Total Living Expenses		IRS USE ONLY
	Source	Gross Monthly		Expense Items ⁵	Actual Monthly	Allowable Expenses
20	Wages (Taxpayer) 1	\$	33	Food, Clothing, and Misc. 6	\$	
21	Wages (Spouse) 1	\$	34	Housing and Utilities 7	\$	As a report party of the second districts of the design of a second district of the second
22	Interest - Dividends	\$	35	Vehicle Ownership Costs 8	\$	A second
23	Net Business Income ²	\$	36	Vehicle Operating Costs 9	\$	And the second s
24	Net Rental Income ³	\$	37	Public Transportation 10	\$	Control of American Control of Co
25	Distributions ⁴	\$	38	Health Insurance	\$	
26	Pension/Social Security (Taxpayer)	\$	39	Out of Pocket Health Care Costs 11	\$	The property of the property o
27	Pension/Social Security (Spouse)	\$	40	Court Ordered Payments	\$	The proof of the second control of the secon
28	Child Support	\$	41	Child/Dependent Care	\$	The second of th
29	Alimony	\$	42	Life insurance	\$	The state of the s
30	Other (Rent subsidy, Oil credit, etc.)	\$	43	Taxes (Income and FICA)	\$	The second of th
31	Other	\$	44	Other Secured Debts (Attach list)	\$	
32	Total Income (add lines 20-31)	\$	45	Total Living Expenses (add lines 33-44)	\$	a y called for any of a calculation of the first of American Ameri

- 1 Wages, salaries, pensions, and social security: Enter gross monthly wages and/or salaries. Do not deduct withholding or allotments taken out of pay, such as insurance payments, credit union deductions, car payments, etc. To calculate the gross monthly wages and/or salaries: If paid weekly multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33
 If paid biweekly (every 2 weeks) multiply biweekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22
- If paid semimonthly (twice each month) multiply semimonthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

 Net Income from Business: Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business
- 2 Net Income from Business: Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. This figure is the amount from page 6, line 82. If the net business income is a loss, enter "0". Do not enter a negative number. If this amount is more or less than previous years, attach an explanation.
- 3 Net Rental Income: Enter monthly net rental income. This is the amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0". Do not enter a negative number.
- 4 Distributions: Enter the total distributions from partnerships and subchapter S corporations reported on Schedule K-1, and from limited liability companies reported on Form 1040, Schedule C, D or E.
- Expenses not generally allowed: We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses if it is proven that they are necessary for the health and welfare of the individual or family or for the production of income.
- 6 Food, Clothing, and Misc.: Total of clothing, food, housekeeping supplies, and personal care products for one month.
- 7 Housing and Utilities: For principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, telephone, and cell phone.
- 8 Vehicle Ownership Costs: Total of monthly lease or purchase/loan payments.
- 9 Vehicle Operating Costs: Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.
- 10 Public Transportation: Total of monthly fares for mass transit (e.g., bus, train, ferry, taxi, etc.)
- 11 Out of Pocket Health Care Costs: Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)

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

Taxpayer's Signature

Spouse's Signature

Date

Attachments Required for Wage Earners and Self-Employed Individuals:
Copies of the following items for the last 3 months from the date this form is submitted (check all attached items):

 product in the least of the last of the last of the last of the form to date the form to date the last of the last
Income - Earnings statements, pay stubs, etc. from each employer, pension/social security/other income, self employment income (commissions, invoices, sales records, etc.).
Banks, Investments, and Life Insurance - Statements for all money market, brokerage, checking and savings accounts, certificates of deposit, IRA, stocks/bonds, and life insurance policies with a cash value.
Assets - Statements from lenders on loans, monthly payments, payoffs, and balances for all personal and business assets. Include copies of UCC financing statements and accountant's depreciation schedules.
Expenses - Bills or statements for monthly recurring expenses of utilities, rent, insurance, property taxes, phone and cell phone, insurance premiums, court orders requiring payments (child support, alimony, etc.), other out of pocket expenses.
Other - credit card statements, profit and loss statements, all loan payoffs, etc.
A copy of last year's Form 1040 with all attachments. Include all Schedules K-1 from Form 1120S or Form 1065, as applicable

	Section	ons 5 and 6 must be	comple	ted only if	the taxp	ayer is SE	LF-EMP	LOYED.
		siness Information						
46	Is the busines All other busin	s a sole proprietorship (filing Sch ness entities, including limited liab	edule C) ility compa	Yes, Continu Yes, Continu Yes, partnerships	e with Secti or corporat	ons 5 and 6. ions, must comp	No, Con lete Form 43	nplete Form 433-B. 3-B.
47	Business Nan	ne	48 En	nployer Identificat	ion Number	49 Type of	Business	
			ļ			Federal	Contractor	Yes No
50	Business Wel	osite	51 To	tal Number of Em	ployees	52a Average	Gross Monthly	/ Payroll
					· -	52b Frequen	cy of Tax Depo	osits
53 P		iness engage in e-Commerce (Inte or (e.g., PayPal, Authorize.net, Google	,	tc.) Name & Address	No (Street, City,	State, ZIP code)	Payment Pro	cessor Account Number
54a				······································			.1	
54b							<u> </u>	
	Credit Cards	Accepted by the Business.						
	Credit Card	Merchant Account Number	r	Merchant A	ccount Provic	ler, Name & Addre	ss (Street, City,	State, ZIP code)
55a								
55b								
55c								
56	Business Cas	sh on Hand. Include cash that is	not in a bar	nk.	Tota	al Cash on Hand	 	
	Business Bar cards (e.g. pay	nk Accounts. Include checking ac yroll cards, government benefit ca	counts, onli rds, etc.) <i>Re</i>	ne bank accounts eport Personal Ac	, money ma counts in Se	rket accounts, sa ction 4.	vings accoun	ts, and stored value
	Type of Account	Full name & Address (Street, City, S Savings & Loan, Credit Union or Fin		•	Acco	ount Number	Acc As c	ount Balance of
 57a		Gavings & Loan, Orean Onlor of This	ancia manu					mmddyyyy
							\$	
57b								
							\$	
57c	Total Cash in	Banks (Add lines 57a, 57b and a	ımounts fro	m any attachmen	ts)		\$	
	Accounts/Notes (List all contracts	s Receivable. Include e-payment ac s separately, including contracts awa	counts rece arded, but n	ivable and factorin ot started.) Include	g companies Federal Go	, and any barterin vernment Contra	g or online au cts.	ction accounts.
Acco	ounts/Notes Receivab	ole & Address (Street, City, State, ZIP code)	Status (e.g factored,		e Due ddyyyy)	Invoice Nu Federal Government		Amount Due
58a								
58b								\$
J0D								
_								 \$
58c								
58d			<u></u>					\$
								\$
58e	Total Outsta	nding Balance (Add lines 58a thr	ough 58d a	nd amounts from	anv attachm	nents)		\$

Business Assets. Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include Uniform Commercial Code (UCC) fillings. Include Vehicles and Real Property owned/leased/rented by the business, if not shown in Section 4.

		Purchase/Lease/Rental Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
59a	Property Description		\$	\$	\$		\$
	Location (Street, City, State, 2	ZIP code) and County		Lender/Lessor/Landlor	d Name, Address (Street, City, State,	ZIP code) and Phone
59b	Property Description		\$	\$	\$		\$
•••	Location (Street, City, State, 2	ZIP code) and County	1	Lender/Lessor/Landlor	d Name, Address (, Street, Çity, State,	ZIP code) and Phone
				<u> </u>			

Section 6 should be completed only if the taxpayer is SELF-EMPLOYED

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•	scotion of gold a tobuctorality intoth	idition (mics of throag	$u \omega_i$	arionin recorded with populess kings m	id Edga Grafellielly
Acc	ounting Method Used: 🗌 Cash 🗌 Accre	ıat			
Inco	ome and Expenses during the period (mn	nddyyyy)		to (mmddyyyy)	
	Total Monthly Business Inco	me	Tota	Il Monthly Business Expenses (Use attachments	as needed.)
Source Gross Monthly				Expense Items	Actual Monthly
60	Gross Receipts	\$	70	Materials Purchased ¹	\$
61	Gross Rental Income	\$	71	Inventory Purchased ²	\$
62	Interest	\$	72	Gross Wages & Salaries	\$
63	Dividends	\$	73	Rent	\$
64	Cash	\$	74	Supplies ³	\$
	Other Income (Specify below)	ESPRINGES ESP	75	Utilities/Telephone ⁴	\$
65		\$	76	Vehicle Gasoline/Oil	\$
66		\$	77	Repairs & Maintenance	\$
67		\$	78	Insurance	\$
68		\$	79	Current Taxes 5	\$
			80	Other Expenses, including installment payments (Specify)	\$
69	Total Income (Add lines 60 through 68)	\$	81	Total Expenses (Add lines 70 through 80)	\$
	***		82	Net Business Income (Line 69 minus 81) 6	\$
	Enter the amount from line	82 on line 23 section	4 lf [ine 82 is a loss enter "0" on line 23 sect	ion 4

Self-employed taxpayers must return to page 4 to sign the certification and include all applicable attachments.

- 1 Materials Purchased: Materials are items directly related to the production of a product or service.
- ² Inventory Purchased: Goods bought for resale.
- 3 Supplies: Supplies are items used in the business that are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.
- 4 Utilities/Telephone: Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone and cell phone.
- ⁵ Current Taxes: Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes.
- ⁶ Net Business Income: Net profit from Form 1040, Schedule C may be used if duplicated deductions are eliminated (e.g., expenses for business use of home already included in housing and utility expenses on page 4). Deductions for depreciation and depletion on Schedule C are not cash expenses and must be added back to the net income figure. In addition, interest cannot be deducted if it is already included in any other installment payments allowed.

FINANCIAL ANALYSIS OF COLLE FOR INDIVIDUAL WAGE EARNER	ECTION POTENTIAL SE AND SELF-EMPLOYED INDIVID	UALS	(IRS USE ONLY)
Cash Available (Lines 11, 12c, 13d, 14c, 15g, 56,	57c and 58e)	Total Cash	S S
Distrainable Asset Summary (Lines 17c, 18c, 19c, and 59c)		Total Equity	\$
Monthly Total Positive Income mil (Line 32 minus Line 45)	nus Expenses	Monthly Available Cash	\$

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

Request for Appeal of Offer in Compromise Please provide the information required in the spaces below. Be sure to sign and date this form. Taxpayer name(s) Taxpayer Identification Number(s) Taxpayer name(s) Taxpayer Identification Number(s) Mailing address Tax form number City State ZIP Code Tax period(s) ended Taxpayer's current daytime phone number Tax period(s) ended Identify the specific item(s) you don't agree with as shown on the Income and Expense Table and Asset and Equity Table you received with your rejection letter. In the space next to the disagreed item, provide a brief statement indicating why you don't agree with our determination (for example: incorrect valuation of real estate, omitted mileage from vehicle deduction, etc.). Attach supporting documents and indicate on the document which issue they apply to. Additional pages may be attached. If you do not agree with the Service's analysis of economic hardship or Effective Tax Administration, please provide an explanation with documentation. ☐Yes ☐No Disagreed item Reason for disagreement Supporting documentation attached ☐Yes ☐No Disagreed item Reason for disagreement Supporting documentation attached ☐Yes ☐No Disagreed item Reason for disagreement Supporting documentation attached Signature of Taxpayer(s) Date signed Signature of Taxpayer(s) Date signed If this application was prepared by someone other than the taxpayer, please fill in that person's name and address Name ZIP Code Mailing address City State Name and signature of authorized representative (If a representative is signing this form, please attach a copy of your completed Form 2848, Power of Attorney and Declaration of Representative.) Name of authorized representative Signature of authorized representative Date signed Telephone number of authorized representative Best time to call

Form **9465** (Rev. December 2011)

(Rev. December 2011) Department of the Treasury Internal Revenue Service

Installment Agreement Request

► If you are filing this form with your tax return, attach it to the front of the return.

► See separate instructions.

OMB No. 1545-0074

Form **9465** (Rev. 12-2011)

Caution: Do not file this form if you are currently making payments on an installment agreement or can pay your balance in full within 120 days. Instead, call 1-800-829-1040. If you are in bankruptcy or we have accepted your offer-in-compromise, see Bankruptcy or offer-in-compromise, in the instructions.

This requ	his request is for Form(s) (for example, Form 1040 or Form 1040EZ) ▶			r tax year(s) (for example, 2010 and 2011)	<u> </u>			
1	Your first name and initial	Last name			Yo	ur social s	ecurity number	
	If a joint return, spouse's first name and initial	Last name			Sp	ouse's so	cial security numbe	ar
	Current address (number and street). If you have a	P.O. box and no ho	me deliv	rery, enter your box number.		A	pt. number	_
	City, town or post office, state, and ZIP code. If a fore	ign address, enter ci	ity, provi	nce or state, and country. Follow the cou	ntry's practice	for entering	the postal code.	_
2	If this address is new since you filed you	ır last tax returi	n, che	k here			> [Ī
3			4					_
	Your home phone number Best time	e for us to call		Your work phone number	Ext,	Bes	t time for us to call	_
5	Name of your bank or other financial institution:		6	Your employer's name:				_
	Address			Address				_
	City, state, and ZIP code			City, state, and ZIP code				_
7 8 9	Enter the total amount you owe as show Enter the amount of any payment you ar Enter the amount you can pay each m interest and penalty charges. The cha	e making with y nonth . Make y e	our tar our pa	k return(s) (or notice(s)). See ins ly <mark>ments as large as possibl</mark>	structions	8 9		_ _
10	Enter the date you want to make your p	-		* * *	the 28th ▶			_
11	If you want to make your payments by lines 11a and 11b. This is the most conta. Routing number	electronic fund	ls with	drawal from your checking ac	count, see	the inst		in
>	b Account number							
ŕ	I authorize the U.S. Treasury and its design institution account indicated for payments authorization is to remain in full force and payment, I must contact the U.S. Treasury F date. I also authorize the financial institution necessary to answer inquiries and resolve is:	of my Federal to effect until I not inancial Agent at s involved in the	axes over tify the t 1-800- proces	wed, and the financial institution U.S. Treasury Financial Agent to 829-1040 no later than 14 busine sing of the electronic payments or	to debit the terminate ss days pric	e entry to the author or to the p	o this account. The prization. To revol ayment (settlement	his ke nt)
Your si	gnature	Date		Spouse's signature. If a joint return, t	ooth must sig	n.	Date	_

Cat. No. 14842Y

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 433-F (Rev. 6-2010)		Department of the Treasury — Internal Revenue Service Collection Information Statement							
Name(s) and Address	s			Your Social Security Number or Individual Taxpayer Identification Number					
			:	our Spouse's S	Social Securi	ty Number or	Individua	al Taxpayer Ident	ification Number
☐ If address assuided a	bove is differen	t than last return filed pleas		our Telephone	Numbers		Spouse	se's Telephone Numbers	
If address provided above is different than last return filed please check here County of Residence				Home: (Work: ()		Home: Work:	Home: ()	
				Cell: ()		Cell:	()	
A. ACCOUNTS /	LINES OF	CREDIT (including L (IRAs), Keogh Plans, S	Sanking Institut	ons, Checking	and Savings	accounts, Cre	dit Unio	ns, Certificates o	Deposit,
Brokerage Accoun	its)	and Address of Institution		yee i erisions,				1	1
	iname a	and Address of Institution	л	.	l 'y	pe of Account		Current Ba	lance / Value
	.								
	···								
	_								
Tatal sumbas of					l			1	
		s you will be claimi	-				-65 ∟		
Total number of dependents you claimed on last year's tax return Over 65 Under 65									
and the strength of the							Onla		
		ation property, timesha			pop ares pop ares	A Paragraphy			
B. REAL ESTAT			res and other r	eal estate).	politic state (1) Light of the (1)	Current V		Balance Owed	Equity
		ation property, timesha	res and other r	Financing	se Price	oor Jegerald Guide by San San meruga by		andra de la come Les estaciones	Equity
County / Descr	iption	ation property, timesha	res and other r	Financing	politic state (1) Light of the (1)	oor Jegerald Guide by San San meruga by		andra de la come Les estaciones	Equity
	iption	ation property, timesha	res and other r	Financing Purchased Refinance	se Price	oor Jegerald Guide by San San meruga by		andra de la come Les estaciones	Equity
County / Descr	ription	ation property, timesha	Year Purchase	Financing ad Purchased Refinance ad Purchased Purchase	se Price	oor Jegerald Galler op Soon		andra de la come Les de la come	Equity
County / Descr	ription	ation property, timesha	Year Purchase Year Refinance Year Purchase	Financing ed Purchased Purchased Purchased Purchased Refinance	se Price e Amount se Price	oor Jegerald Galler op Soon		andra de la come Les de la come	Equity
County / Descr	ription De Other De Other	ation property, timesha	Year Purchase Year Purchase Year Purchase Year Purchase	Financing Purchased Refinance Refinance Refinance Refinance Refinance Refinance Refinance Refinance	se Price e Amount se Price e Amount	oor Jegerald Galler op Soon		andra de la come Les de la come	Equity
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County / Descr	iption ce Other ce Other	Monthly Payment(s) ats, recreational vehicle	Year Purchase Year Refinance Year Refinance Year Refinance Year Refinance Year Refinance Year Refinance	Financing Financing Refinance	se Price e Amount se Price e Amount se Price e Amount	Current V	alue	Balance Owed	
County / Descr	iption ce Other ce Other	Monthly Payment(s)	Year Purchase Year Purchase Year Refinance Year Refinance Year Purchase Year Purchase Year Purchase	Financing Ed Purchased Refinance Ed Refinance	se Price e Amount se Price e Amount se Price e Amount	Current V	alue	andra de la come Les de la come	Equity Equity
County / Descr	iption ce Other ce Other	Monthly Payment(s) ats, recreational vehicle	Year Purchase Year Refinance Year Refinance Year Refinance Year Refinance Year Refinance Year Refinance	Financing Refinance Refinance Refinance Refinance Refinance Refinance Refinance Refinance Final Payment Refinal Pay	se Price e Amount se Price e Amount se Price e Amount	Current V	alue	Balance Owed	
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County / Descr	iption ce Other ce Other	Monthly Payment(s) ats, recreational vehicle	Year Purchase Year Refinance Year Refinance Year Refinance Year Refinance Year Refinance Year Refinance	Financing Ed Purchased Refinance Ed Purchased Refinance Ed Refinance Ed Refinance Ed Refinance Ed Finance Ed Refinance Ed Refinance Ed Refinance Ed Refinance Ed Refinance Ed Refinance	se Price e Amount se Price e Amount se Price e Amount ent (mo / yr) /	Current V	alue	Balance Owed	
County / Descr	iption ce Other ce Other	Monthly Payment(s) ats, recreational vehicle	Year Purchase Year Refinance Year Refinance Year Refinance Year Refinance Year Refinance Year Refinance	Financing Ed Purchased Refinance Ed Refinance Ed Refinance Ed Refinance Ed Refinance Ed Finance Ed Refinance Ed Refinance Ed Refinance Ed Refinance	se Price e Amount se Price e Amount se Price e Amount ent (mo / yr) /	Current V	alue	Balance Owed	

D. CREDIT CARDS (Visa, Mas	terCard, Amer	ican Express, Dep	artment S	Stores, etc.)					
Ту	pe			Credit L	imit	Balance Ov	ved N	linimum Mon	thly Payment
									· <u> </u>
									-
									_
									_
									-
E. WAGE INFORMATION (IF	vou have more	than one employe	er include	e the inform	ation on anoth	er sheet of pan	er):		3
Your current Employer (name and a		1341 log2/3541 to Florid N +1-4 A				yer (name and			
, , , , , , , , , , , , , , , , , , , ,	,			Characte	ouriont Emplo	yor (namo ana	uddi 000,		
							,i.·		
							,		
How often are you paid? (Check one	.,			Law effect	a ara way naidi	(Charleann)			
Weekly Biweekly Se	•	☐ Monthly			n are you paid? :ly □ Biwee	kly 🔲 Sem	i-monthly	☐ Monthly	
Gross per pay period	•	_ ,			r pay period _	, _		,	
Taxes per pay period (Fed)	(State)	(Local)		Taxes pe	r pay period (F	ed)	(State)	(Loca	al)
How long at current employer				How long	at current emp	oloyer			
Date of Birth					irth				
Total Income from Last Year's 1040	Tax Return _			Total Inco	me from Last	Year's 1040 Ta	x Return _		
F. NON-WAGE HOUSEHOL after expenses or taxes.)	DINCOME	(List monthly amou	ınts, For	Self-Emplo	yment and Rei	ital Income, lisi	the monthl	y amount rec	elved .
Alimony Income:			Net Renta	al Income:		,	Inter	est Income:	
Child Support Income:		Uner	πρloymeι	nt Income:		, ,	Social Secui	rity Income:	
Net Self Employment Income:			Pensio	n Income:		Other:			
G. MONTHLY NECESSARY	LIVING EX	PENSES (List m	ionthly ar	nounts. For	expenses paid	d other than mo	onthly, see i	nstructions.)	
1. Food / Personal Care		3. Housing & Utili	ties			5. Other			
Food:				Rent:] (Child / Depe	ndent Care:	
Housekeeping Supplies: Clothing and Clothing Services:		Electric, Oil	/Gas, Wa	ater/Trash:		Es	timated Tax	⟨Payments:	
Personal Care Products & Services:		Telephone					Term Life	e Insurance:	
Misc. (Cable, Internet, etc.)*:		Real Estate Ta (if not includ				Retiremer	nt (Employe	r Required):	
Total:	0.00			Total:	0.00		Retirement	(Voluntary):	
2. Transportation		4. Medical				Co	ourt Ordered	l Payments:	
Gas/Insurance/Licenses/Parking/					f	Pro	ofit and Loss	Statement:	
Mainteпance etc.:		0.4.50.4.411.		Insurance:					
Public Transportation:		Out of Pocket Hea		· · · · · ·					
See the instructio IRS standard amou If you are required	ints are foun	d on the interne	et at <u>htt</u>	p://www.ii	rs.gov/indivi	duals/article	/0id=965	43,00.html	
H. ADDITIONAL INFORMAT				re e de como	Service and the		S. S. S.		
1. The IRS may establish a payr	ment agreeme	ent for you based	d on the	financial c	lata vou prov	ided.			
We cannot consider an inst Attach a signed copy of ALI	allment agre	ement unless a							
3. Proposed Monthly Installment		• •	i.						
4. Proposed Monthly Payment D	_	•			_				
5. Down Payment Amount:									
Under penalty of perjury, I declare to and complete.	the best of my	/ knowledge and b	elief this	statement o	f assets, liabili	ties and other i	nformation i	s true, correc	<u></u> xt
Your Signature			Spouse	's Signatur	ə			Date	
								1	

Instructions

Complete all the blocks. Write N/A (Not Applicable) for those which don't apply to you. We need you to complete the form so we can establish the best method for you to pay the amount due.

If any section is too small for the information you need to supply, please use a separate sheet.

Failure to complete the form or provide copies (not originals) of required attachments (as stated below) may result in a delay in resolving your account. We may also require you to submit financial substantiation after our financial analysis is complete.

Section A - Accounts / Lines of Credit

List all accounts, even if they currently have no balance. However, do not enter bank loans in this section.

Section B - Real Estate

List all real estate you own or are purchasing. This listing should include your home and any other real estate you own. Include the county and description, the year(s) and amount(s) of purchase and/or refinancing, the current market value and the amount you owe. To determine equity, subtract the amount owed from its current market value.

Section C - Other Assets

List all cars, boats, recreational vehicles, whole life policies, or other assets that you own. If a vehicle is leased, write "lease" in the "year purchased" column. To determine equity, subtract the amount owed from its current market value.

Section D - Credit Cards

List all credit cards and lines of credit, even if there is no balance owed.

Section E - Wage Information

Provide the name and address of employers for you and your spouse. Include both spouses' income, even if the tax liability is not the result of a jointly filed return. Check the appropriate box indicating how you are paid. Year to Date Income includes all income, without deductions, for you and your spouse. Include all wage income from all employers since January of the current year. Last years gross income should be recorded from last years filed return.

Section F - Non-Wage Household Income

Enter monthly amounts for all sources of household income. For any income not received monthly, calculate the monthly amount as follows:

- · If received quarterly divide by three.
- · If received weekly multiply by 4.3.
- If received biweekly multiply by 2.17.

Net Self-Employment Income is the amount you earn after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly net profit from Schedule C on your Form 1040 or your current year profit and loss statement, but should not include depreciation expenses. If your net income is less than the previous year, attach an explanation. If net income is a loss, enter "0".

Net Rental Income is the amount you earn after you pay ordinary and necessary monthly rental expenses. This figure should relate to the amount reported on Schedule E of your Form 1040 (do not include depreciation expenses). If net rental income is loss, enter "0".

Section G - Monthly Necessary Living Expenses

Expenses that do not provide for the health and welfare of you or your family or for the production of income are generally not considered necessary. These may include tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions and payments to unsecured debts.

Enter monthly amounts for expenses. For any expenses not paid monthly, calculate the monthly amount as follows:

- · If paid quarterly divide by three.
- If paid weekly multiply by 4.3.
- If paid biweekly multiply by 2.17.

For expenses claimed in boxes 1 and 4 you may either use the total amounts shown on the IRS website at http://www.irs.gov/individuals/article/0,,id=96543,00.html. Substantiation may be required once the financial analysis is completed. If you are currently paying higher expenses you may enter that amount, but you are also required to submit supporting documentation with this form, which show payments being made.

For boxes 2 and 3 you must enter only the amount you actually spend on these expenses. If your total amount is higher than the amount shown on the IRS website shown above, you are **REQUIRED** to submit supporting documentation when submitting this form, such as copies of cancelled checks etc. which show payments being made.

All expenses claimed in box 5 **REQUIRE** supporting documentation when submitting this form. This includes copies of cancelled checks, pay stubs etc. that indicate payments are being made. For any court ordered payments you **MUST** submit a copy of the court order portion that shows the amount you are ordered to pay and the signatures.

If you do not have access to the IRS website, itemize your actual expenses and we will ask you for additional proof, if required.

Rent - Do not enter mortgage payment here.

Medical - Enter only ongoing medical expenses. Do not include a one time only medical expense.

Out-of-Pocket health care expenses include:

- · Medical services
- Prescription drugs
- · Medical supplies, including eyeglasses and contact lenses.

Child / Dependent Care - Enter the monthly amount you pay for the care of dependents that can be claimed on your Form 1040.

Estimated Tax Payments - Calculate the monthly amount you pay for estimated taxes by dividing the quarterly amount due on your Form 1040ES by 3.

Life Insurance - Enter the amount you pay for term life insurance only. Whole life insurance has cash value and should be listed in Section C.

Section H - Additional Information

- 1. The IRS will review your financial information and may establish a payment agreement for you.
- 2. Attach signed unfiled returns to this form for processing.
- 3. Propose a payment amount to be paid:
 - In 60-120 days or
 - · monthly payments in 60 months
- Show the date you will make your payment each month.
 Valid dates are from the 1st -28th of the month.
- 5. Show the maximum down payment you can make to lower the balance due.



IRS Announces New Effort to Help Struggling Taxpayers Get a Fresh Start; Major Changes Made to Lien Process

IRS YouTube Video Direct Debit Installment Agreement: English | ASL

IR-2011-20, Feb. 24, 2011

WASHINGTON — In its latest effort to help struggling taxpayers, the internal Revenue Service today announced a series of new steps to help people get a fresh start with their tax liabilities.

The goal is to help individuals and small businesses meet their tax obligations, without adding unnecessary burden to taxpayers. Specifically, the IRS is announcing new policies and programs to help taxpayers pay back taxes and avoid

"We are making (undamental changes to our lien system and other collection tools that will help taxpayers and give them a fresh slart," IRS Commissioner Doug Shulman said. "These steps are good for people facing tough times, and they reflect a responsible approach for the tax system."

Today's appoundement centers on the IRS making important changes to lie tien filing practices that will lessen the negative impact on taxpayers. The changes include:

- Significantly increasing the dollar threshold when liens are generally issued, resulting in fewer tax liens.
 Making it easier for taxpayers to obtain lien withdrawals after paying a tax bill.
 Withdrawing liens in most cases where a taxpayer enters into a Direct Debit Installment Agreement.

- Creating easier access to Installment Agreements for more struggling small businesses.
- Expanding a streamlined Offer in Compromise program to cover more taxpayers.

"These steps ere in the best interest of both texpayers and the tax system," Shulman said. "People will have a better chance to stay current on their taxes and keep their financial house in order. We all benefit if that happens."

This is another in a series of steps to help struggling taxpayers. In 2008, the IRS announced tien relief for people trying to refinance or sell a home. In 2009, the IRS added new flexibility for taxpayers facing payment or collection problems. And last year, the IRS held about 1,000 special open houses to help small businesses and individuals resolve tax issues with the Agency.

Today's announcement comes after a review of collection operations which Shulman launched last year, as well as input from the internal Revenue Service Advisory Council and the National Taxpayer Advocate.

Tax Lion Throsholds

The IRS will significently increase the dollar thresholds when liens are generally filed. The new dollar amount is in keeping with inflationary changes since the number was last revised. Currently, liens are eutomatically filed at cartain dollar levels for papple with past-due balances.

The IRS plans to review the results and impact of the lien threshold change in about a year.

A (ederal tax lien gives the IRS a legal claim to a taxpayar's property for the amount of an unpoid tax debt. Filing a Notice of Federal Tax Lian is necessary to establish priority rights against certain other creditors. Usually the government is not the only creditor to whom the texpayer owes money.

A lien informs the public that the U.S. government has a claim against all property, and any rights to property, of the taxpayer. This includes property owned at the time the notice of lien is filed and any acquired thereafter. A lien can affect a taxpayer's credit rating, so it is critical to arrange the payment of taxes as quickly as possible.

"Reising the lien threshold keeps pace with inflation and makes sense for the tax system," Shulman said. "These changes mean tens of thousends of people won't be burdened by liens, and this step will take place without significantly increasing the financial risk to the government."

Tax Lien Willidrawals

The IRS will also modify procedures that will make it easier for taxpayers to obtain lien withdrawals.

Liens will now be withdrawn once full payment of taxes is made if the taxpayer requests it. The IRS has determined that this approach is in the best interest of the government.

In order to speed the withdrawal process, the IRS will also streamline its internal procedures to allow collection personnel to withdraw the liens.

Direct Debit Installment Agreements and Liens

The IRS is making other fundamental changes to lians in cases where taxpayers enter into a Direct Dabit Installment Agreement (DDIA). For texpayers with unpaid assessments of \$25,000 or less, the IRS will now allow lien withdrawals

- Lien withdrawals for taxpayers entering into a Direct Debit Installment Agreement.
- The IRS will withdraw a lien if a taxpayer on a regutar Installment Agreement converts to a Direct Debit Installment Agreement.
- The IRS will also withdraw tiens on existing Direct Debit (nataliment greements upon texpayer request.

In addition, this lowers user fees and saves the government money from malling monthly payment notices. Taxpayers can use the Online Payment Agreement application on IRS.gov to set-up with Direct Debit Installment Agreements.

"We are trying to minimize burden on taxpayers while collecting the proper amount of tax," Shulman said. "We believe taking away laxpayer burden makes sense when a taxpayer has taken the proactive step of entering a direct debit agreement."

Installment Agreements and Small Businesses

The IRS will also make streamlined installment Agreements available to more small businesses. The payment program will raise the dollar limit to allow additional small businesses to participate.

Small businesses with \$25,000 or less in unpaid tax can participate. Currently, only small businesses with under \$10,000 in liabilities can participate. Small businesses with have 24 months to pay.

The streamlined installment Agreements will be available for small businesses that file either as an individual or as a business. Small businesses with an unpaid assessment balance greater than \$25,000 would qualify for the streamlined installment Agreement if they pay down the balance to \$25,000 or less.

Small businesses will need to enroll in a Direct Debit Installment Agreement to participate.

"Small businesses are an important part of the nation's economy, and the IRS should help them when we can," Shulmen seld. "By expanding payment options, we can help small businesses pay their tax bill white freeing up cash flow to keep funding their operations."

Offers in Compromise

The IRS is also expanding a new streamlined Offer in Compromise (OIC) program to cover a larger group of struggling taxoavers.

This streamlined OIC is being expanded to allow taxpayers with annual incomes up to \$100,000 to participate. In addition, participants must have lax liability of less than \$50,000, doubling the current limit of \$25,000 or less.

OICs are subject to acceptance based on legal requirements. An oifer-in-compromise is an agreement between a taxpayer and the IRS that settles the taxpayer's tax liabilities for less than the full amount owed. Generally, an offer will not be accepted if the IRS believes that the liability can be paid in full as a lump sum or through a payment agreement. The IRS looks at the taxpayer's income and assets to make a detendination regarding the taxpayer's ability to pay.

Related Items:

- IRS Begins Tax Season 2009 with Steps to Help Financially Distressed Taxpayers; Promotes Cradils, e-File Ontions (IR-2009-2)
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Page Last Reviewed or Updated: June 03, 2011

Department of the Treasury — Internal Revenue Service

Form **12277** (October 2011)

Application for Withdrawal of Filed Form 668(Y), Notice of Federal Tax Lien (Internal Revenue Code Section 6323(j))

1.	Taxpayer Na	axpayer Name (as shown on the Notice of Federal Tax Lien)			2. Social Security/Employer Identification No.			
3.	Taxpayer's R	epresentative, if applicable, or	Name and Title	of contact	person, if taxpaye	er is a b	usiness	
4.	Address (Nur	nber, Street, P.O. Box)						
5.	City		6. State		7. ZIP code	8. Ph	one Number	
9.		of the Form 668(Y), Notice of F rmation, if available:	ederal Tax Lien,	if available	e, OR , if you don'	t have a	copy, provide the	
	Serial number	er of Form 668(Y) (found near th	e top of the docum	ent)	Date Form 668(Y) filed		
	Recording of	ffice where Form 668(Y) was fil	led					
10.	Current statu	s of the federal tax lien ("x" app	ropriate box)					
	Open	Released	Unknown					
11.	Reason for re	equesting withdrawal of the file	d Notice of Fede	ral Tax Lie	n ("x" appropriate	box(es))		
	☐ The Notic	ce of Federal Tax Lien was filed	d prematurely or	not in acco	rdance with IRS	procedu	ıres.	
	The taxpa and the a	ayer entered into an installmen greement did not provide for a	t agreement to sa Notice of Federa	atisfy the li al Tax Lien	ability for which to to be filed.	he lien v	vas imposed	
	☐ Th	e taxpayer is under a Direct Do	ebit Installment A	greement.				
	Withdraw	ral will facilitate collection of the	e tax.					
	The taxpa best inter	ayer, or the Taxpayer Advocate est of the taxpayer and the go	e acting on behal vernment.	f of the tax	payer, believes v	vithdraw	al is in the	
12.	Explain the b	pasis for the withdrawal reques	t (attach additional	sheets and	other documentati	on that s	ubstantiates your	
						-		
	Affina e 41	Under penalties of perjury, I de schedules, exhibits, affidavits correct, and complete						
F	Affirmation	Signature (Taxpayer or Representa	ative)	Title (if bus	ness)		Date	
		<u> </u>						

General Instructions

- Complete the application. If the information you supply is not complete, it may be necessary for the IRS to obtain additional information before making a determination on the application.
 - Sections 1 and 2: Enter the taxpayer's name and Social Security Number (SSN) or Employer Identification Number (EIN) as shown on the Notice of Federal Tax Lien (NFTL).
 - Section 3: Enter the name of the person completing the application if it differs from the taxpayer's name in section 1 (for example, taxpayer representative). For business taxpayers, enter the name and title of person making the application. Otherwise, leave blank.
 - Sections 4 through 8: Enter current contact information of taxpayer or representative.
 - Section 9: Attach a copy of the NFTL to be withdrawn, if available. If you don't have a copy of the NFTL but have other information about the NFTL, enter that information to assist the IRS in processing your request.
 - Section 10: Check the box that indicates the current status of the lien.
 "Open" means there is still a balance owed with respect to the tax liabilities listed on the NFTL.
 "Released" means the lien has been satisfied or is no longer enforceable.
 "Unknown" means you do not know the current status of the lien.
 - Section 11: Check the box(es) that best describe the reason(s) for the withdrawal request. NOTE: If you are requesting a withdrawal of a released NFTL, you generally should check the last box regarding the best interest provision.
 - Section 12: Provide a detailed explanation of the events or the situation to support your reason(s) for the withdrawal request. Attach additional sheets and supporting documentation, as needed.
 - Affirmation: Sign and date the application. If you are completing the application for a business taxpayer, enter your title in the business.
- Mail your application to the IRS office assigned your account. If the account is not assigned or you are uncertain where it is assigned, mail your application to IRS, ATTN: Advisory Group Manager, in the area where you live or is the taxpayer's principal place of business. Use Publication 4235, Advisory Group Addresses, to determine the appropriate office.
- Your application will be reviewed and, if needed, you may be asked to provide additional information. You will be contacted regarding a determination on your application.

- a. If a determination is made to withdraw the NFTL, we will file a Form 10916(c), Withdrawal of Filed Notice of Federal Tax Lien, in the recording office where the original NFTL was filed and provide you a copy of the document for your records.
- b. If the determination is made to not withdraw the NFTL, we will notify you and provide information regarding your rights to appeal the decision.
- 4. At your request, we will notify other interested parties of the withdrawal notice. Your request must be in writing and provide the names and addresses of the credit reporting agencies, financial institutions, and/or creditors that you want notified.

NOTE: Your request serves as our authority to release the notice of withdrawal information to the agencies, financial institutions, or creditors you have identified.

- If, at a later date, additional copies of the withdrawal notice are needed, you must provide a written request to the Advisory Group Manager. The request must provide:
 - a. The taxpayer's name, current address, and taxpayer identification number with a brief statement authorizing the additional notifications:.
 - b. A copy of the notice of withdrawal, if available; and
 - c. A supplemental list of the names and addresses of any credit reporting agencies, financial institutions, or creditors to notify of the withdrawal of the filed Form 668(Y).

Privacy Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. The primary purpose of this form is to apply for withdrawal of a notice of federal tax lien. The information requested on this form is needed to process your application and to determine whether the notice of federal tax lien can be withdrawn. You are not required to apply for a withdrawal; however, if you want the notice of federal tax lien to be withdrawn, you are required to provide the information requested on this form. Sections 6001, 6011, and 6323 of the Internal Revenue Code authorize us to collect this information. Section 6109 requires you to provide the requested identification numbers. Failure to provide this information may delay or prevent processing your application; providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

Form **14134** (June 2010)

Department of the Treasury — Internal Revenue Service

Application for Certificate of Subordination of Federal Tax Lien

OMB No. 1545-2174

Complete the entire application. Enter NA (not applicable), when appropriate. Attachments and exhibits should be included as necessary. Additional information may be requested to clarify the details of the transaction(s).

1. Taxpayer Information (Individual or Busine. Name (Individual First, Middle Initial, Last) or (Busine.		en)	Primary Social Security Number
Traine (<u>marriada</u> 7 nos, madre mital, 2007 of (<u>200</u>	sinous de la appeare en non		(last 4 digits only)
Name Continuation (Individual First, Middle Initial	l, Last) ог (<u>Business</u> d/b/a)		Secondary Social Security Number (last 4 digits only)
Address (Number, Street, P.O. Box)			Employer Identification Number
City	State		ZIP Code
Telephone Number (with area code)	Fax Number (with area of	rode)	<u> </u>
2. Applicant Information	Check if also the Taxpayer	(If not the	taxpayer, attach copy of lien. See Sec.10)
Name (First, Middle Initial, Last)		Relat	tionship to taxpayer
Address (Number, Street, P.O. Box)			
City	State		ZIP Code
Telephone Number (with area code)	Fax Number (with area of	ode)	_l
3. Property Owner		c	heck if also the Applicant
		Relation	nship to Taxpayer
4. Attorney/Representative Information	Attached: Form 8821 or Power of Attorney Form 28	348 TY	es No
Name (First, Middle Initial, Last)			Represented (e.g. taxpayer, lender, etc.)
Address (Number, Street, P.O. Box)		L	
City	State		ZIP Code
Telephone Number (with area code)	Fax Number (with area of	ode)	
5. Lending/Finance Company			· · · · · · · · · · · · · · · · · · ·
Company Name	Contact Name		Contact Phone Number
Type of transaction (For example, loan consolida	tion, refinance, etc)		<u> </u>

							Page 2 of 3
6.	Monetary Infor	mation	, <u>, , , , , , , , , , , , , , , , , , </u>				
	Amount of existi	ng loan <i>(if refii</i>	nancing)				-
	Amount of new	loan					
	Amount to be pa	aid to the Unite	d States (6325(d)(1) applications only)			
7.						you would like the United States as of the Internal Revenue Code sec	
	6325(d)(1)			an amount equal to t de amount in Section 6 a		or interest to which the certificat	e of
	☐ 6325(d)(2)	collection of t	he tax liability ea ne <i>United States</i> i	asier. (Complete and a	ittach a	e the government's interest and signed and dated statement desc rease and how collection will be t	cribing how
		Statement	Attached	□ NA			
	AT919000000000	x00; etc.):	this is personal p			twin engine airplane, serial number	
	City			State		ZIP Code	
	Real Estate: Legible copy of	deed or title s	howing legal des	scription		Attached NA	
9.	Appraisal and	Valuations					
				d by a disinterested or a subordination)		Attached	
	OR ONE OF T	HE FOLLOWIN	IG VALUATION	S:			
	County valuation	on of property (real property)			Attached	
	Informal valuat	ion of property	by disinterested	third party		Attached	
	Proposed sellir	ng price (for pro	perty being sold a	t auction)		Attached	
	Other:					Attached	

Catalog Number 54726H www.irs.gov Form **14134** (Rev. 06-2010)

	Page 3 or 3
10. Copy of Federal Tax Lien(s) (Complete if applicant	nt and taxpayer differ) Attached No
OR list the lien number(s) found near the top righ	t corner on the lien document(s) (if known)
·	
11. Copy of the proposed loan agreement (if availa	ble) Attached No
AND	
Describe how subordination is in the best interes	ts of the United States:
12. Copy of a current title report (required for subora	lingtion)
• • • •	Ination) Attached No
OR	
	I Tax Lien. Include name and address of the holder, description of
	date of agreement; original loan amount and interest rate; amount
	, if applicable. Include any home equity line of credit (HELOCs) was filed, through the date you submit your application, and include
	te will be issued. (Attach additional sheets as needed):
13. Copy of proposed closing statement (aka HUD	-1) Attached No
13. Copy of proposed closing statement (aka HUD OR	-1) Attached No
OR	
OR	Attached No
OR Itemize all proposed costs, commissions, and exp	
OR Itemize all proposed costs, commissions, and exp	
OR Itemize all proposed costs, commissions, and exp	
OR Itemize all proposed costs, commissions, and exp	
OR Itemize all proposed costs, commissions, and exp	
OR Itemize all proposed costs, commissions, and exp	
OR Itemize all proposed costs, commissions, and exp	
OR Itemize all proposed costs, commissions, and exp	
OR Itemize all proposed costs, commissions, and expanditional sheets as needed):	penses of any transfer or sale associated with property <i>(Attach</i>
Itemize all proposed costs, commissions, and expanditional sheets as needed): 14. Additional information that may have a bearing	on this request,
OR Itemize all proposed costs, commissions, and expanditional sheets as needed):	on this request,
Itemize all proposed costs, commissions, and expanditional sheets as needed): 14. Additional information that may have a bearing such as pending litigation, explanations of unusual is attached for consideration	on this request,
Itemize all proposed costs, commissions, and expanditional sheets as needed): 14. Additional information that may have a bearing such as pending litigation, explanations of unusus is attached for consideration 15. Declaration	on this request, al situations, etc.,
Itemize all proposed costs, commissions, and expanditional sheets as needed): 14. Additional information that may have a bearing such as pending litigation, explanations of unusual is attached for consideration 15. Declaration Under penalties of perjury, I declare that I have e	on this request,
Itemize all proposed costs, commissions, and expanditional sheets as needed): 14. Additional information that may have a bearing such as pending litigation, explanations of unusual is attached for consideration 15. Declaration Under penalties of perjury, I declare that I have e	on this request, al situations, etc., Yes No
Itemize all proposed costs, commissions, and expanditional sheets as needed): 14. Additional information that may have a bearing such as pending litigation, explanations of unusual is attached for consideration 15. Declaration Under penalties of perjury, I declare that I have e	on this request, al situations, etc., Yes No
Itemize all proposed costs, commissions, and expanditional sheets as needed): 14. Additional information that may have a bearing such as pending litigation, explanations of unusual is attached for consideration 15. Declaration Under penalties of perjury, I declare that I have exhibits, affidavits, and statements and to the best	on this request, all situations, etc., Yes No xamined this application, including any accompanying schedules, st of my knowledge and belief it is true, correct and complete.
Itemize all proposed costs, commissions, and expanditional sheets as needed): 14. Additional information that may have a bearing such as pending litigation, explanations of unusual is attached for consideration 15. Declaration Under penalties of perjury, I declare that I have e	on this request, al situations, etc., Yes No
Itemize all proposed costs, commissions, and expanditional sheets as needed): 14. Additional information that may have a bearing such as pending litigation, explanations of unusual is attached for consideration 15. Declaration Under penalties of perjury, I declare that I have exhibits, affidavits, and statements and to the best	on this request, all situations, etc., Yes No xamined this application, including any accompanying schedules, st of my knowledge and belief it is true, correct and complete.

Form **14135** (June 2010)

Department of the Treasury — Internal Revenue Service

Application for Certificate of Discharge of Property from Federal Tax Lien

OMB No. 1545-2174

Complete the entire application. Enter NA (not applicable), when appropriate. Attachments and exhibits should be included as necessary. Additional information may be requested of you or a third party to clarify the details of the transaction(s).

1. Taxpayer Information (Individual or Business	named on the notice of lien));	
Name (Individual First, Middle Initial, Last) or (Busi	<i>iness</i>) as it appears on lie	ท	Primary Social Security Number (last 4 digits only)
Name Continuation (Individual First, Middle Initial,	Last) or (<u>Business</u> d/b/a)	VIII.	Secondary Social Security Number (last 4 digits only)
Address (Number, Street, P.O. Box)	-		Employer Identification Number
City	State		ZIP Code
Telephone Number (with area code)	Fax Number (with area	a code)	
2. Applicant Information:	Check if also the Taxpay	er (If not the ta	axpayer, attach copy of lien. See Sec.10)
Name (First, Middle Initial, Last)	- 40		Relationship to taxpayer
Address (Number, Street, P.O. Box)		<u></u>	
City	State		ZIP Code
Telephone Number (with area code)	Fax Number (with area	code)	<u></u>
3. Purchase/Transferee/New Owner		Cr	neck if also the Applicant
		Relations	hip to taxpayer
4. Attorney/Representative Information			Form 8821 or Yes No
Name (First, Middle Initial, Last)		Interest R	Represented (e.g. taxpayer, lender, etc.)
Address (Number, Street, P.O. Box)			
City	State		ZIP Code
Telephone Number (with area code)	Fax Number (with area	code)	<u> </u>
5. Lender/Finance Company Information - or	 (Settlement/Escrow Com	pany for appli	cations under Section 6325(b)(3) only)
Company Name	Contact Name		Contact Phone Number
 			

6.	Monetary Inform	nation					age 2 of 3
	Proposed sales	price .	, , , , , , , , , , , , , , , , , , , ,			-	
		ds to be paid to the United Sidischarge (Enter NA if no proce		or			
7.		arge: Check the box below the or discharge. (Publication 783					
	6325(b)(1)	Value of property remaining lien(s) plus other encumbra			at least double	e the liability of the feder	al tax
	6325(b)(2)(A)	The United States receives (Note: If you are applying under section 16.)					
	6325(b)(2)(B)	Interest of the United States	s in the property to b	e disch	narged has no	value.	
	6325(b)(3)	Proceeds from property sale	e held in escrow sub	oject to	the liens and	claims of the United Sta	ites.
	6325(b)(4)	Deposit made or bond furni (Note: This selection provides owner not named as the taxpa	a remedy under 7426				
	Address of real	property (If this is personal p	property, list the add	ress wh	ere the prope	rty is located):	
	Address (Number,	, Street, P.O. Box)					
	City	•	State		ZIP Code		
	the legal descript	<u> </u>			Attached	□ NA	
		Requests under Section 63 or title(s) for property remaining is required			Attached	□NA	
9.	Appraisal and V	aluations			·		
	REQUIRED APP Professional app	RAISAL raisal completed by a disinter	rested third party		Attached		
		HE FOLLOWING ADDITION	IAL VALUATIONS:				
74	County valuation	of property (real property)		Γ	Attached		

Proposed selling price (for property being sold at auction)

Other:

Attached

Attached

And for applications under Section 6325(b)(1), valuation information (of the type described above in this section) must also be provided for property remaining subject to the lien.

Attached

Informal valuation of property by disinterested third party

<u>.</u>			Page 3 of 3
10.	Copy of Federal Tax Lien(s) (Complete if applicant and taxpayer differ)	Attached	☐ No
	OR list the lien number(s) found near the top right corner on the lien document(s) (if known)	<u> </u>
11	Copy of the sales contract/purchase agreement (if available)		TT N.
	OR	Attached	∐ No
	Describe how and when the taxpayer will be divested of his/her interest in the property:		
	become their and three taxpayer will be alreaded or merrier interest in the property.		
12.	Copy of a current title report	Attached	☐ No
	OR		
	List encumbrances senior to the Federal Tax Lien. Include name and address of holder, of	description of en	cumbrance.
	e.g., mortgage, state lien, etc.; date of agreement; original loan amount and interest rate;		
	application; and family relationship, if applicable (Attach additional sheets as needed):		
12	Copy of proposed closing statement (aka HUD-1)		
13.	OR	Attached	∐ No
	Itemize all proposed costs, commissions, and expenses of any transfer or sale associated additional sheets as needed):	with property (A	ittach
			4
4.4	Additional information that may have a beging on this request each as pending		
14.	Additional information that may have a bearing on this request, such as pending litigation, explanations of unusual situations, etc., is attached for consideration	Attached	∐ No
15.	Escrow Agreement (For applications under IRC 6325(b)(3))		□ No
	Escrow agreement must specify type of account, name and depositary for account,	Attached	L_ No
	conditions under which payment will be made, cost of escrow, name and address of any party identified as part of escrow agreement, and signatures of all parties involved including		
	Advisory Group Manager. Terms for agreement must be reached before discharge approved.		
16.	WAIVER (For applications made by third parties under IRC 6325(b)(2))		
	If you are applying as an owner of the property and you are not the taxpayer, to have this application		
	6325(b)(2), you must waive the rights that would be available if the application were made under senot to waive these rights, the application will be treated as one made under 6325(b)(4) and any pays	otion 6325(b)(4). If ment will be treate	you cnoose d like a
	deposit under that section. Please check the appropriate box.		
	I understand that an application and payment made under section 6325(b)(2) does not provid	e the judicial rem	nedy
	available under section 7426(a)(4). In making such an application / payment, I waive the optic treated as a deposit under section 6325(b)(4) and the right to request a return of funds and to	on to have the pay	yment
	section 7426(a)(4).	Waive	under ☐ No
47	De de la constant de		NO
17.	Declaration Under penalties of perjury, I declare that I have examined this application, including any accompany	rina schedules, ext	hibits.
	affidavits, and statements and to the best of my knowledge and belief it is true, correct and complete		
	Signature/Title	Date	
	•		
			·
	Signature/Title	Date	

IRS Contact List for Practitioners

NOTE: Local Time – Alaska (AK) and Hawaii (HI) follow Pacific Time (PT)

Title	Telephone Number	Mana Hours of Operation
Practitioner Priority Service	866-860-4259	M-F, 8 a.m. – 8 p.m., local time
IRS Tax Professional PTIN Information Line	877-613-7846	M-F, 8 a.m. – 5 p.m., CT
IRS Tax Help Line for Individuals	800-829-1040	M-F, 7 a.m. – 10 p.m., local time
Business and Specialty Tax Line	800-829-4933	M-F, 7 a.m. – 10 p.m., local time
e-Help Desk (IRS Electronic Products)	866-255-0654	M-F, 6:30 a.m. – 6 p.m. CT (non-peak) Check out <u>peak hours</u> .
Refund Hotline	800-829-1954	Automated Service available 24/7
Federal Management Service – FMS – Treasury Refund Offset Information	800-304-3107	M-F, 7:30 a.m. – 5:00 p.m., CT
Forms and Publications	800-829-3676	M-F, 7 a.m. – 10 p.m., local time
National Taxpayer Advocate's Help Line	877-777-4778	M-F, 7 a.m. – 10 p.m., local time
Local Taxpayer Advocate – Location	XXX-XX-XXXX	M-F, 8 a.m 4:30 p.m., local time
Centralized Lien Payoff	800-913-6050	M-F, 8 a.m. – 5 p.m., local time
Centralized Bankruptcy	800-973-0424	M-F, 7 a.m. – 10 p.m. ET
Telephone Device for the Deaf (TDD)	800-829-4059	M-F, 7 a.m. – 10 p.m., local time
Electronic Federal Tax Payment System (EFTPS) – for Businesses	800-555-4477	Automated Service and Live Assistance available 24/7
Electronic Federal Tax Payment System (EFTPS) – for Individuals	800-316-6541	Automated Service and Live Assistance available 24/7
Government Entities (TEGE) Help Line	877-829-5500	M-F, 7 a.m. – 5:30 p.m. CT
Forms 706 and 709 Help Line	866-699-4083	M-F, 7 a.m. – 7 p.m., local time
Automated Collection System (ACS) (Business)	800-829-3903	M-F, 8 a.m. – 8 p.m., local time
Automated Collection System (ACS) (Individual)	800-829-7650	M-F, 8 a.m. – 8 p.m., local time
Tax Fraud Referral Hotline	800-829-0433	Automated Service available 24/7
Employer Identification Number (EIN)	800-829-4933	M-F, 7 a.m. – 10 p.m., local time
Excise Tax and Form 2290 Help Line	866-699-4096	M-F, 8 a.m. – 6 p.m. ET
Identity Protection Specialized Unit	800-908-4490	M-F, 8 a.m. – 8 p.m., local time
Information Return Reporting	866-455-7438	M-F, 8:30 a.m. – 4:30 p.m. ET
ITIN Program Office (Form W-7 and Acceptance Agent Program – Form 13551)	404-338-8963	Message Line: 24/7 hour operation
IRS Federally Declared Disaster or Combat Zone Inquiries Hotline	866-562-5227	M-F, 7 a.m. – 10 p.m., local time