

## Collection Information Statement for Businesses

**Complete this form if your business is a**

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

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

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

**Section 1 Business Information**

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

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

Last Name	First Name	Title
Percent of Ownership	Social Security Number	Home address ( <i>Street, City, State, ZIP Code</i> )
Primary Phone	Secondary Phone	
Last Name	First Name	Title
Percent of Ownership	Social Security Number	Home address ( <i>Street, City, State, ZIP Code</i> )
Primary Phone	Secondary Phone	
Last Name	First Name	Title
Percent of Ownership	Social Security Number	Home address ( <i>Street, City, State, ZIP Code</i> )
Primary Phone	Secondary Phone	

**Section 2****Business Asset Information**

If any total below results in a negative number, enter "0".

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

Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(1a) \$
Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(1b) \$
Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank Name	Account Number	(1c) \$
Total value of bank accounts from attachment		(1d) \$
<b>Add lines (1a) through (1d) =</b>		<b>(1) \$ 0</b>
Investment Account: <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other		
Name of Financial Institution	Account Number	
Current Market Value	Less Loan Balance	
\$ _____ X .8 = \$ _____ 0 - \$ _____ =		(2a) \$ 0
Investment Account: <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other		
Name of Financial Institution	Account Number	
Current Market Value	Less Loan Balance	
\$ _____ X .8 = \$ _____ 0 - \$ _____ =		(2b) \$ 0
Total of investment accounts from attachment. [current market value X.8 less loan balance(s)]		(2c) \$
<b>Add lines (2a) through (2c) =</b>		<b>(2) \$ 0</b>
Notes receivable - Do you have notes receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, attach current listing which includes name and amount of note(s) receivable.		
<b>Total notes receivable from attached listing =</b>		<b>(3) \$</b>

**Section 2****Business Asset Information - (Continued)**

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

**Real Estate** (Buildings, Lots, Commercial Property, etc.) If any total below results in a negative number, enter "0".

Property Address (Street Address, City, State, ZIP Code)		Property Description		
		County and Country		
Current Market Value		Less Loan Balance (Mortgages, etc.)		
\$ _____ X .8 = \$ _____		0 - \$ _____		Total Value of Real Estate = (4a) \$ _____
Property Address (Street Address, City, State, ZIP Code)		Property Description		
		County and Country		
Current Market Value		Less Loan Balance (Mortgages, etc.)		
\$ _____ X .8 = \$ _____		0 - \$ _____		Total Value of Real Estate = (4b) \$ _____
Total value of property(s) listed from attachment [current market value X .8 less any loan balance(s)]				(4c) \$ _____
<b>Add lines (4a) through (4c) =</b>				<b>(4) \$ _____</b>

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

Vehicle Make	Year	Model	Mileage or Use Hours	
<input type="checkbox"/> Lease	Monthly Lease/Loan Amount			
<input type="checkbox"/> Loan	\$ _____			
Current Market Value		Less Loan Balance		
\$ _____ X .8 = \$ _____		0 - \$ _____		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = (5a) \$ _____
Vehicle Make	Year	Model	Mileage or Use Hours	
<input type="checkbox"/> Lease	Monthly Lease/Loan Amount			
<input type="checkbox"/> Loan	\$ _____			
Current Market Value		Less Loan Balance		
\$ _____ X .8 = \$ _____		0 - \$ _____		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = (5b) \$ _____
Vehicle Make	Year	Model	Mileage or Use Hours	
<input type="checkbox"/> Lease	Monthly Lease/Loan Amount			
<input type="checkbox"/> Loan	\$ _____			
Current Market Value		Less Loan Balance		
\$ _____ X .8 = \$ _____		0 - \$ _____		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) = (5c) \$ _____
Total value of vehicles listed from attachment [current market value X .8 less any loan balance(s)]				(5d) \$ _____
<b>Add lines (5a) through (5d) =</b>				<b>(5) \$ _____</b>

**Other Business Equipment**

Current Market Value		Less Loan Balance		
\$ _____ X .8 = \$ _____		0 - \$ _____		Total value of equipment (if leased, enter 0 as the total value) = (6a) \$ _____
Total value of equipment listed from attachment [current market value X .8 less any loan balance(s)]				(6b) \$ _____
<b>IRS allowed exemption -</b>				(6c) \$ 4,120
<b>Total value of all business equipment =</b> If number is less than zero, enter zero.				<b>(6) \$ _____</b>
<b>Do not include the amount on lines with a letter beside the number</b> <b>Add lines (1) through (6) and enter the amount in Box 1 =</b>				<b>Box 1 Total Available Assets</b> <b>\$ _____</b>

**Section 3****Business Income Information**

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

**Note:** If you provide a current profit and loss statement for the information below, enter the total gross monthly income in Box 2 below. Do not complete lines (7) - (11).

Gross receipts	(7) \$
Gross rental income	(8) \$
Interest income	(9) \$
Dividends	(10) \$
Other income ( <i>Specify on attachment</i> )	(11) \$
<b>Add lines (7) through (11) and enter the amount in Box 2 =</b>	<b>Box 2 Total Business Income</b> \$

**Section 4****Business Expense Information**

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

**Note:** If you provide a current profit and loss statement for the information below, enter the total monthly expenses in Box 3 below. Do not complete lines (12) - (21).

Materials purchased ( <i>e.g., items directly related to the production of a product or service</i> )	(12) \$
Inventory purchased ( <i>e.g., goods bought for resale</i> )	(13) \$
Gross wages and salaries	(14) \$
Rent	(15) \$
Supplies ( <i>items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.</i> )	(16) \$
Utilities/telephones	(17) \$
Vehicle costs ( <i>gas, oil, repairs, maintenance</i> )	(18) \$
Insurance ( <i>other than life</i> )	(19) \$
Taxes ( <i>e.g., real estate, state, and local income tax, excise franchise, occupational, personal property, sales and employer's portion of employment taxes, etc.</i> )	(20) \$
Other expenses ( <i>e.g., secured debt payments. Specify on attachment. Do not include credit card payments</i> )	(21) \$
<b>Add lines (12) through (21) and enter the amount in Box 3 =</b>	<b>Box 3 Total Business Expenses</b> \$
<b>Subtract Box 3 from Box 2 and enter the amount in Box 4 =</b> If number is less than zero, enter zero.	<b>Box 4 Remaining Monthly Income</b> \$ 0

**Section 5****Calculate Your Minimum Offer Amount**

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

If you will pay your offer in 5 months or less (*Payment Option 1*), multiply "Remaining Monthly Income" (Box 4) by 48 to get "Future Remaining Income."

<b>Enter the amount from Box 4 here</b>	<b>X 48 =</b>	<b>Box 5 Future Remaining Income</b>
\$ 0		\$ 0

If you will pay your offer in more than 5 months (*Payment Option 2*), multiply "Remaining Monthly Income" (from Box 4) by 60 to get "Future Remaining Income."

<b>Enter the amount from Box 4 here</b>	<b>X 60 =</b>	<b>Box 6 Future Remaining Income</b>
\$ 0		\$ 0

Determine your minimum offer amount by adding the total available assets from Box 1 to amount in either Box 5 or Box 6.

<b>Enter the amount from Box 1 here*</b>	<b>+</b>	<b>Enter the amount from either Box 5 or Box 6</b>	<b>=</b>	<b>Minimum Offer Amount</b>
\$ 0		\$ 0		Must be more than zero
				\$ _____ 0

If you have special circumstances that would hinder you from paying this amount, explain them on Form 656, Offer in Compromise, Page 2, "Explanation of Circumstances."

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

**Section 6****Other Information**

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

Is the business currently in bankruptcy?

Yes  No

Has the business ever filed bankruptcy?

Yes  No

**If yes, provide:**

Date Filed (*mm/dd/yyyy*) \_\_\_\_\_ Date Dismissed or Discharged (*mm/dd/yyyy*) \_\_\_\_\_

Petition No. \_\_\_\_\_ Location \_\_\_\_\_

Does this business have other business affiliations (*e.g., subsidiary or parent companies*)?

Yes  No

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

Do any related parties (*e.g., partners, officers, employees*) owe money to the business?

Yes  No

Has the business been party to a lawsuit?

Yes  No **If yes, date the lawsuit was resolved:** \_\_\_\_\_

In the past 10 years, has the business transferred any assets for less than their full value?

Yes  No

Has the business been located outside the U.S. for 6 months or longer in the past 10 years?

Yes  No

Does the business have any funds being held in trust by a third party?

Yes  No **If yes, how much \$** \_\_\_\_\_ **Where:** \_\_\_\_\_

Does the business have any lines of credit?

Yes  No **If yes, credit limit \$** \_\_\_\_\_ **Amount owed \$** \_\_\_\_\_

What property secures the line of credit? \_\_\_\_\_

**Section 7****Signatures**

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

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

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