Form 433-F (January 2017)			Col			the Treasury - nform				nent			
Name(s) and Address				Your Social Security Number or Individual Taxpayer Identification Number									
					Your Sp	ouse's Social S	Security N	lumber or	Individual	Taxpayer Id	lentifi	cation Number	
If address provided a please check here	above is dif	fferent tha	an last return	filed,	Your Telephone Numbers Home:				Spouse's Telephone Numbers Home:				
County of Residence					Work:				Work:				
Enter the number of peop	le in the ho	usehold w	vho can be cl	aimed on	this year'	s tax return incl	uding you	u and your	spouse. l	Jnder 65	65	and Over	
If you or your spouse are	self emplo	oyed or ha	ave self empl	oyment i	ncome, pi	rovide the follow	wing infor	mation:					
Name of Bu	siness		Busines	s EIN		Type of Bu	siness		Number	of Employee	s (not	counting owner)	
A. ACCOUNTS / LINE Trusts, Individual Reti Funds, Stocks, Bonds	rement Ac	ccounts ((IRAs), Keo	gh Plan	s, Simpli	fied Employe	e Pensio	ons, 401(l	k) Plans,	Profit Sha	ring l		
Nam	ne and Add	ress of In	stitution			Account Num	nber	Type of Account	Current Balance/Value		Bus	Check if Business Account	
			· · ·										
B. REAL ESTATE Inc				/, timesr			a other r	1	-				
Description/Location/C		Nonthiy P	ayment(s)			nancing		Current	value	Balance Ow	/ea	Equity	
			_	Year Pur		Purchase Pric		_					
Primary Residence	Other			Year Ref	financed	Refinance Arr	nount						
				Year Pur	chased	Purchase Pric	e						
Primary Residence	Other			Year Ref	financed	Refinance Am	nount						
C. OTHER ASSETS I and name of Life Insur (Use additional sheets if r	ance com	pany in l											
Descriptio	n	Мо	nthly Payme	nt Year I	Purchase	d Final Payme	ent (mo/yr)	Current	Value	Balance Ov	ved	Equity	
						/							
						/							
						/							
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						/							
						/							
D. CREDIT CARDS (/isa, Maste	erCard, Ar	merican Expl	ress, Dep	oartment S	Stores, etc.)							
Туре				Credit Limit		Balance Owed			Minimur	Minimum Monthly Payment			

TURN PAGE TO CONTINUE

Name Address Amount Owed List total amount of accounts receivable available to pay to IRS now E2. Name of individual or business on account Total amount of accounts receivable available to pay to IRS now E2. Name of individual or business on account Credit Card (Vias Mester Card etc.) Issuing Bank Name and Address Merchant Account Numb F. EMPLOYMENT INFORMATION If you have more than one employer, include the information on another sheet of paper. (If attaching a coy of carrent pay studie), you do not need to complete this accton.) Your current Employer (name and address) Your current Employer (name and address) Spoulse's current Employer (name and address) Spoulse's current Employer (name and address) How often are you paid? (check one) Immonthily Monthily Orass per pay period (cace) Taxes per pay period final (cace) Immonthily Immonthily Immonthily Child Support Income Unemployment Income Net Rental Income Income Interest/Dividerab Rental Income Income Actual Monthily Expenses Actual Monthily amounts Coce Interest/Dividerab Rental Income Income Child Support Income Veneflows and state amount Notellat Actual Monthily<		you or your busines	S		·				
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