

AMERICA'S TAX EXPERTS Providing licensed relief for good people with tax emergencies nationwide! www.ustaxsolutionsinc.com

IRS Form 433 Worksheet Instructions

In order to represent you before the IRS Collections Division, we will need to provide them with the information on the attached 433 Worksheet.

Please complete the forms in "pencil draft" format. Do not leave any items blank. If an item does not apply, enter "n/a" or "none." Please be as accurate and complete as possible. Remember that all disclosures to the IRS are made as being accurate and correct "under penalty of perjury."

Instead of providing information on the 433 form about the cost of your housing, transportation, medical expenses etc., please provide that information on the separate worksheet provided. We will calculate the amount allowed for food, clothing and other personal items since these are based on an IRS table for income level and family size.

Supporting documentation needed is listed on the attached sheet. IRS will not negotiate any type of settlement option without the most current 3 months of supporting documentation. Failure to send the requested supporting documentation for all income sources, assets and monthly living expenses is a waste of your time and ours.

We use this first draft to evaluate your available resolution settlement options. Once we have agreed upon a course of action, we will send you a final copy of the required forms for your review and signature. At that time you may have to provide additional updated support documents due to the IRS "3 current month" rule.

Amy Psyhos is your Tax Resolution Account Manager. You may contact her by email at <u>amy@ustaxsolutionsinc.com</u>.

Due to the large volume of requested information, we request that you mail your initial package with the completed 433 and supporting documentation to our office. Please do not mail us your original documentation. We cannot be responsible for the safety or return of your original documents. Additional or missing documents can be emailed or faxed.

If you have questions about the information needed, call us at (888) 828-1040. Our office fax is (888) 350-7510.

Please remember our success is dependent upon your cooperation.

U S Tax Solutions

U S Tax Solutions 4510 Hixson Pike, Ste E Hixson, TN 37343 423.870.2440 Phone 423.870.3229 Fax



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Supportive Documentation to accompany Collection Information Statement for Wage Earners & Self Employed Individuals (433)

- 1. 3 months minimum proof of income. Provide proof of gross earnings and deductions from the employer through pay stubs. If deductions are abbreviated make notation of what each deduction is for and how often. If self employed include invoices, commissions, sales records income statements.
- 2. 3 months minimum proof of pension/social security/other income including any statements showing deductions.
- 3. 3 months minimum bank statements for all checking, savings, money market and brokerage accounts. For bank accounts please fill in both the routing number and the bank account number. If you do not know the routing number you can call your financial institution and get that over the phone.
- 4. For the Investment Section please provide any information you have about the investment/retirement asset information for determining early withdrawal penalties, etc.
- 5. 3 months minimum statements for all lines of revolving credit. This would include credit cards, retail stores, gas cards, etc.
- 6. If you have life insurance with a cash value please fill in the information in its entirety and provide a statement from the insurance companies that include type of cash/loan value and if any money is currently borrowed against including loan amount and date of loan.
- 7. If you answered yes to any of the questions in Section 3, (Other Financial Information) 6-10, please provide documentation accordingly.
- 8. Please include how you arrived at the current value you estimate your vehicle, personal and business assets to be worth. Please include statements from dealership etc. that would support your value.
- 9. Please provide a copy of any current Account Receivables 90 days or less old.
- 10. For the expense section, please provide proof of each expense for a minimum of three months for each section that you fill in an amount. Your proof has to add up to the amount you enter. Proof would be receipts, cancelled checks, bank statements that clearly indicate the amount and to whom it was paid, etc.
- 11. A copy of your last three (3) form 1040s with all Schedules if you are self employed. If you are a wage earner (W-2) only the latest year is required
- 12. Copies of any court order requiring payment and proof of such payments for a minimum of 3 months.
- 13. If you own real estate, provide a copy of the most recent mortgage statement showing the balance and payment. Provide an appraisal or real estate tax assessment showing the fair market value of the property.

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Collections Financial Statement for Wage Earners and Self-Employed Individuals

Name on Internal Revenue Service (IRS) Account Social Security				urity Num	ber SSN on IRS	Account	Employ	er Identifica	ation Number EIN
Section 1: Pers	sonal Informati	ion							
1a Name(s)					1c Home Ph	one		1d Cell P	hone
1b Address (Str	eet, City, State, Z	IP code) (County of F	Residence)		1e Business	Phone		1f Busir	ness Cell Phone
					2b Name, A	ge, and Re	lationshi	p of deper	ndent(s)
2a Marital Statu	us: Married	Unmarried (Single,	Divorced Widow	(ed)					
		curity No. (SSN)		ate of Bir	th	Driver's	s License	Number	and State
3a You		5 ()							
3b Spouse									
Section 2: Emp									
If you or your s	pouse is self-en	nployed or has self-	employment inc	ome, al	so complete	Business			ections 5 and 6.
4a Your Employ	ver Name	You		52 9	pouse's Emplo	wer Name	Spouse	9	
	yei maine			Ja 3	pouse s Empic				
4b Address (Str	reet, City, State, Z	ZIP code)		5 b A	ddress (Street	, City, State	e, ZIP co	de)	
		1							
4c Work Teleph	none Number	4d Does employer allow		5c V	ork Telephone	e Number	5d [yer allow contact at work
			No					□Yes	□No
4e How long wit	th this employer	4f Occupation		5e H	ow long with th	nis employe	er 5f	Occupatio	on
(years)	(months)				(years)	(months)			
4g Number of e	exemptions	4h Pay Period:		5g N	umber of exen ed on Form W-	nptions		Pay Perio	d:
claimed on Form W-4			Claime	Ц Weekiy Ц Ві-weeki			Bi-weekly		
Section 3: Oth	or Financial In	Monthly (Attach	Other	ahla dor	umentation)			Monthly	☐ Other
Section 5. Oth			copies of applica		umentation.)				
6 Is the individ	lual or sole prop	rietorship party to a	lawsuit (If yes, a	nswer the	e following)				Yes 🗌 No 🗌
		Location of Filir	ng		Represented	by			Docket/Case No.
Plaintiff	Defendant								
Amount of Suit		Possible Comple	etion Date		Subject of Sui	t			
৵									
7 Have you o	or your spouse e	ver filed bankruptcy	? (If ves answer t	he follow	ina)				Yes 🗌 No 🗌
Date Filed	i jour spouse e	Date Dismissed or		Petition			Lo	cation	
			3.1		-				
0	(.			Yes 🗌 No 🗌
		ncome anticipated (k	-						
Explain. (U	se attachment if n	needed) How m	uch will it increase/d	ecrease \$	W	'hen will it i	ncrease/	decrease	
9 Are you or	vour spouse a h	eneficiary of a trust,	estate or life in	surance	policy?				
• 710 Jou 01	Jour openee u s	, on one of the tract,		Saranoo	ponoji				
(If yes, answer th	•								Yes 🗌 No 🗌
Place where recorded: EIN:									
Name of the trust, estate, or policy Anticipated amount to be received When will the an					nount be re	eceived			
			\$						
10 In the past	10 years, have yo	ou resided outside of t	he United States f	for period	ls of 6 months	or longer			
(If yes, answer th	e following)								Yes 🗌 No 🗌
	ad: from (mmddy	ууу)		To (mr	nddyyyy)				
				1					

Sect	on 4: Personal Asset Information for All Individuals		
11	Cash on Hand. Include cash that is not in a bank.	Total Cash on Hand	\$

Personal Bank Accounts. Include all checking, online bank accounts, money market accounts, savings accounts, stored value cards (e.g., payroll cards, government benefit cards, etc.) List safe deposit boxes including location and contents.

Type of Account	Full Name & Address (<i>Street, City, State, ZIP code</i>) of Bank, Savings & Loan, Credit Union, or Financial Institution.	Account Number	Account Balance As of (mmddyyyy)
12a			
			\$
12b			
			\$

12c Total Cash (Add lines 12a, 12b, and amounts from any attachments)

Investments. Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, and 401(k) plans. Include all corporations, partnerships, limited liability companies or other business entities in which you or your spouse is an officer, director, owner, member, or otherwise has a financial interest.

\$

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, ZIP code) of Company	Current Value	Loan Balance (if applicable) As of mmddyyyy	Equity Value Minus Loan
13a	Phone			
		\$	\$	\$
13b	Phone			
			*	•
10 -	Dhana	\$	\$	\$
13c	Phone			
		\$	\$	\$
13d Total Equity	(Add lines 13a through 13c and amounts from any attachmer	its)		\$
	edit. List bank issued credit cards with available credit.	Credit Limit	Amount Owed	Available Credit
Full Name & Ad	ldress (Street, City, State, ZIP code) of Credit Institution		As of mmddyyyy	As of mmddyyyy
14a				

\$

\$

\$

\$

14b

value

14c Total Available Credit (Add lines 14a, 14b and amounts from any attachments)

15a Life Insurance. Do you or your spouse have life insurance with a cash value (Term Life insurance does not have a cash value.)

15b Name and Address of Insurance Company(ies):						
15c Policy Number(s)						
15d Owner of Policy						
15e Current Cash Value \$	\$					
15f Outstanding Loan Balance \$	\$					
15g Total Available Cash. (Subtract amounts on line 15f from line 15e and include amounts from any attachments) \$ 16 In the past 10 years, have any assets been transferred by you or your spouse for less than full						

\$

\$ \$

List Asset		Value at Time of	Value at Time of Transfer		Date Transferred		To Whom or Where was it Transferred		
		\$							
Real Propert	y Owned, Rented	I, and Leased. Includ	e all real proper	ty and land contra	cts.				
		Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Mor Payment	nthly Date of Final Payment <i>(mmddyyyy)</i>	Equity FMV Minus Loan		
17a Property De	escription		\$	\$	\$		\$		
Location (Str	eet, City, State, ZI	P code) and County	φ			ddress, <i>(Street, City, Sta</i>	 ate, ZIP code) and Phone		
17b Property De	escription		¢	¢	¢		¢		
Location (Str	eet, City, State, ZI	P code) and County	\$	\$ Lender/Lessor/La	\$ andlord Name, Ad	ddress, <i>(Street, City, Sta</i>	Φ ate, ZIP code) and Phone		
17c Total Equit	v (Add lines 17a.	17b and amounts fror	n anv attachmei	nts)			\$		
· · · · ·		d Purchased. Include			, etc.		T T		
	ı (Year, Mileage, e, Model)	Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Mon Payment		Equity FMV Minus Loan		
18a Year	Mileage		\$	\$	\$		\$		
Make 18b Year	Model Mileage	Lender/Lessor Nar							
Make	Model	Lender/Lessor Nar	\$ no Addross (Si	\$	\$ ZIR code) and E	Phono	\$		
		18b and amounts fror		·			\$		
Personal As	sets. Include all fu	irniture, personal effe	cts, artwork, jew	elry, collections (c	oins, guns, etc	.), antiques or other	assets.		
		Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Mor Payment	nthly Date of Final Payment <i>(mmddyyyy)</i>	Equity FMV Minus Loan		
19a Property De	escription		\$	\$	\$		\$		
Location (Str	reet, City, State, Zl	I P code) and County	 ₩			Street, City, State, ZIP			
19b Property De	escription		\$	\$	\$		\$		
Location (Str	reet, City, State, Zl	P code) and County				Street, City, State, ZIP			
19c Total Equit	v (Add lines 19a.	19b and amounts fror	n any attachmei	nts)			\$		

Monthly Total Household Living Expenses

Housing and Utilities:	Court Ordered Payments	
Rent	\$ Alimony/Separate Maintenance	\$
Mortgage Payment	Child Support-Court Ordered	
Taxes (if separate)	Garnishments/Judgments	
Homeowners/Renters Insurance (if separate)	Other:	
Parking		
Maintenance & Repairs	Child/Dependent Care	
Homeowner Fees/Condo Fees	Daycare	\$
Utilities	Other:	
Gas		
Electric	Life Insurance	
Water/Sewer	Term Policy Premium	\$
Fuel Oil/Propane/Coal/Wood	Term Policy Premium	
Garbage Collection	Whole Life Policy Premium	
Telephone (basic)	Whole Life Policy Premium	
Transportation	Other Secured Debt Payments	
Vehicle Loan/Lease Payment	\$ Describe	\$
Vehicle Loan/Lease Payment	Describe	
Insurance	Describe	
Gas, Oil Repairs & Other Operating		
Public Transportation	Other Expenses (Conditional Expense)	
	Federally Guaranteed Student Loan	\$
Health Care	State Tax Installment Agreement	
Medical Insurance	\$ Tuition Payments (college or private)	
Vision Insurance	Credit Card Payments (minimum)	
Other Insurance:	Pension Loan Repayments	
Out of Pocket Expenses:	Other-List:	
Doctors and Co-Pays		
Dentists	Items calculated by US Tax/IRS Allowances:	
Prescriptions	Food, Clothing & Personal Expenses	N/A
Other:	Payroll taxes Deducted from Wages	N/A
Other:	Estimated Taxes/Self Employment Tax	N/A

Please provide receipts, cancelled checks or other documents for the last three months to support expenses claimed above.

Please provide copies of all court orders for court ordered payments claimed.

Other information you want the IRS to consider when reviewing your ability to pay the tax liability (health problems, pending divorce, job change, business closing etc:

Sections 5 and 6 must be completed **Only** if you or your spouse is SELF-EMPLOYED.

Section 5: Business Information

Payment Processor (e.g., PayPal, Authorize net. Google Checkout, etc.) Name & Address (Street. City, State, ZIP code) Payment Processor Account Number 54a			s a sole proprietorship (filing Sche		,					•		
50 Business Website 51 Total Number of Employees 52 Average Gross Monthly Payroll 53 Does the business engage in e-Commerce (Internet sales) Yes No 74 Payment Processor (e.g., PayPal, Authorize net, Google Checkout, etc.) Name & Address (Street, City, State, ZIP code) Payment Processor Account Number 54a Credit Cards Accepted by the Business. Merchant Account Number Merchant Account Number Payment Processor Account Number 55a Credit Cards Merchant Account Number Merchant Account Provider, Name & Address (Street, City, State, ZIP code) Payment Processor Account Number 56a Credit Cards Merchant Account Number Merchant Account Provider, Name & Address (Street, City, State, ZIP code) Payment Processor Account Number 56 State State State State State State 57 Business Cash on Hand. Include cesh that is not in a bank. Total Cash on Hand \$ Scounts, Include checking accounts, Include checking account			-									
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i7b \$ i7c Total Cash in Banks (Add lines 57a, 57b and amounts from any attachments) \$ Accounts/Notes Receivable. Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (List all contracts separately, including contracts awarded, but not started.) Include Federal Government Contracts. Accounts/Notes Receivable. Address (Street City, State, ZIP code) Status (e.g., age, factored, other) Date Due (mmddyyyy) Invoice Number or Federal Government Contracts. Amount Due i8a \$ \$ \$ \$ i8a \$ \$ \$ i8a <td>57 d</td> <td></td>	57 d											
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Accounts/Notes Receivable & Address (Street, City, State, ZIP code) Factored, other) Date Due (mmddyyyy) Government Contract Number Amount Due i8a											ion accounts.	
i8b \$ i8c \$ i8c \$ i8d \$	Accou	unts/Notes Receival	ble & Address (Street, City, State, ZIP code)			Date Due	(mmddyyyy)				Amount Due	
i8b \$ i8c \$ i8d \$ i8d \$	58a											
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58C \$	58b										<u></u>	
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					501		<i></i> .					

Business Assets. Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include Uniform Commercial Code (*UCC*) filings. 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 <i>(mmddyyyy)</i>	Equity FMV Minus Loan
59a Property Description						
		\$	\$	\$		\$
Location (Street, City, State, ZII	P code) and County		Lender/Lessor/Landlo	rd Name, Address (Street, City, State, 2	<i>IP code)</i> and Phone
59b Property Description		\$	\$	\$		\$
Location (Street, City, State, ZI	P code) and County		Lender/Lessor/Landlo	rd Name, Address (Street, City, State, 2	IP code) and Phone
59c Total Equity (Add lines 59a, 5	9b and amounts from	anv attachments)				\$

Section 6 should be completed only if you or your spouse is SELF-EMPLOYED

(You may provide a current P &L or tax return instead of this section).

to

Section 6: Sole Proprietorship Information (lines 60 through 81 should reconcile with business Profit and Loss Statement) Accounting Method Used: Cash Accrual

Income and Expenses during the period

Total Monthly Business Inco	ome	Total 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)		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	\$			

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):

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.

L 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 tax return (last 3 years if you are self employed) with all attachments. Include all Schedules K-1 from Form 1120S or Form 1065, as applicable.