

PPIA Case Study

Lead owes \$520K for tax years 2008 through 2018.

When he initially signed up, he was in Que for a Revenue Officer since his balance was above \$250K.

He makes about \$250K a year, as a solo practitioner attorney. His wife helps him with some odd jobs around the office as well.

We spoke to him about ES payments, and the difficulty in doing that. We also spoke about potential RO assignment and how it can affect him.

We reviewed his profit and loss and gave him some tips on how to clean up his finances. Submitted for 433A, attached.

Collection Information Statement for Wage Earners and Self-Employed Individuals

Wage Earners Complete Sections 1, 2, 3, 4, and 5 including the signature line on page 4. *Answer all questions or write N/A if the question is not applicable.*

Self-Employed Individuals Complete Sections 1, 3, 4, 5, 6 and 7 and the signature line on page 4. *Answer all questions or write N/A if the question is not applicable.*

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 Revenue Service (IRS) Account [REDACTED]	SSN or ITIN on IRS Account [REDACTED]	Employer Identification Number EIN [REDACTED]
---	---	---

Section 1: Personal Information

1a Full Name of Taxpayer and Spouse (if applicable) [REDACTED]		1c Home Phone (800) 883-8301	1d Cell Phone
1b Address (Street, City, State, ZIP code) (County of Residence) [REDACTED]		1e Business Phone	1f Business Cell Phone
2a Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		2b Name, Age, and Relationship of persons in household or claimed as a dependent(s) [REDACTED]	
3a Taxpayer	SSN or ITIN [REDACTED]	Date of Birth (mmddyyyy) [REDACTED]	Driver's License Number and State
3b Spouse	[REDACTED]	[REDACTED]	

Section 2: Employment Information for Wage Earners

If you or your spouse have self-employment income instead of, or in addition to wage income, complete Business Information in Sections 6 and 7.

Taxpayer		Spouse	
4a Taxpayer's Employer Name [REDACTED]		5a Spouse's Employer Name [REDACTED]	
4b Address (Street, City, State, and ZIP code) [REDACTED]		5b Address (Street, City, State, and ZIP code) [REDACTED]	
4c Work Telephone Number	4d Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No	5c Work Telephone Number	5d Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No
4e How long with this employer (years) (months)	4f Occupation	5e How long with this employer (years) (months)	5f Occupation
4g Number of withholding allowances claimed on Form W-4	4h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	5g Number of withholding allowances claimed on Form W-4	5h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

Section 3: Other Financial Information (Attach copies of applicable documentation)

6 Are you a party to a lawsuit (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date (mmddyyyy)	Subject of Suit	
7 Have you ever filed bankruptcy (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No. Location Filed
8 In the past 10 years, have you lived outside of the U.S for 6 months or longer (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Dates lived abroad: from (mmddyyyy)		To (mmddyyyy)	
9a Are you the beneficiary of a trust, estate, or life insurance policy (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Place where recorded:		EIN:	
Name of the trust, estate, or policy	Anticipated amount to be received \$	When will the amount be received	
9b Are you a trustee, fiduciary, or contributor of a trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of the trust:		EIN:	
10 Do you have a safe deposit box (business or personal) (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location (Name, address and box number(s))		Contents	Value \$
11 In the past 10 years, have you transferred any assets for less than their full value (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List Asset(s)	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where was it Transferred

Section 4: Personal Asset Information for all Individuals (Foreign and Domestic)

12 CASH ON HAND Include cash that is not in a bank. **Total Cash on Hand** \$

PERSONAL BANK ACCOUNTS Include all checking, online and mobile (e.g., PayPal etc.) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.).

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union, or Financial Institution	Account Number	Account Balance As of _____ mmddyyyy
13a CHECKING	[REDACTED]	[REDACTED]	\$
13b			\$
13c Total Cash (Add lines 13a, 13b, and amounts from any attachments)			\$ 0

INVESTMENTS Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, 401(k) plans and commodities (e.g., gold, silver, copper, etc.). Include all corporations, partnerships, limited liability companies, or other business entities in which you are an officer, director, owner, member, or otherwise have a financial interest. Include attachment(s) if additional space is needed to respond.

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
14a STOCKS	[REDACTED] Phone	\$ 55,000	\$	\$ 55,000
14b 401K	[REDACTED] Phone	\$	\$	\$ 0

VIRTUAL CURRENCY (CRYPTOCURRENCY) List all virtual currency you own or in which you have a financial interest. (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.) If applicable, attach a statement with each virtual currency's public key.

Type of Virtual Currency	Name of Virtual Currency Wallet, Exchange or Digital Currency Exchange (DCE)	Email Address Used to Set-up With the Virtual Currency Exchange or DCE	Location(s) of Virtual Currency (Mobile Wallet, Online, and/or External Hardware storage)	Virtual Currency Amount and Value in US dollars as of today (e.g., 10 Bitcoins \$64,600.00 USD)
14c				\$
14d				\$
14e Total Equity (Add lines 14a through 14d and amounts from any attachments)				\$ 55,000

AVAILABLE CREDIT Include all lines of credit and bank issued credit cards.

Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of _____ mmddyyyy	Available Credit As of _____ mmddyyyy
15a Acct. No	\$	\$	\$ 0
15b Acct. No	\$	\$	\$ 0
15c Total Available Credit (Add lines 15a, 15b and amounts from any attachments)			\$ 0

16a LIFE INSURANCE Do you own or have any interest in any life insurance policies with cash value (Term Life insurance does not have a cash value)
 Yes No If Yes complete blocks 16b through 16f for each policy.

16b Name and Address of Insurance Company(ies):			
16c Policy Number(s)			
16d Owner of Policy			
16e Current Cash Value	\$	\$	\$
16f Outstanding Loan Balance	\$	\$	\$
16g Total Available Cash. (Subtract amounts on line 16f from line 16e and include amounts from any attachments)			\$ 0

REAL PROPERTY Include all real property owned or being purchased

		Purchase Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
17a Property Description PRIMARY RESIDENCE		12/01/2016	\$ 750,000	\$ 457,932	\$ 4,515	02/29/2036	\$ 292,068
Location (Street, City, State, ZIP code) and County [REDACTED]				Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone FLAGSTAR BANK (FIRST MORTGAGE)			
				Phone			
17b Property Description PRIMARY RESIDENCE		12/01/2016	\$ 150,000	\$ 141,325	\$ 346	03/25/2051	\$ 8,675
Location (Street, City, State, ZIP code) and County [REDACTED]				Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone TOWER FED CREDIT UNION (SECOND MORTGAGE)			
				Phone			
17c Total Equity (Add lines 17a, 17b and amounts from any attachments)							\$ 300,743

PERSONAL VEHICLES LEASED AND PURCHASED Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, etc.

Description (Year, Mileage, Make/Model, Tag Number, Vehicle Identification Number)		Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
18a Year 2017	Make/Model HYUNDAI SANTA FE	10/17/2019	\$ 18,500	\$ 15,529	\$ 446	10/16/2025	\$ 2,971
Mileage 61000	License/Tag Number [REDACTED]	Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone CITIZENS ONE					
Vehicle Identification Number		Phone					
18b Year 2017	Make/Model DODGE RAM 1500	04/17/2019	\$ 22,187	\$ 6,086	\$ 500	04/17/2025	\$ 16,101
Mileage 76500	License/Tag Number [REDACTED]	Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone PNC					
Vehicle Identification Number		Phone					
18c Total Equity (Add lines 18a, 18b and amounts from any attachments)							\$ 19,072

PERSONAL ASSETS Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets. Include intangible assets such as licenses, domain names, patents, copyrights, mining claims, etc.

		Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
19a Property Description			\$	\$	\$		\$ 0
Location (Street, City, State, ZIP code) and County				Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone			
				Phone			
19b Property Description			\$	\$	\$		\$ 0
Location (Street, City, State, ZIP code) and County				Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone			
				Phone			
19c Total Equity (Add lines 19a, 19b and amounts from any attachments)							\$ 0

If you are self-employed, sections 6 and 7 must be completed before continuing.

Section 5: Monthly Income and Expenses

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

Total Income		Total Living Expenses		IRS USE ONLY
Source	Gross Monthly	Expense Items ⁶	Actual Monthly	Allowable Expenses
20 Wages (Taxpayer) ¹	\$ 12,501	35 Food, Clothing, and Misc. ⁷	\$ 1,900	1,900
21 Wages (Spouse) ¹	\$ 8,400	36 Housing and Utilities ⁸	\$ 6,303	4,326
22 Interest - Dividends	\$	37 Vehicle Ownership Costs ⁹	\$ 946	946
23 Net Business Income ²	\$ 0	38 Vehicle Operating Costs ¹⁰	\$ 614	614
24 Net Rental Income ³	\$	39 Public Transportation ¹¹	\$	
25 Distributions (K-1, IRA, etc.) ⁴	\$	40 Health Insurance	\$ 1,725	1,725
26 Pension (Taxpayer)	\$	41 Out of Pocket Health Care Costs ¹²	\$ 300	300
27 Pension (Spouse)	\$	42 Court Ordered Payments	\$	
28 Social Security (Taxpayer)	\$	43 Child/Dependent Care	\$	
29 Social Security (Spouse)	\$	44 Life insurance	\$ 2,048	2,048
30 Child Support	\$	45 Current year taxes (Income/FICA) ¹³	\$ 6,822	6,822
31 Alimony	\$	46 Secured Debts (Attach list)	\$	
Other Income (Specify below) ⁵		47 Delinquent State or Local Taxes	\$	
32	\$	48 Other Expenses (Attach list)	\$	5,941
33	\$	49 Total Living Expenses (add lines 35-48)	\$ 20,658	24,622
34 Total Income (add lines 20-33)	\$ 20,901	50 Net difference (Line 34 minus 49)	\$ 243	-3,721

- 1 Wages, salaries, pensions, and social security:** Enter gross monthly wages and/or salaries. Do not deduct tax 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
- 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 89.** 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. Enter total distributions from IRAs if not included under pension income.
- 5 Other Income:** Include agricultural subsidies, unemployment compensation, gambling income, oil credits, rent subsidies, sharing economy income from providing on-demand work, services or goods (e.g., Uber, Lyft, AirBnB, VRBO) and income through digital platforms like an app or website, etc.
- 6 Expenses not generally allowed:** We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions or payments on unsecured debts. However, we may allow the expenses if proven that they are necessary for the health and welfare of the individual or family or the production of income. See Publication 1854 for exceptions.
- 7 Food, Clothing and Miscellaneous:** Total of food, clothing, housekeeping supplies, and personal care products for one month. The miscellaneous allowance is for expenses incurred that are not included in any other allowable living expense items. Examples are credit card payments, bank fees and charges, reading material, and school supplies.
- 8 Housing and Utilities:** For principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, homeowner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, telephone, cell phone, cable television and internet services.
- 9 Vehicle Ownership Costs:** Total of monthly lease or purchase/loan payments.
- 10 Vehicle Operating Costs:** Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.
- 11 Public Transportation:** Total of monthly fares for mass transit (e.g., bus, train, ferry, taxi, etc.)
- 12 Out of Pocket Health Care Costs:** Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)
- 13 Current Year Taxes:** Include state and Federal taxes withheld from salary or wages, or paid as estimated taxes.

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
----------------------	--------------------	------

After we review the completed Form 433-A, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, pay statements, self-employment records, bank and investment statements, loan statements, bills or statements for recurring expenses, etc.

IRS USE ONLY (Notes)

HOUSING AND UTILITIES (Actual w/ proof)

MORTGAGE	4,515.35
ELECTRIC	642.00
INTERNET, CABLE	324.67
GAS (PROPANE FUEL)	821.18
Total	<hr/> 6,303.20

LIFE INSURANCE POLICIES (Actual w/ proof)

PRUDENTIAL (ROBERT)	257.40
STATE FARM (ROBERT)	326.88
LONG TERM CARE (ROBERT)	406.38
GUARDIAN (ROBERT)	404.00
ALLSTATE (ROBERT)	10.50
FIDELITY (LUCY)	52.03
NEW YORK LIFE (JULIA)	285.67
NEW YORK LIFE (RYAN)	305.04
Total	<hr/> 2,047.90

CURRENT YEAR TAXES (Per paystubs)

FED WTH (ROBERT)	2,254.60
FICA (ROBERT)	957.86
MD STATE (ROBERT)	951.02
FED WTH (LUCY)	1,401.45
FICA (LUCY)	638.48
MD STATE (LUCY)	619.08
Total	<hr/> 6,822.49