

OIC Case Study:

Lead calls our office and knows she will owe for tax year (2019). She was caught embezzling funds from her employer, up to \$350K.

She had to sell everything and liquidate everything in order to avoid jail time and pay back restitution.

In 2020, she sold her remaining stock to pay for her attorneys. The civil case was finally finalized, but the criminal case is still open.

She owes \$60K for 2019, and likely another \$10K for 2020. She is currently living at home with her parents, and they are helping her with her day to day expenses.

She cannot find a job as a quick google search, or background check results in her being denied a job.

Collection Information Statement for Wage Earners and Self-Employed Individuals

Use this form if you are

- ▶ An individual who owes income tax on a Form 1040, U.S. Individual Income Tax Return
- ▶ An individual with a personal liability for Excise Tax
- ▶ An individual responsible for a Trust Fund Recovery Penalty
- ▶ An individual who is self-employed or has self-employment income. You are considered to be self-employed if you are in business for yourself, or carry on a trade or business.
- ▶ An individual who is personally responsible for a partnership liability (only if the partnership is submitting an offer)
- ▶ An individual who is submitting an offer on behalf of the estate of a deceased person

Note: Include attachments if additional space is needed to respond completely to any question. This form should only be used with the Form 656, Offer in Compromise.

Section 1 Personal and Household Information

Last name [REDACTED]	First name [REDACTED]	Date of birth (mm/dd/yyyy) [REDACTED]	Social Security Number [REDACTED]
Marital status <input checked="" type="checkbox"/> Unmarried <input type="checkbox"/> Married If married, date of marriage (mm/dd/yyyy)	Home physical address (street, city, state, ZIP code) [REDACTED]	Do you <input type="checkbox"/> Own your home <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Other (specify e.g., share rent, live with relative, etc.)	
County of residence [REDACTED]	Primary phone (800) 883-8301	Home mailing address (if different from above or post office box number) SAME AS ABOVE	
Secondary phone	Fax number		

Provide information about your spouse.

Spouse's last name N/A	Spouse's first name N/A	Date of birth (mm/dd/yyyy)	Social Security Number
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Provide information for all other persons in the household or claimed as a dependent.

Name	Age	Relationship	Claimed as a dependent on your Form 1040	Contributes to household income
N/A		N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 Employment Information for Wage Earners

Complete this section if you or your spouse are wage earners and receive a Form W-2. If you or your spouse have self-employment income (that is you file a Schedule C, E, F, etc.) instead of, or in addition to wage income, you must also complete Business Information in Sections 4, 5, and 6.

Your employer's name UNABLE TO WORK	Pay period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Employer's address (street, city, state, ZIP code)
Do you have an ownership interest in this business <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check the business interest that applies <input type="checkbox"/> Partner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Officer (complete Form 433-B (OIC))	
Your occupation	How long with this employer (years) (months)	
Spouse's employer's name N/A	Pay period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Employer's address (street, city, state, ZIP code)
Does your spouse have an ownership interest in this business <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check the business interest that applies <input type="checkbox"/> Partner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Officer (complete Form 433-B (OIC))	
Spouse's occupation	How long with this employer (years) (months)	

Section 3

Personal Asset Information

Use the most current statement for each type of account, such as checking, savings, money market and online accounts, stored value cards (such as a payroll card from an employer), investment, retirement accounts (IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit) and virtual currency (such as Bitcoin, Ripple, Ethereum, etc.), life insurance policies that have a cash value, and safe deposit boxes. Asset value is subject to adjustment by IRS based on individual circumstances. Enter the total amount available for each of the following (if additional space is needed include attachments).

Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0".

Cash and Investments (domestic and foreign)

Form section for Cash and Investments (domestic and foreign) including checkboxes for Cash, Checking, Savings, Money Market Account/CD, Online Account, and Stored Value Card. Includes fields for Bank name, Account number, and Total of bank accounts from attachment.

Form section for Investment account (1) including checkboxes for Stocks, Bonds, and Other. Includes fields for Name of Financial Institution, Account number, Current market value, and Minus loan balance.

Form section for Investment account (2) including checkboxes for Stocks, Bonds, and Other. Includes fields for Name of Financial Institution, Account number, Current market value, and Minus loan balance.

Form section for Virtual currency (3) including checkboxes for Virtual currency. Includes fields for 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, and Current market value in U.S. dollars as of today.

Form section for Total investment accounts from attachment. [current market value minus loan balance(s)]

Form section for Retirement account (4) including checkboxes for 401K, IRA, and Other. Includes fields for Name of Financial Institution, Account number, Current market value, and Minus loan balance.

Form section for Total of retirement accounts from attachment. [current market value X .8 minus loan balance(s)]

Form section for Add lines (3a) through (3b) =

Note: Your reduction from current market value may be greater than 20% due to potential tax consequences/withdrawal penalties.

Form section for Cash value of Life Insurance Policies including fields for Name of Insurance Company, Policy number, Current cash value, and Minus loan balance.

Form section for Total cash value of life insurance policies from attachment. Minus loan balance(s)

Form section for Add lines (4a) through (4b) =

Section 3 (Continued)

Personal Asset Information

Real property (enter information about any house, condo, co-op, time share, etc. that you own or are buying including any assets owned by your spouse if you live in a community property state)

Is your real property currently for sale or do you anticipate selling your real property to fund the offer amount

Yes (listing price) _____ No

Property description (indicate if personal residence, rental property, vacant, etc.) N/A		Purchase date (mm/dd/yyyy)	
Amount of mortgage payment	Date of final payment	How title is held (joint tenancy, etc.)	
Location (street, city, state, ZIP code, county, and country) N/A		Lender/Contract holder name, address (street, city, state, ZIP code) and phone	
Current market value		Minus loan balance (mortgages, etc.)	
\$ _____ X .8 = \$ _____		0 - \$ _____ (total value of real estate) =	
		(5a) \$	0

Property description (indicate if personal residence, rental property, vacant, etc.) N/A		Purchase date (mm/dd/yyyy)	
Amount of mortgage payment	Date of final payment	How title is held (joint tenancy, etc.)	
Location (street, city, state, ZIP code, county, and country) N/A		Lender/Contract holder name, address (street, city, state, ZIP code) and phone	
Current market value		Minus loan balance (mortgages, etc.)	
\$ _____ X .8 = \$ _____		0 - \$ _____ (total value of real estate) =	
		(5b) \$	0

Total value of property(s) from attachment [current market value X .8 minus any loan balance(s)]		(5c) \$	
Add lines (5a) through (5c) =		(5) \$	0

Vehicles (enter information about any cars, boats, motorcycles, etc. that you own or lease)

Vehicle make & model LEXUS NX300	Year 2019	Date purchased 07/11/2018	Mileage 18700	
<input checked="" type="checkbox"/> Lease <input type="checkbox"/> Loan	Name of creditor TOYOTA FINANCIAL SERVICES	Date of final payment 06/10/2021	Monthly lease/loan amount \$ 388	
Current market value		Minus loan balance		
\$ _____ X .8 = \$ _____		0 - \$ _____		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =
		(6a) \$	0	

Subtract \$3,450 from line (6a) (If line (6a) minus \$3,450 is a negative number, enter "0")		(6b) \$	0	
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Vehicle make & model N/A	Year	Date purchased	Mileage	
<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Name of creditor	Date of final payment	Monthly lease/loan amount \$	
Current market value		Minus loan balance		
\$ _____ X .8 = \$ _____		0 - \$ _____		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =
		(6c) \$	0	

If you are filing a joint offer, subtract \$3,450 from line (6c) (If line (6c) minus \$3,450 is a negative number, enter "0") If you are not filing a joint offer, enter the amount from line (6c)		(6d) \$	0	
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Total value of vehicles listed from attachment [current market value X .8 minus any loan balance(s)]		(6e) \$		
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Total lines (6b), (6d), and (6e) =		(6) \$	0	
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Section 3 (Continued) Personal Asset Information

Other valuable items (artwork, collections, jewelry, items of value in safe deposit boxes, interest in a company or business that is not publicly traded, etc.)

Description of asset(s)		
Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____ 0	- \$ _____ =	(7a) \$ 0
Value of remaining furniture and personal effects (not listed above)		
Description of asset		
Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____ 0	- \$ _____ =	(7b) \$ 0
Total value of valuable items listed from attachment [current market value X .8 minus any loan balance(s)]		(7c) \$
Add lines (7a) through (7c) minus IRS deduction of \$9,790 =		(7) \$ 0
Do not include amount on the lines with a letter beside the number. Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.		Box A
Add lines (1) through (7) and enter the amount in Box A =		Available Individual Equity in Assets \$ _____ 0

NOTE: If you or your spouse are self-employed, Sections 4, 5, and 6 must be completed before continuing with Sections 7 and 8.

Section 4 Self-Employed Information

If you or your spouse are self-employed (e.g., files Schedule(s) C, E, F, etc.), complete this section.

Is your business a sole proprietorship <input type="checkbox"/> Yes <input type="checkbox"/> No		Address of business (if other than personal residence) N/A	
Name of business N/A			
Business telephone number	Employer Identification Number	Business website address	Trade name or DBA
Description of business	Total number of employees	Frequency of tax deposits	Average gross monthly payroll \$
Do you or your spouse have any other business interests? Include any interest in an LLC, LLP, corporation, partnership, etc. <input type="checkbox"/> Yes (percentage of ownership: _____) Title <input type="checkbox"/> No		Business address (street, city, state, ZIP code)	
Business name		Business telephone number	Employer Identification Number
Type of business (select one) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			

Section 5 Business Asset Information (for Self-Employed)

List business assets such as bank accounts, virtual currency (cryptocurrency), tools, books, machinery, equipment, business vehicles and real property that is owned/leased/rented. If additional space is needed, attach a list of items. Do not include personal assets listed in Section 3.

Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative number, enter "0".

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Account/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name N/A		Account Number	
		(8a) \$	
<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Account/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank Name N/A		Account Number	
		(8b) \$	
<input type="checkbox"/> 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
Type of virtual currency			
Current market value in U.S. dollars as of today			
\$ _____ X .8 = \$ _____ 0			= (8c) \$ 0
Total bank accounts from attachment			(8d) \$
Add lines (8a) through (8d) =			(8) \$ 0

Section 5 (Continued) Business Asset Information (for Self-Employed)

Description of asset N/A			
Current market value	Minus loan balance	Total value (if leased or used in the production of income, enter 0 as the total value)	
\$ _____ X .8 = \$ _____	0 - \$ _____	=	(9a) \$ 0
Description of asset:			
Current market value	Minus loan balance	Total value (if leased or used in the production of income, enter 0 as the total value)	
\$ _____ X .8 = \$ _____	0 - \$ _____	=	(9b) \$ 0
Total value of assets listed from attachment [current market value X .8 minus any loan balance(s)]			(9c) \$
Add lines (9a) through (9c) =			(9) \$ 0
IRS allowed deduction for professional books and tools of trade -			(10) \$ [4,890]
Enter the value of line (9) minus line (10). If less than zero enter zero. =			(11) \$ 0

Notes Receivable
Do you have notes receivable Yes No
If yes, attach current listing that includes name(s) and amount of note(s) receivable

Accounts Receivable
Do you have accounts receivable, including e-payment, factoring companies, and any bartering or online auction accounts Yes No
If yes, provide a list of your current accounts receivable

Do not include amounts from the lines with a letter beside the number [for example: (9c)]. Round to the nearest whole dollar.
Do not enter a negative number. If any line item is a negative, enter "0" on that line.
Add lines (8) and (11) and enter the amount in Box B = \$ 0

Box B
Available Business Equity in Assets

Section 6 Business Income and Expense Information (for Self-Employed)

If you provide a current profit and loss (P&L) statement for the information below, enter the total gross monthly income on line 17 and your monthly expenses on line 29 below. Do not complete lines (12) - (16) and (18) - (28). You may use the amounts claimed for income and expenses on your most recent Schedule C; however, if the amount has changed significantly within the past year, a current P&L should be submitted to substantiate the claim.

Period provided beginning _____ through _____
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative number, enter "0".

Business income (you may average 6-12 months income/receipts to determine your gross monthly income/receipts)

Gross receipts	(12) \$
Gross rental income	(13) \$
Interest income	(14) \$
Dividends	(15) \$
Other income	(16) \$
Add lines (12) through (16) =	(17) \$

Business expenses (you may average 6-12 months expenses to determine your average expenses)

Materials purchased (e.g., items directly related to the production of a product or service)	(18) \$
Inventory purchased (e.g., goods bought for resale)	(19) \$
Gross wages and salaries	(20) \$
Rent	(21) \$
Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	(22) \$
Utilities/telephones	(23) \$
Vehicle costs (gas, oil, repairs, maintenance)	(24) \$
Business insurance	(25) \$
Current business taxes (e.g., real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	(26) \$
Secured debts (not credit cards)	(27) \$
Other business expenses (include a list)	(28) \$
Add lines (18) through (28) =	(29) \$

Round to the nearest whole dollar.
Do not enter a negative number. If any line item is a negative, enter "0" on that line.
Subtract line (29) from line (17) and enter the amount in Box C = \$ 0

Box C
Net Business Income

Section 6 Monthly Household Income and Expense Information

Enter your household's gross monthly income. Gross monthly income includes wages, social security, pension, unemployment, and other income. Examples of other income include but are not limited to: agricultural subsidies, gambling income, oil credits, rent subsidies, Uber & Lyft driver income, and Airbnb rentals etc. The information below is for yourself, your spouse, and anyone else who contributes to your household's income. The entire household includes spouse, non-liable spouse, significant other, children, and others who contribute to the household. This is necessary for the IRS to accurately evaluate your offer.

Monthly Household Income

Note: Entire household income should also include income that is considered not taxable and may not be included on your tax return.

Round to the nearest whole dollar.

Primary taxpayer				
Gross wages	Social Security	Pension(s)	Other income (e.g. unemployment)	
\$ _____	+	\$ _____	+	\$ _____
Total primary taxpayer income =				(30) \$ 0
Spouse				
Gross wages	Social Security	Pension(s)	Other income (e.g. unemployment)	
\$ _____	+	\$ _____	+	\$ _____
Total spouse income =				(31) \$ 0
Additional sources of income used to support the household, e.g., non-liable spouse, or anyone else who may contribute to the household income, etc. List source(s) _____				(32) \$
Interest, dividends, and royalties				(33) \$
Distributions (e.g., income from partnerships, sub-S Corporations, etc.)				(34) \$
Net rental income				(35) \$
Net business income from Box C				(36) \$ 0
Child support received				(37) \$
Alimony received				(38) \$
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.				Box D Total Household Income
Add lines (30) through (38) and enter the amount in Box D =				\$ 0

Monthly Household Expenses

Enter your average monthly expenses.

Note: For expenses claimed in boxes (39) and (45) only, you should list the full amount of the allowable standard even if the actual amount you pay is less. For the other boxes input your actual expenses. You may find the allowable standards at <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Collection-Financial-Standards>.

Round to the nearest whole dollar.

Food, clothing, and miscellaneous (e.g., housekeeping supplies, personal care products, minimum payment on credit card). A reasonable estimate of these expenses may be used				(39) \$ 723
Housing and utilities (e.g., rent or mortgage payment and average monthly cost of property taxes, home insurance, maintenance, dues, fees and utilities including electricity, gas, other fuels, trash collection, water, cable television and internet, telephone, and cell phone) _____ monthly rent payment				(40) \$ 120
Vehicle loan and/or lease payment(s)				(41) \$ 388
Vehicle operating costs (e.g., average monthly cost of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, tolls, etc.). A reasonable estimate of these expenses may be used				(42) \$ 242
Public transportation costs (e.g., average monthly cost of fares for mass transit such as bus, train, ferry, taxi, etc.). A reasonable estimate of these expenses may be used.				(43) \$
Health insurance premiums				(44) \$
Out-of-pocket health care costs (e.g. average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)				(45) \$ 68
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)				(46) \$
Child/dependent care payments (e.g., daycare, etc.)				(47) \$
Life insurance premiums				(48) \$
Current monthly taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)				(49) \$
Secured debts/Other (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed student loan, employer required retirement or dues) List debt(s)/expense(s) _____				(50) \$
Enter the amount of your monthly delinquent state and/or local tax payment(s). Total tax owed _____				(51) \$
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.				Box E Total Household Expenses
Add lines (39) through (51) and enter the amount in Box E =				\$ 1,541
Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.				Box F Remaining Monthly Income
Subtract Box E from Box D and enter the amount in Box F =				\$ 0

Section 7 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.

Note: The multipliers below (12 and 24) and the calculated offer amount (which included the amount(s) allowed for vehicles and bank accounts) do not apply if the IRS determines you have the ability to pay your tax debt in full within the legal period to collect.

Round to the nearest whole dollar.

If you will pay your offer in 5 or fewer payments within 5 months or less, multiply "Remaining Monthly Income" (Box F) by 12 to get "Future Remaining Income" (Box G). Do not enter a number less than \$0.

Enter the total from Box F \$ 0	X 12 =	Box G Future Remaining Income \$ 0
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If you will pay your offer in 6 to 24 months, multiply "Remaining Monthly Income" (Box F) by 24 to get "Future Remaining Income" (Box H). Do not enter a number less than \$0.

Enter the total from Box F \$ 0	X 24 =	Box H Future Remaining Income \$ 0
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Determine your minimum offer amount by adding the total available assets from Box A and Box B (if applicable) to the amount in either Box G or Box H.

Enter the amount from Box A plus Box B (if applicable) \$ 0	+	Enter the amount from either Box G or Box H \$ 0	=	Offer Amount Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only. \$ 0
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If you cannot pay the Offer Amount shown above due to special circumstances, explain on the Form 656, Offer in Compromise, Section 3, Reason for Offer, Explanation of Circumstances. You must offer an amount more than \$0.

Section 9 Other Information

Additional information IRS needs to consider settlement of your tax debt. If you or your business are currently in a bankruptcy proceeding, you are not eligible to apply for an offer.

Are you a party to or involved in litigation (if yes, answer the following) Yes No

<input type="checkbox"/> Plaintiff	Location of filing	Represented by	Docket/Case number
<input type="checkbox"/> Defendant			
Amount of dispute \$	Possible completion date (mmdyyyy)	Subject of litigation	

Have you filed bankruptcy in the past 7 years (if yes, answer the following) Yes No

Date filed (mmdyyyy)	Date dismissed (mmdyyyy)	Date discharged (mmdyyyy)	Petition no.	Location filed
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In the past 10 years, have you lived outside of the U.S. for 6 months or longer (if yes, answer the following) Yes No

Dates lived abroad: From (mmdyyyy)	To (mmdyyyy)
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Are you or have you ever been party to any litigation involving the IRS/United States (including any tax litigation) Yes No

If yes and the litigation included tax debt, provide the types of tax and periods involved

Are you the beneficiary of a trust, estate, or life insurance policy (if yes, answer the following) Yes No

Place where recorded	EIN
Name of the trust, estate, or policy	Anticipated amount to be received \$
	When will the amount be received

Are you a trustee, fiduciary, or contributor of a trust Yes No

Name of the trust	EIN
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Do you have a safe deposit box (business or personal) (if yes, answer the following) Yes No

Location (name, address and box number(s))	Contents	Value \$
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In the past 10 years, have you transferred any assets, including real property, for less than their full value (if yes, answer the following) Yes No

List asset(s)	Value at time of transfer \$	Date transferred (mmdyyyy)	To whom or where was it transferred
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Section 8 (Continued)**Other Information**

Do you have any assets or own any real property outside the U.S.

 Yes No

If yes, provide description, location, and value

Do you have any funds being held in trust by a third party

 Yes No

If yes, how much \$

Where

Section 10**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.**

Signature of Taxpayer	Date (mm/dd/yyyy)
Signature of Spouse	Date (mm/dd/yyyy)

Remember to include all applicable attachments listed below.

- Copies of the most recent pay stub, earnings statement, etc., from each employer.
- Copies of the most recent statement for each investment and retirement account.
- Copies of the most recent statement, etc., from all other sources of income such as pensions, Social Security, rental income, interest and dividends (including any received from a related partnership, corporation, LLC, LLP, etc.), court order for child support, alimony, royalties, and rent subsidies.
- Copies of individual complete bank statements for the three most recent months. If you operate a business, copies of the six most recent complete statements for each business bank account.
- Copies of the most recent statement from lender(s) on loans such as mortgages, second mortgages, vehicles, etc., showing monthly payments, loan payoffs, and balances.
- List of Accounts Receivable or Notes Receivable, if applicable.
- Verification of delinquent State/Local Tax Liability showing total delinquent state/local taxes and amount of monthly payments, if applicable.
- Copies of court orders for child support/alimony payments claimed in monthly expense section.
- Copies of Trust documents if applicable per Section 9.
- Documentation to support any special circumstances described in the "Explanation of Circumstances" on 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. Make sure the current tax year is included.
- Completed and signed current Form 656.

Offer in Compromise

To: Commissioner of Internal Revenue Service

IRS Received Date

In the following agreement, the pronoun "we" may be assumed in place of "I" when there are joint liabilities and both parties are signing this agreement.

I submit this offer to compromise the tax liabilities plus any interest, penalties, additions to tax, and additional amounts required by law for the tax type and period(s) marked in Section 1 or Section 2 below.

Did you use the Pre-Qualifier tool located on our website at http://irs.treasury.gov/oic_pre_qualifier/ prior to filling out this form

Yes No

Note: The use of the Pre-Qualifier tool is not mandatory before sending in your offer. However, it is recommended.

Include the \$205 application fee and initial payment (*personal check, cashier's check, or money order*) with your Form 656 unless you qualify for the Low-Income Certification. You must also include the completed Form 433-A (OIC) and/or Form 433-B (OIC) **and supporting documentation**. You should fill out either Section 1 or Section 2, but not both, depending on the tax debt you are offering to compromise.

Section 1 Individual Information (Form 1040 Filers)

If you are a 1040 filer, an individual with personal liability for Excise tax, individual responsible for Trust Fund Recovery Penalty, self-employed individual, or individual personally responsible for partnership liabilities, you should fill out Section 1.

Your first name, middle initial, last name

Social Security Number (SSN)

If a joint offer, spouse's first name, middle initial, last name

Social Security Number (SSN)

Your home physical address (*street, city, state, ZIP code, county of residence*)

Your home mailing address (*if different from above or post office box number*)

Is this a new address

Yes No

If yes, would you like us to update our records to this address

Yes No

Your Employer Identification Number (*if applicable*)

Individual Tax Periods (If Your Offer is for Individual or Sole-Proprietor Tax Debt Only)

1040 Income Tax-Year(s) 2019

Trust Fund Recovery Penalty as a responsible person of (*enter business name*) _____
for failure to pay withholding and Federal Insurance Contributions Act taxes (Social Security taxes), for period(s) ending _____

941 Employer's Quarterly Federal Tax Return - Quarterly period(s) _____

940 Employer's Annual Federal Unemployment (FUTA) Tax Return - Year(s) _____

Other Federal Tax(es) [specify type(s) and period(s)] _____

Note: If you need more space, use attachment and title it "Attachment to Form 656 dated _____." Make sure to sign and date the attachment.

Warning: The IRS will not compromise any amounts of restitution assessed by the IRS. Any liability arising from restitution is excluded from this offer. Also, the IRS will not compromise any liability for which an election under IRC § 965(i) is made; such liabilities are excluded from this offer. Any offer containing a liability for which payment is being deferred under IRC § 965(h)(1) can only be processed for investigation if an acceleration of payment under section 965(h)(3) and the regulations thereunder has occurred and no portion of the liability to be compromised resulted from entering into a transfer agreement under section 965(h)(3).

Low-Income Certification (Individuals and Sole Proprietors Only)

Do you qualify for Low-Income Certification? You qualify if your adjusted gross income, as determined by your most recently filed Individual Income Tax return (Form 1040) or your household's gross monthly income from Form 433-A(OIC) x 12, is equal to or less than the amount shown in the chart below based on your family size and where you live. If you qualify, you are not required to submit any payments or the application fee upon submission or during the consideration of your offer. If your business is other than a sole proprietor you cannot qualify for Low-Income Certification. The IRS will verify whether you qualify for Low-Income Certification.

Note: By checking one of the boxes you are certifying that your adjusted gross income or your household's gross monthly income x 12 and size of your family qualify you for the Low-Income Certification.

- I qualify for the low-income certification because my adjusted gross income for my household's size is equal to or less than the amount shown in the table below.
- I qualify for the low-income certification because my household's size and gross monthly income x 12 is equal to or less than the income shown in the table below.

IF YOU QUALIFY FOR THE LOW-INCOME CERTIFICATION DO NOT INCLUDE ANY PAYMENTS WITH YOUR OFFER. However, if you elect to send in money and the Low-Income Certification box is checked, you MUST check ONE of the options listed below.

- Payment** - By checking this box I am requesting all money to be applied to my tax debt.
- Deposit** - By checking this box I am requesting all money to be treated as a deposit. If my offer is not accepted I request my deposit be applied to my tax liability (initial here _____). Failure to initial that my deposit be applied will result in refund of the deposit amount.

Please note that failure to check either box or checking both boxes above will result in all payments being applied to your tax debt and not returned to you. Do not complete deposit section on page 4 if you have checked the deposit section here.

Size of family unit	48 contiguous states, D.C., and U.S. Territories	Alaska	Hawaii
1	\$31,900	\$39,875	\$36,700
2	\$43,100	\$53,875	\$49,575
3	\$54,300	\$67,875	\$62,450
4	\$65,500	\$81,875	\$75,325
5	\$76,700	\$95,875	\$88,200
6	\$87,900	\$109,875	\$101,075
7	\$99,100	\$123,875	\$113,950
8	\$110,300	\$137,875	\$126,825
For each additional person, add	\$11,200	\$14,000	\$12,875

Section 2 Business Information (Form 1120, 1065, etc., filers)

If your business is a Corporation, Partnership, LLC, or LLP and you want to compromise those tax debts, you must complete this section. You must also include all required documentation including the Form 433-B (OIC), a \$205 application fee, and initial payment.

Business name

N/A

Business physical address (street, city, state, ZIP code)

N/A

Business mailing address (street, city, state, ZIP code)

N/A

Employer Identification Number (EIN)	Name and title of primary contact	Telephone number

Business Tax Periods (If Your Offer is for Business Tax Debt Only)

- 1120 Income Tax-Year(s) _____
- 941 Employer's Quarterly Federal Tax Return - Quarterly period(s) _____
- 940 Employer's Annual Federal Unemployment (FUTA) Tax Return - Year(s) _____
- Other Federal Tax(es) [specify type(s) and period(s)] _____

Note: If you need more space, use attachment and title it "Attachment to Form 656 dated _____." Make sure to sign and date the attachment.

Section 3 Reason for Offer

- Doubt as to Collectibility** - I do not have enough in assets and income to pay the full amount.
- Exceptional Circumstances (Effective Tax Administration)** - I owe this amount and have enough in assets and income to pay the full amount, but due to my exceptional circumstances, requiring full payment would cause an economic hardship or collection of the full liability would undermine public confidence that the tax laws are being administered in a fair and equitable manner. I am submitting the written narrative below explaining my circumstances.
Explanation of Circumstances (Add additional pages, if needed) - The IRS understands that there are unplanned events or special circumstances, such as serious illness, where paying the full amount or the minimum offer amount might impair your ability to provide for yourself and your family. If this is the case and you can provide documentation to prove your situation, then your offer may be accepted despite your financial profile. If applicable, describe your special circumstances below and attach appropriate documents to this offer application.

PLEASE SEE ATTACHMENT .

Section 4 Payment Terms

Check only one of the payment options below to indicate how long it will take you to pay your offer in full. You must offer more than \$0. The offer amount should be in whole dollars only.

Lump Sum Cash

- Check here if you will pay your offer in 5 or fewer payments within 5 or fewer months from the date of acceptance:
 Enclose a check for 20% of the offer amount (waived if you met the requirements for Low-Income Certification) and fill in the amount(s) of your future payment(s).

Total offer amount	-	20% Initial payment	=	Remaining balance
\$ 100	-	\$	=	\$ 100
You may pay the remaining balance in one payment after acceptance of the offer or up to five payments, but cannot exceed 5 months.				
Amount of payment \$		payable within		Month after acceptance
			1	
Amount of payment \$		payable within		Months after acceptance
			2	
Amount of payment \$		payable within		Months after acceptance
			3	
Amount of payment \$		payable within		Months after acceptance
			4	
Amount of payment \$		payable within		Months after acceptance
			5	
Amount of payment \$	100	payable within		Months after acceptance

Periodic Payment

- Check here if you will pay your offer in full in 6 to 24 months

Enter the amount of your offer \$ _____

Note: The total months may not exceed a total of 24. For example, if you are requesting your payments extend for 24 months then your first payment is considered to be month 1 and your last payment is considered month 24. There will be 22 payments between the first and last month.

Enclose a check for the first month's payment (waived if you met the requirements for the Low-Income Certification).

The first monthly payment of \$ _____ is included with this offer then \$ _____ will be received on the _____ day of each month thereafter for _____ months with a final payment of \$ _____ to be paid on the _____ day of the _____ month.

You must continue to make these monthly payments while the IRS is considering the offer (waived if you met the requirements for Low-Income Certification). Failure to make regular monthly payments until you have received a final decision letter will cause your offer to be returned with no appeal rights.

IRS Use Only

Attached is an addendum dated (insert date) _____ setting forth the amended offer amount and payment terms.

Section 5 Designation of Payment, Electronic Federal Tax Payment System (EFTPS), and Deposit**Designation of Payment**

If you want your payment to be applied to a specific tax year and a specific tax debt, such as a Trust Fund Recovery Penalty, please tell us the tax year/quarter _____. If you do not designate a preference, we will apply any money you send to the government's best interest. If you want to designate any payments not included with this offer, you must designate a preference for each payment at the time the payment is made. However, you cannot designate the application fee or any payment after the IRS accepts the offer.

Note: Payments submitted with your offer cannot be designated as estimated tax payments for a current or past tax year.

Electronic Federal Tax Payment System (EFTPS)

List offer payments made through the Electronic Federal Tax Payment System (EFTPS) below.

Include the 15 digit Electronic Funds Transfer (EFT) Number with each payment.

Offer application fee	Date	EFT number
Offer payment	Date	EFT number

Note: Any Offer Application Fee or initial payment made via EFTPS must be made the same date your offer is mailed.

Deposit

Do not complete if you have checked the Low-Income Certification in Section 1.

CAUTION: Do NOT designate the amounts sent in with your offer to cover the initial payment and application fee as "deposits." Doing so will result in the return of your offer without appeal rights.

If you are paying **more than** the initial payment with your offer and you want any part of that payment treated as a deposit, check the box below and insert the amount.

My payment of \$ _____ includes the \$205 application fee and \$ _____ for my first month's payment. I am requesting the additional amount of \$ _____ be held as a deposit.

If your offer is rejected, returned, or withdrawn please check one of the boxes below and let us know what you would like us to do with your deposit.

Return it to you (Initial here _____) Apply it to your tax debt (Initial here _____)

Your deposit will be returned to you, unless you indicated in the above check box that you want it applied to your tax debt.

Section 6 Source of Funds, Making Your Payment, Filing Requirements, and Tax Payment Requirements**Source of Funds**

Tell us where you will obtain the funds to pay your offer

BORROWED FROM FAMILY AND FRIENDS.

Making Your Payment

Include separate checks for the payment and application fee.

Make checks payable to the "United States Treasury" and attach to the front of your Form 656, Offer in Compromise. All payments must be in U.S. dollars. **Do not send cash.** Send a separate application fee with each offer; do not combine it with any other tax payments, as this may delay processing of your offer. You may also make payments through the Electronic Federal Tax Payment System (EFTPS). Your offer will be returned to you if the application fee and the required payment are not included, or if your check is returned for insufficient funds.

Filing Requirements

- I have filed all required tax returns and have included a complete copy of any tax return filed within 12 weeks of this offer submission
- I was not required to file a tax return for the following years _____

Note: Do not include original tax returns with your offer. You must either electronically file your tax return or mail it to the appropriate IRS processing office before sending in your offer.

Tax Payment Requirements (check all that apply)

- I have made all required estimated tax payments for the current tax year
- I am not required to make any estimated tax payments for the current tax year
- I have made all required federal tax deposits for the current quarter
- I am not required to make any federal tax deposits for the current quarter

Section 7**Offer Terms**

By submitting this offer, I have 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 1 or Section 2 if I failed to list any of my assessed tax debt or tax debt assessed before acceptance of my offer. By submitting a joint offer, both signers grant approval to the Internal Revenue Service to disclose the existence of any separate liabilities owed.

b) I also authorize the IRS to amend Section 1 or Section 2 by removing any tax years on which there is currently no outstanding liability. I understand that my offer will be accepted, by law, unless IRS notifies me otherwise, in writing, within 24 months of the date my offer was received by IRS. I also understand that if any tax debt that is included in the offer is in dispute in any judicial proceeding that tax debt will not be included in determining the expiration of the 24-month period.

IRS will keep my payments, fees, and some refunds.

c) I voluntarily submit the payments made on this offer and understand that they will not be returned even if I withdraw the offer or the IRS rejects or returns the offer except as otherwise provided in subpart (h) of this section (regarding "deposit" amounts). Unless I designate how to apply each required payment in Section 5, the IRS will apply my payment in the best interest of the government, choosing which tax years and tax debts to pay off. The IRS will also keep my application fee unless the offer is not accepted for processing.

d) I understand that if I checked the Low-Income Certification in Section 1, then no payments are required. If I qualify for the Low-Income Certification and voluntarily submit payments, all money will be applied to my tax debt and will not be returned to me unless I designate it as a deposit. In making my deposit I do not have to designate any amounts to the application fee and my first month's payment.

e) 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 within 30 days of notification. The refund offset does not apply to offers accepted under the provisions of Effective Tax Administration public policy/equity or Doubt as to Collectibility with special circumstances based on public policy/equity considerations.

f) I understand that the amount I am offering may not include part or all of an expected or current tax refund, money already paid, funds attached by any collection action, or anticipated benefits from a capital or net operating loss.

g) The IRS will keep any monies it has collected prior to this offer. Under section 6331(k), the IRS may levy on my property and rights to property up to the time that the IRS official signs and acknowledges my offer as pending. The IRS may keep any proceeds arising from such a levy. No levy will be issued on individual shared responsibility payments. However, if the IRS served a continuous levy on wages, salary, or certain federal payments under sections 6331(e) or (h), then the IRS could choose to either retain or release the levy.

h) The IRS will keep any payments that I make related to this offer. I agree that any funds submitted with this offer will be treated as a payment unless I checked the box to treat any amount more than the required initial payment as a deposit. For other than Low-Income taxpayers, only amounts that exceed the mandatory payments can be treated as a deposit. A Low-Income taxpayer who has checked the deposit box is not required to make payments with the offer. I also agree that any funds submitted with periodic payments made after the submission of this offer and prior to the acceptance, rejection, or return of this offer will be treated as payments, unless I identify the amount more than the required payment as a deposit on the check submitted with the corresponding periodic payment. A deposit will be returned if the offer is rejected, returned, or withdrawn. I understand that the IRS will not pay interest on any deposit. If the IRS attempts to return a deposit once and it comes back as undeliverable then the IRS will apply the funds to my tax liability.

i) If my offer is accepted and my final payment is more than the agreed amount, the IRS will not return the difference, but will apply the entire payment to my tax debt.

Pending status of an offer and right to appeal

j) 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, or returns my offer, or I withdraw my offer. An offer is also considered pending 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. 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.

k) I waive the right to an Appeals hearing if I do not request a hearing in writing within 30 days of the date the IRS notifies me of the decision to reject the offer.

Section 7 (Continued)**Offer Terms**

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 conditions of this offer have been met.

l) I will comply with all provisions of the internal revenue laws, including requirements to timely file tax returns and timely pay taxes for the five year period beginning with the date of acceptance of this offer and ending through the fifth year, including any extensions to file and pay. I agree to promptly pay any liabilities assessed after acceptance of this offer for tax years ending prior to acceptance of this offer that were not otherwise identified in Section 1 or Section 2 of this agreement. I also understand that during the five year period I cannot request an installment agreement for unpaid taxes incurred before or after the accepted offer. 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. An accepted offer will not be defaulted solely due to the assessment of an individual shared responsibility payment.

m) I agree that I will remain liable for the full amount of the tax liability, accrued penalties and interest, until I have met all of the terms and conditions of this offer. Penalties and interest will continue to accrue until all payment terms of the offer have been met. If I file for bankruptcy before the terms and conditions of the offer are met, I agree that the IRS may file a claim for the full amount of the tax liability, accrued penalties and interest, and that any claim the IRS files in the bankruptcy proceeding will be a tax claim.

n) Once the IRS accepts my offer in writing, I have no right to challenge the tax debt(s) in court or by filing a refund claim or refund suit for any liability or period listed in Section 1 or Section 2, even if the IRS defaults or rescinds the offer.

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

o) If I fail to meet any of the terms of this offer, the IRS may revoke the certificate of release of federal tax lien and file a new notice of federal tax lien; levy or sue me to collect any amount ranging from one or more missed payments to the original amount of the tax debt (less payments made) plus penalties and interest that have accrued from the time the underlying tax liability arose. The IRS will continue to add interest, as required by section 6601 of the Internal Revenue Code, on the amount the IRS determines is due after default. I agree that if I provide false information or documents in conjunction with this offer or conceal my assets or my ability to pay, then the IRS may reopen my offer and exercise its discretion in the further treatment of the OIC, including a termination of the offer contract. If the IRS terminates my offer contract, I will be liable for the full amount of the tax liability, accrued penalties and interest.

I agree to waive time limits provided by law.

p) 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 (j) 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 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.

q) The IRS may file a Notice of Federal Tax Lien during consideration of the offer or for offers that will be paid over time. If the offer is accepted, the tax lien(s) for the periods and taxes listed in Section 1 will be released within 35 days after the final payment has been received and verified. The time it takes to transfer funds to the IRS from commercial institutions varies based on the form of payment. If I have not finished paying my offer amount, then the IRS may be entitled to any proceeds from the sale of my property. The IRS will not file a Notice of Federal Tax Lien on any individual shared responsibility debt.

Correction Agreement

r) I authorize the IRS, to correct any typographical or clerical errors or make minor modifications to my Form 656 that I signed in connection to this offer.

I authorize the IRS to contact relevant third parties in order to process my offer.

s) By authorizing the IRS to contact third parties, I understand that I will not be notified of which third parties the IRS contacts as part of the offer application process, including tax periods that have not been assessed, as stated in §7602 (c) of the Internal Revenue Code. In addition, I authorize the IRS to request a consumer report on me from a credit bureau.

I am submitting an offer as an individual for a joint liability.

t) 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).

I understand the IRS Shared Responsibility Payment (SRP).

u) If your offer includes any shared responsibility payment (SRP) amount that you owe for not having minimum essential health coverage for you and, if applicable, your dependents per Internal Revenue Code Section 5000A - Individual shared responsibility payment, it is not subject to penalties (except applicable bad check penalty) or to lien and levy enforcement actions. However, interest will continue to accrue until you pay the total SRP balance due. We may apply your federal tax refunds to the SRP amount that you owe until it is paid in full.

I understand the IRS is required to make certain information public.

v) The IRS is required to make certain information, such as taxpayer name, city/state/zip, liability amount, and offer terms, available for public inspection and review for one year after the date of offer acceptance.

Section 8**Signatures**

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

Signature of Taxpayer/Corporation Name	Phone number (800) 883-8301	Today's date (mm/dd/yyyy)
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By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

Signature of Spouse/Authorized Corporate Officer	Phone number	Today's date (mm/dd/yyyy)
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By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

Section 9**Paid Preparer Use Only**

Signature of Preparer	Phone number (424) 269-2880	Today's date (mm/dd/yyyy)
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By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

Name of Paid Preparer PARHAM KHORSANDI	Preparer's CAF no. or PTIN [REDACTED]
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Firm's name (or yours if self-employed), address, and ZIP code

Victory Tax Lawyers LLP
11500 W. Olympic Blvd., Ste. 57
Los Angeles, CA 90064

*If you would like to have someone represent you during the offer investigation, attach a valid, signed **Form 2848** with this application or a copy of a previously filed form. Form 2848 allows for representation and receipt of confidential information. You should also include the current tax year on the form, in the list of applicable years or periods.*

***Form 8821** allows a third party to receive confidential information but they cannot represent you before the IRS in a Collection matter. If you would like a third party to receive confidential information on your behalf attach a copy if previously filed and include the current tax year on the form.*

IRS Use Only. I accept the waiver of the statutory period of limitations on assessment for the Internal Revenue Service, as described in Section 7(p).		
Signature of Authorized Internal Revenue Service Official	Title	Date (mm/dd/yyyy)

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 9 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 Agents, 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.

THE TAXPAYER IS CURRENTLY UNEMPLOYED AND HAS NOT MADE ANY INCOME SINCE OCTOBER OF 2019.SHE WAS INVOLVED IN AN ACT OF EMBEZZLEMENT AT THE COMPANY SHE USED TO WORK FOR AND WAS IMMEDIATELY DISMISSED ONCE CAUGHT BY HER EMPLOYER. THIS FRAUDULENT BEHAVIOR IS REFLECTED ON HER PUBLIC RECORDS AND CONTINUES TO INTERFERE WITH HER SEARCH FOR OTHER FORMS OF EMPLOYMENT. AS A RESULT THE TAXPAYER'S PARENTS HAVE BEEN HELPING HER SUSTAIN EXPENSES BY LENDING FUNDS AND ALLOWING HER TO RESIDE IN THEIR HOME. THE FUNDS FROM HER PARENTS ARE ENOUGH TO COVER ONLY HER NECESSARY LIVING EXPENSES. AS OF TODAY, IT IS UNCERTAIN WHEN THE TAXPAYER WILL OBTAIN A STABLE FORM OF INCOME.

Signature

Date

Signature

Date