CNC Example: Brian and Jessica Andrews

Requesting CNC on June 30, 2026 (last 12 months 7/2025-6/2026)

- *IRS Collection Financial Standards used for June 26, 2026 – TBD 2027*

Personal information:

Family size/ages (for all standards and out-of-pocket medical expense allowance): 4 (49, 48, 12, 7)

Location (for housing expense standard): Tampa, FL (Hillsborough County)

Region (for transportation expense standards): South region-Tampa location

Primary (Brian) was a pilot. Experienced eye disease that disqualified him from flying. Now can only work as in part-time positions.

Financial information:

Own home

Have two vehicles

Spouse is employed year-round; Primary is employed part-time

- Spouse paid bi-monthly
- Neither receive a bonus
- No other sources of income

Brian has medical condition that needs monthly medication. Take standard allowances for:

- Food/Clothing/Misc.
- Transportation expenses

Have no ability to borrow against equity in home due to low income

No access to additional credit- have one credits card for emergencies

Only out of ordinary expenses:

- Housing: lawn service year-round

Tax situation:

Owe $40,000 (assessed balance is $35,000)

- 2023: owe $10,000 (assessed balance is $8,000)
- 2024: owe $30,000 (assessed balance is $27,000)
- 2023 CSED: 90 months
- 2024 CSED: 102 months
- Filed all required tax returns
- Current withholding is adequate, so Andrews' do not owe for future tax returns

Applicable IRS Collection Financial Standards

- Tampa TX
- South Region, Tampa Location
- Family of 4
- June 26, 2026, Standards used (apply for CNC on 6/30/2026)

Food, Clothing, and Misc.
- National Standard
- Family of 4

Expense	One person	Two persons	Three persons	Four persons
Food	$496	$893	$1,073	$1,278
Housekeeping supplies	$44	$85	$94	$95
Apparel & services	$98	$175	$211	$249
Personal care products & services	$54	$90	$104	$118
Miscellaneous	$175	$315	$375	$436
Total	**$867**	**$1,558**	**$1,857**	**$2,176**

Housing/utilities:
- Hillsborough County, FL
- Family of 4

County	2026 Published ALE Housing Expense for a Family of 1	2026 Published ALE Housing Expense for a Family of 2	2026 Published ALE Housing Expense for a Family of 3	2026 Published ALE Housing Expense for a Family of 4	2026 Published ALE Housing Expense for a Family of 5
Hillsborough County	$2,073	$2,435	$2,566	$2,861	$2,907

Transportation:
- Two cars
- South Region, Tampa Location

Ownership costs

Location	One car	Two cars
National	$703	$1,406

South region operating costs

Location	One car	Two cars
Tampa	$320	$640

Out-of-pocket medical:
- Family of 4
- All under age 65
- Ave. actual exceeds allowance

Age	Out of pocket costs
Under 65	$90
65 and older	$163

ATP Analysis and Conclusion

Tax owed: $40,000
CSED: 90 months (2023) and 102 months (2024)

#	Document	Findings	Conclusion
#1	*Equity in assets* *(In this example, ATP IA was not computed for OIC purposes)* #1: Equity in Assets Analysis	Taxpayer has $200,745 in equity in assets; Taxpayer was not able to borrow against equity.	Cannot pay any amount with asset equity; will provide loan denial letters to IRS with financial disclosure.
#2 #3	*MDI Summary* #2: Average income #3: Average allowable household expenses	MDI using allowable expenses, limited by IRS standards, is negative. Taxpayer does not have ability to pay.	IRS will only allow necessary expenses up to IRS standard amounts. Taxpayer does not have ability to pay because of diminished ability to earn (primary taxpayer has medical condition that does not allow him to work full time). Note from taxpayer's doctor to be included.
#4	*Actual income and expense analysis* #4: Actual income and expenses-last 3 and 12 months	Actual MDI is also negative.	
#5	*Form 433F, Collection Information Statement*	Supports taxpayer's inability to pay and MDI of ($469).	
#6	*Form 433F Attachments* #6: Form 433F Attachment Listing *(documents not included for the example)*	Provides documentation to support ATP calculations and inability to access equity in assets.	
#7	*Cover letter to IRS ACS requesting CNC status*	Explains taxpayer's condition and requests CNC status.	

Form 433A: Equity in Asset Summary (for Currently not collectible and Installment Agreements)

As of date: 6/30/2026		(Complete Form 433A for detail of each asset category)	Net Equity in Assets (FMV less encumbrances)		
				(loans, attachments)	
433A- Line #	Asset category	Summary of amounts for:	FMV	Less: Encumbrances	***Equity***
	Personal Assets				
	Cash/Cash Equivalents				
12		Cash			
13e		Bank accounts: checking/personal	$ 4,500		$ 4,500
14a - 14d		Investments			
15e		Virtual Currency			
17f		Cash value of life insurance			
18d	Real Property	All property: home and other	$ 400,000	$ 211,000	$ 189,000
19d	Personal Vehicles	All cars/boats/RVs/trailers, etc.	$ 27,000	$ 24,555	$ 2,445
			$ 31,000	$ 26,200	$ 4,800
20c	Personal assets	All furniture/personal effects/etc.			
	Totals- Personal Assets				$ 200,745
	Business Assets				
64	Cash				
65c	Cash in banks				
66f	Accounts/notes receivable				
67c	Business assets	Alll tools/machinery/equipment/etc.			
	Totals- Personal Assets				

#1: Equity in assets analysis

- Taxpayer attempted to refinance and get home equity line but was denied by two banks (low income)
- Taxpayer will include both loan denial letters in CNC request to IRS

#2: MDI Summary: Average monthly income

Average income:
- Use last 3 months (no bonuses)
- Attach paystubs to ATP IA application

MDI Computation *(ability to pay determination for IA/CNC/OIC qualification/OIC offer amount)*

Form 433A - Line #	Form 433A-OIC - Line #	AVERAGE MONTHLY INCOME	Average Actual		MDI- FINAL	*xplanation of averaging time period that is indicative of future income/expense.* Averaging time period	Time period rationale
		Household Income: cash basis					
21-22	30-31	Gross Wages 1:	6000	[redacted]	6000	From paystubs- last three months	This is Brian's normal
		Gross Wages 2:	500		500	From paystubs- last three months	income in part-time job.
		Gross Wages 3:					Was a pilot but had
		Gross Wages 4:					illness that caused him
24	36	Self-employment net income 1:					only to be able to take part
		Self-employment net income 2:					
25	35	Net rental income					
26	34	Distributions (K-1, IRA, etc.)					
33-34	32	Proceeds from sale of investments					
23	33	Interest and divident income					
27-28	32	Pension income					
29-30	32	Social security income					
31	37	Child support received					
32	38	Alimony received					
33-34	32	Employer allowances					
33-34	32	Other income: _____					
33-34	32	Other income: _____					
35	Box D	***Total Income***	6500		6500		

#3: MDI Summary: Average expenses

- Average allowable household expenses:
  - Food, clothing, misc.: standard taken
  - Housing/utilities: actual expenses are less than standard
  - Transportation ownership: payments less than standard

Form 433A - Line #	Form 433A-OIC - Line #	AVERAGE MONTHLY HOUSEHOLD EXPENSES				*xplanation of averaging time period that is indicative of future income/expense.*	
		Household expenses paid: cash basis				Averaging time period	Time period rationale
		** denotes standard applies*					
		Food, clothing, and other expenses*	Average Actual	Standard Allowed	IRS ATP- FINAL	*Standard allowance taken (Y/N)? Yes*	
		Food	1278	1278	1278		
		Housekeeping supplies	95	95	95		
		Apparel and services	249	249	249		
		Personal care prodcuts and services	118	118	118		
		Miscellaneous	436	436	436		
36	39	**TOOL FCM**	2176	2176	2176		
						xplanation of averaging time period that is indicative of future income/expense.	
		*Housing and utilities:**	Average Actual	Standard Allowed	IRS ATP- FINAL	Averaging time period	Time period rationale
		Mortgage/rent	$ 1,340		$ 1,340	Average last three months	Taxes and insurance included
		HOA dues	$ -		$ -		
		Taxes	$ -		$ -		
		Insurance	$ -		$ -		
		Electric	$ 198		$ 198	Average over 12 months for seasonality	
		Gas/heating oil	$ -		$ -		
		Home phone	$ -		$ -		
		Cell phone	$ 120		$ 120	Average last three months	120 is projected cell phone monthly payment
		Water			$ -		
		Repairs/maintenance	$ 50		$ 50	12 month average for lawn service	Lawn services varies through year
		Internet/cable	$ 80		$ 80	Average last three months	80 is monthly payment
		Other: trash					
		Other: _____					
37	40	**TOTAL HOUSING/UTILITIES**	1788	2861	1788	Std for Hillsborough Ct FL is $2861	Lower of actual or standard
						xplanation of averaging time period that is indicative of future income/expense.	
		Transportation Expenses:	Average Actual	Standard Allowed	IRS ATP- FINAL	Averaging time period	Time period rationale
38	41	Ownership: Car payment- car 1*	400	703	400	Average last three months	Regular monthly payment
		Ownership: Car payment- car 2*	450	703	450	Average last three months	Regular monthly payment
39	42	Operating costs: Car 1*	305	320	320	*Standard allowance taken (Y/N)? Yes*	
		Operating costs: Car 2*	305	320	320	*Standard allowance taken (Y/N)? Yes*	
40	43	Public transportation*				*Standard allowance taken (Y/N)?*	n/a
		TOTAL TRANSPORTATION	1460	2046	1490	Actual below standard	

#3: MDI Summary: Average expenses

- Average allowable household expenses (continued)
  - Out-of-pocket medical expenses: actual taken
  - Other expenses: allowed as necessary

42	45	**TOTAL OUT-OF-POCKET MEDICAL or ALLOWANCE**	397	360	397	Taxpayer has actual expenses ave = $397 a month	
						xplanation of averaging time period that is indicative of future income/expense.	
		Other Expenses:	Average Actual	Standard Allowed	IRS ATP- FINAL	Averaging time period	Time period rationale
41	44	Health insurance	180		180	See paystubs	
45	48	Term life insurance	50		50	See paystub for Jessica	
		Taxes paid:					
		Federal taxes paid	400		400	See paystubs	
46	49	FICA/Medicare taxes paid	488		488	See paystubs	
		State/local taxes paid					
49	Add to 50, if allowed	Mandatory retirement contributions					
		Other Actual Expenses:					
49	Add to 50, if allowed	Accounting/legal fees					
49	Add to 50, if allowed	Charitable contributions					
44	47	Child/dependent care					
43	46	Court ordered payments (alimony, child support, other)					
49	Add to 50, if allowed	Education					
47	50	Secured debt payments					
49	Add to 50, if allowed	Unsecured debt payments					
49	Add to 50, if allowed	Credit card debt payments					
49	Add to 50, if allowed	Work deductions					
47	50	Student loan payments					
47	Add to 50, if allowed	Repayment of loans used to pay federal tax debt					
48	51	Delinquent state and local tax payments					
49	Add to 50, if allowed	Veterinary expenses					
49	Add to 50, if allowed	Voluntary retirement contributions					
		Other expenses: (list)					
49	Add to 50, if allowed	Other: _____					
49	Add to 50, if allowed	Other: _____					
49	Add to 50, if allowed	Other: _____					
49	Add to 50, if allowed	Other: _____					
49	Add to 50, if allowed	Other: _____					
49	Add to 50, if allowed	Other: _____					
		TOTAL OTHER EXPENSES	1118		1118		
50	Box E	***Total Household expenses:***	6939		6969		
		MDI COMPUTATIONS					
51	for qualification analysis only	**MDI: installment agreements/CNC/OIC Qualification**	-439		-469	Cannot be less than -0-	
		OIC-DATC additional expense allowances for offer amount:					
n/a	42	Older vehicle operating cost allowance ($200 per vehicle)				# of vehicles over 8 years old/>100,000 miles: __0_	
	Box F	**MDI: Offer amount for OIC-DATC**	-439		-469		

Taxpayer's final MDI is ($469)

#4: Actual Income/Expenses Analysis: Past 3 and 12 months

Detailed analysis of income (last 3 and 12 months):

- Average income is $6,500
- Use last 3 months as taxpayer states that will be their normal income going forward

MDI Analysis Worksheet *(for determining ability to pay for installment agreements, CNC, and OIC*

Primary Taxpayer Name: ANDREWS
in family: 4
State/County/Region located: Florida/Hillsborough/South-Tampa
Ages in family: 49, 48, 12, 7

Household Income and Expense Analysis for Ability to Pay Calculation

AVERAGE MONTHLY INCOME	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Past Three Months: Month 10	Month 11	Month 12	Past 12 months: Total	Average Analysis: Actual Inc./ Expenses: Past 3 months	Past 12 months
Household Income: cash basis															
Gross Wages 1:	0	800	400	0	0	1400	0	0	0	600	400	500	4100	$ 500	$ 342
Gross Wages 2:	6000	6000	6000	6000	6000	6000	6000	6000	6000	6000	6000	6000	72000	$ 6,000	$ 6,000
Gross Wages 3:													0	$ -	$ -
Gross Wages 4:													0	$ -	$ -
Self-employment net income 1:													0	$ -	$ -
Self-employment net income 2:													0	$ -	$ -
Net rental income													0	$ -	$ -
Distributions (K-1, IRA, etc.)													0	$ -	$ -
Proceeds from sale of investments													0	$ -	$ -
Interest and divident income													0	$ -	$ -
Pension income													0	$ -	$ -
Social security income													0	$ -	$ -
Child support received													0	$ -	$ -
Alimony received													0	$ -	$ -
Employer allowances													0	$ -	$ -
Other income: _____													0	$ -	$ -
Other income: _____													0	$ -	$ -
Other income: _____													0	$ -	$ -
Total Income	6000	6800	6400	6000	6000	7400	6000	6000	6000	6600	6400	6500	76100	**$ 6,500**	$ 6,342

#4: Actual Income/Expenses Analysis: Past 3 and 12 months

Detailed analysis of expenses (last 3 and 12 months):
- Actual expenses analyzed
  - Food, Clothing, Misc.
  - Housing and utilities
  - Transportation
- Averages used:
  - All 3 month, except electric (12 months)
  - Actual housing less than standard allowed – use actual

AVERAGE MONTHLY HOUSEHOLD EXPENSES										Past Three Months				Average Analysis: Actual Inc./ Expenses	
* denotes standard allowance applies	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total	Past 3 months	Past 12 months
Household expenses paid: cash basis															
*Food, clothing, and other expenses**															
Food	1278	1278	1278	1278	1278	1278	1278	1278	1278	1278	1278	1278	15336	$ 1,278	$ 1,278
Housekeeping supplies	95	95	95	95	95	95	95	95	95	95	95	95	1140	$ 95	$ 95
Apparel and services	249	249	249	249	249	249	249	249	249	249	249	249	2988	$ 249	$ 249
Personal care prodcuts and services	118	118	118	118	118	118	118	118	118	118	118	118	1416	$ 118	$ 118
Miscellaneous	436	436	436	436	436	436	436	436	436	436	436	436	5232	$ 436	$ 436
*Housing and utilities:**															
Mortgage/rent	1340	1340	1340	1340	1340	1340	1340	1340	1340	1340	1340	1340	16080	$ 1,340	$ 1,340
HOA dues													0	$ -	$ -
Taxes													0	$ -	$ -
Insurance													0	$ -	$ -
Electric	50	50	100	150	200	250	300	300	275	250	250	200	2375	$ 233	$ 198
Gas/heating oil													0	$ -	$ -
Home phone													0	$ -	$ -
Cell phone	120	120	120	120	120	120	120	120	120	120	120	120	1440	$ 120	$ 120
Water/trash													0	$ -	$ -
Repairs/maintenance	50	50	50	50	50	50	50	50	50	50	50	50	600	$ 50	$ 50
Internet/cable	80	80	80	80	80	80	80	80	80	80	80	80	960	$ 80	$ 80
Other: trash													0	$ -	$ -
Transportation Expenses:															
Ownership: Car payment- car 1*	400	400	400	400	400	400	400	400	400	400	400	400	4800	$ 400	$ 400
Ownership: Car payment- car 2*	450	450	450	450	450	450	450	450	450	450	450	450	5400	$ 450	$ 450
Operating costs: Car 1*	320	320	320	320	320	320	320	320	320	320	320	320	3840	$ 320	$ 320
Operating costs: Car 2*	320	320	320	320	320	320	320	320	320	320	320	320	3840	$ 320	$ 320
Public transportation*													0	$ -	$ -

#4: Actual Income/Expenses Analysis: Past 3 and 12 months

Detailed analysis of expenses (last 3 and 12 months) continued:
- Actual expenses analyzed
- Actual medical is higher than out-of-pocket allowed
- Other expenses allowed to extent necessary

MDI Summary: Taxpayer's final MDI is ($ 469) – see #3

*Out-of-pocket medical expenses**																	
Medical services, including doctors	600	150	90	550	800	900	100	300	400	350	390	450	5080	$	397	$	423
Prescripts													0	$	-	$	-
Medical supplies													0	$	-	$	-
Other													0	$	-	$	-
Other Expenses:																	
Health insurance	180	180	180	180	180	180	180	180	180	180	180	180	2160	$	180	$	180
Term life insurance	50	50	50	50	50	50	50	50	50	50	50	50	600	$	50	$	50
Taxes paid:																	
Federal taxes paid	400	400	400	400	400	400	400	400	400	400	400	400	4800	$	400	$	400
FICA/Medicare taxes paid	488	488	488	488	488	488	488	488	488	488	488	488	5856	$	488	$	488
State/local taxes paid													0	$	-	$	-
Mandatory retirement contributions													0	$	-	$	-
Other Expenses:																	
Accounting/legal fees													0	$	-	$	-
Chaitable contributions													0	$	-	$	-
Child/dependent care													0	$	-	$	-
Court ordered payments (alimony, child support, etc.)													0	$	-	$	-
Education													0	$	-	$	-
Secured debt payments													0	$	-	$	-
Unsecured debt payments													0	$	-	$	-
Credit card debt payments													0	$	-	$	-
Work deductions													0	$	-	$	-
Student loan payments													0	$	-	$	-
Repayment of loans used to pay federal tax debt													0	$	-	$	-
Delinquent state and local tax payments													0	$	-	$	-
Veterinary expenses													0	$	-	$	-
Voluntary retirement contributions													0	$	-	$	-
Other expenses: (list)																	
Other: _____													0	$	-	$	-
Other: _____													0	$	-	$	-
Other: _____													0	$	-	$	-
Other: _____													0	$	-	$	-
Other: _____													0	$	-	$	-
Other: _____													0	$	-	$	-
Total Household expenses:	$ 7,024	$ 6,574	$ 6,564	$ 7,074	$ 7,374	$ 7,524	$ 6,774	$ 6,974	$ 7,049	$ 6,974	$ 7,014	$ 7,024	$ 83,943	$	7,004	$	6,995
Monthly Disposable Income	$ (1,024)	$ 226	$ (164)	$ (1,074)	$ (1,374)	$ (124)	$ (774)	$ (974)	$ (1,049)	$ (374)	$ (614)	$ (524)	$ (7,843)	$	(504)	$	(654)

#5: Form 433F: Collection Information Statement

Form **433-F** (February 2019)

Department of the Treasury - Internal Revenue Service

Collection Information Statement

Name(s) and Address	Your Social Security Number or Individual Taxpayer Identification Number
Brain Andrews Jessica Andrews 123 Tampa St., Tampa, FL 33609	###-##-####
☐ If address provided above is different than last return filed, please check here	Your Spouse's Social Security Number or Individual Taxpayer Identification Number ###-##-####

County of Residence	Your telephone numbers	Spouse's telephone numbers
Hillsborough	Home: ###-###-#### Work: ###-###-#### Cell: ###-###-####	Home: ###-###-#### Work: ###-###-#### Cell: ###-###-####

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse. Under 65 4 65 and Over

If you or your spouse are self employed or have self employment income, provide the following information:

Name of Business	Business EIN	Type of Business	Number of Employees *(not counting owner)*
n/a			

A. ACCOUNTS / LINES OF CREDIT

PERSONAL BANK ACCOUNTS Include checking, online, mobile (e.g., PayPal), savings accounts, money market accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
ABC Bank	##########	checking	4,000	☐
BCD Bank	#########	savings	500	☐

INVESTMENTS Include Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds, Commodities (Silver, Gold, etc.), and other investments. If applicable, include business accounts. *(Use additional sheets if necessary.)*

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
none				☐
				☐

VIRTUAL CURRENCY (CRYPTOCURRENCY) List all virtual currency you own or in which you have a financial interest (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.). *(Use additional sheets if necessary.)*

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 USD)*
none				

B. REAL ESTATE Include home, vacation property, timeshares, vacant land and other real estate. *(Use additional sheets if necessary.)*

Description/Location/County	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
123 Tampa St Tampa FL 33609 ☒ Primary Residence ☐ Other	1,340	Year Purchased 2009 Year Refinanced	Purchase Price 300,000 Refinance Amount	400,000	211,000	0
☐ Primary Residence ☐ Other		Year Purchased Year Refinanced	Purchase Price Refinance Amount			

C. OTHER ASSETS Include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of Life Insurance company in Description. If applicable, include business assets such as tools, equipment, inventory, etc. *(Use additional sheets if necessary.)*

Description	Monthly Payment	Year Purchased	Final Payment *(mo/yr)*	Current Value	Balance Owed	Equity
2022 Ford F150	400	2022	10 / 29	27,000	24,555	2,445
2021 Honda Odyssey	450	2021	10 / 30	31,000	26,200	4,800

D. CREDIT CARDS *(Visa, MasterCard, American Express, Department Stores, etc.)*

Type	Credit Limit	Balance Owed	Minimum Monthly Payment
Visa ################	10,000	2,000	150

TURN PAGE TO CONTINUE

#5: Form 433F: Collection Information Statement

E. BUSINESS INFORMATION Complete E1 for Accounts Receivable owed to you or your business. *(Use additional sheets if necessary.)* Complete E2 if you or your business accepts credit card payments. Include virtual currency wallet, exchange or digital currency exchange.

E1. Accounts Receivable owed to you or your business

Name	Address	Amount Owed
n/a		
	List total amount owed from additional sheets	
	Total amount of accounts receivable available to pay to IRS now	

E2. Name of individual or business on account

n/a

Credit Card *(Visa, Master Card, etc.)*	Issuing Bank Name and Address	Merchant Account Number
n/a		

F. EMPLOYMENT INFORMATION If you have more than one employer, include the information on another sheet of paper. *(If attaching a copy of current pay stub, you do not need to complete this section.)*

Your current Employer *(name and address)*
Greg's Convenience Store
321 Nowhere St
Tampa FL 33600

How often are you paid *(check one)*
☐ Weekly ☐ Biweekly ☐ Semi-monthly ☒ Monthly

Gross per pay period 500
Taxes per pay period *(Fed)* 38 *(State)* *(Local)*
How long at current employer 3 months

Spouse's current Employer *(name and address)*
ABC Companies
456 Zippy Lane
Tampa FL 33600

How often are you paid *(check one)*
☐ Weekly ☐ Biweekly ☒ Semi-monthly ☐ Monthly

Gross per pay period 3,000
Taxes per pay period *(Fed)* 425 *(State)* *(Local)*
How long at current employer 5years

G. NON-WAGE HOUSEHOLD INCOME List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes and attach a copy of your current year profit and loss statement.

Alimony Income		Net Rental Income		Interest/Dividends Income	
Child Support Income		Unemployment Income		Social Security Income	
Net Self Employment Income		Pension Income		Other:	

H. MONTHLY NECESSARY LIVING EXPENSES List monthly amounts. (For expenses paid other than monthly, see instructions.)

1. Food / Personal Care *See instructions. If you do not spend more than the standard allowable amount for your family size, fill in the Total amount only.*

	Actual Monthly Expenses	IRS Allowed
Food	1,278	1,278
Housekeeping Supplies	95	95
Clothing and Clothing Services	249	249
Personal Care Products & Services	118	118
Miscellaneous	436	436
Total	**2,176**	**2,176**

2. Transportation

	Actual Monthly Expenses	IRS Allowed
Gas / Insurance / Licenses / Parking / Maintenance etc.	640	640
Public Transportation		
Total	**640**	**640**

3. Housing & Utilities

	Actual Monthly Expenses	IRS Allowed
Rent		
Electric, Oil/Gas, Water/Trash	198	198
Telephone/Cell/Cable/Internet	200	200
Real Estate Taxes and Insurance *(if not included in B above)*		
Maintenance and Repairs	50	50
Total	**448**	**448**

4. Medical

	Actual Monthly Expenses	IRS Allowed
Health Insurance	180	180
Out of Pocket Health Care Expenses	397	397
Total	**577**	**577**

5. Other

	Actual Monthly Expenses	IRS Allowed
Child / Dependent Care		
Estimated Tax Payments		
Term Life Insurance	50	50
Retirement *(Employer Required)*		
Retirement *(Voluntary)*		
Union Dues		
Delinquent State & Local Taxes *(minimum payment)*		
Student Loans (minimum payment)		
Court Ordered Child Support		
Court Ordered Alimony		
Other Court Ordered Payments		
Other *(specify)*		
Other *(specify)*		
Other *(specify)*		
Total	**50**	**50**

Under penalty of perjury, I declare to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Your signature	Spouse's signature	Date
/s/	/s/	6/30/2026

#6: Form 433F: Collection Information Statement Attached documentation

Attachment to Form 433

Form 433 submission date: 6/30/2026

Taxpayer	Name(s)	SSN:
Primary	Brian ANDREWS	~~###-##-####~~
Spouse	Jessica Andrews	~~###-##-####~~

List of Documents Attached

#	Document	Explanation
1	Financial account statements: past three months	Last 3 months • ABC Bank (checking) • BCD Bank (savings)
2	Paystubs: last statement with YTD totals	Last month paystubs for both primary and spouse attached with YTD totals Shows income and Federal income taxes paid
3	Mortgage payment: last three months	Mortgage statement showing last three months payments Bank statement showing payments made for last three months (utility and other housing costs available if needed)
4	Health care expenses: last three months	Receipts for past three months showing out-of-pocket prescription drugs for Brian's eye condition
5	Term life insurance: last three months	On paystub for Jessica
6	Health Insurance: last three months	See Jessica's paystubs for amount paid bi-monthly
7	Car payments: last three months	Car payment (Ford and Honda) invoices attached for past three months; check showing proof of payment attached for past three months
8	Loan denial letter for refinance/access equity in home	Two denial letters from two mortgage companies to refinance and/or access equity via line of credit. Denied due to poor credit rating. • ABC Bank • XYZ Finance Co.
9	Doctor's letter on Brian's condition	Letter from Brian's physician showing the long-term nature of his eye disease and ability to work part-time. Also states he cannot work as a pilot in the future.

#7: Cover letter requesting CNC status

IRS Address: [address on the last IRS notice]
IRS ACS Support PO Box 145566 Cincinnati OH 45250

Date:	**June 30, 2026**

Taxpayer information:		
Taxpayer	**Name(s)**	**SSN:**
Primary	Brian ANDREWS	###-##-####
Spouse	Jessica Andrews	###-##-####
Taxpayer's address:		
123 Tampa St., Tampa FL 33609		

Tax Matters:	
Forms	**Years**
1040	2023, 2024

Reference: Request for Currently Not Collectible (CNC) Status- Financial Hardship

To whom it may concern:

We are requesting CNC status for the years/forms listed above.

We have attached Form 433F, Collection Information Statement, and supporting documentation to verify our qualification for CNC.

The primary taxpayer, Brian, suffered a debilitating eye disease that has caused him to not be able to work as a pilot. Over the past three months, he has been able to work part-time as a clerk. As a result, the household income has dropped dramatically. The loss of income has caused the taxpayers the taxpayer's financial hardship. As such, currently, we do not have the ability to pay on the outstanding liability for 2023 and 2024.

Please place us in CNC status. If you have any questions or need any additional information, we can be reached at the address listed above.

Thank you for your attention to this matter.

Sincerely,

/s/

Brian and Jessica ANDREWS