## **ATP IA Example: Geoff and Tiffany Jones**

*Requesting ATP IA as of July 31, 2026 (last 12 months are Sept- 2025 – July 2026)*
*Note: example uses IRS Collection Financial Standards from June 2026- TBD 2027*

Personal information:
Family size/ages (for all standards and out-of-pocket medical expense allowance): 4 (51, 44, 14, 10)
Location (for housing expense standard): Austin, TX (Travis County)
Region (for transportation expense standards): South region

Financial information:
Own home
Have two vehicles
Both primary and spouse are employed year-round

- Both are paid twice a month
- Neither receive a bonus
- No other sources of income

No family medical conditions or extraordinary circumstances that warrant deviation from IRS Collection Financial Standards
Take standard allowances for:

- Food/Clothing/Misc.
- Transportation expenses
- Out-of-pocket medical expenses

Have no ability to borrow against equity in home
No access to additional credit- have three credits cards that are at maximum credit limit
Only out of ordinary expenses:

- Dependent care: 10-year-old son each month so both can work
- Housing: lawn service from March-October

Tax situation:
Owe $160,000 (assessed balance is $140,000)

- 2023: owe $90,000 (assessed balance is $78,000)
- 2024: owe $70,000 (assessed balance is $62,000)
- 2023 CSED: 98 months
- 2024 CSED: 110 months
- Filed all required tax returns
- Current withholding is adequate, will not owe for future tax returns

## Applicable IRS Collection Financial Standards

- Austin TX
- South Region
- Family of 4
- Standards used as of date of IA request on 7/31/2026

**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:**
- Travis County, TX
- 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 |
|---|---|---|---|---|---|
| Travis County | $2,582 | $3,033 | $3,196 | $3,564 | $3,621 |

**Transportation:**
- Two cars
- South Region

Ownership costs

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

South region operating costs

| Location | One car | Two cars |
|---|---|---|
| South region | $291 | $582 |

**Out-of-pocket medical:**
- Family of 4
- All under age 65

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

## ATP Analysis and Conclusion

*Tax owed: $160,000*
*CSEDs: 2023: 98 months; 2024: 110 months*

| # | Document | Findings | Conclusion |
|---|---|---|---|
| #1 | *Equity in assets*<br>*(In this example, ATP IA was not computed for OIC purposes)*<br>#1: Equity in Assets Analysis | Taxpayer has $165,009 in equity in assets; ($167,109 if you do not include assets with negative equity)<br>Taxpayer was not able to borrow against equity; | Cannot pay any amount with asset equity; will provide loan denial letters to IRS in ATP IA financial disclosure |
| #2<br>#3 | *MDI Summary*<br>#2: Average income<br>#3: Average allowable household expenses | MDI using allowable expenses, limited by IRS standards, is $509. Will not full pay balance owed before CSED. | IRS will only allow necessary expenses up to IRS standard amounts. Taxpayer has ATP IA of $509 a month; this is a Partial Pay Installment Agreement as it will not pay the balance owed before CSED; IRS will limit expenses only to necessary expenses limited by the IRS Collection Financial Standards |
| #4 | *Actual income and expense analysis*<br>#4: Actual income and expenses- last 3 and 12 months | Actual MDI is negative – IRS will look to use standards in allowing expenses | Actual results in currently not collectible– will not be allowed by IRS |
| #5 | *Form 433F, Collection Information Statement* | Supports taxpayer's ATP of $509 a month | |
| #6 | *Form 433F Attachments*<br>#6: Form 433F Attachment Listing<br>*(documents not included for the example)* | Provides documentation to support ATP calculations and inability to access equity in assets | |
| #7 | *Form 9465: Installment Agreement Request* | Partial pay IA proposed of $509 a month payment on the 28th of each month | |

#1: Equity in assets analysis:

- Equity: $165,009 ($167,109 excluding assets with negative equity)
- Taxpayer attempted to refinance and get home equity line but was denied by two banks (poor credit)
- Taxpayer will include both loan denial letters in ATP IA application to IRS

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

| As of date: 7/31/2026 | | (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 | $3,321 | | $3,321 |
| 14a - 14d | | Investments | | | |
| 15e | | Virtual Currency | | | |
| 17f | | Cash value of life insurance | | | |
| | | | | | |
| 18d | Real Property equity | All property: home and other | $ 475,000 | $ 312,000 | $ 163,000 |
| | | | | | |
| 19d | Personal Vehicles equity | All cars/boats/RVs/trailers, etc. | $ 29,000 | $ 28,212 | $ 788 |
| | | | $ 34,100 | $ 36,200 | $ (2,100) |
| 20c | Personal assets equity | All furniture/personal effects/etc. | | | |
| | | | | | |
| | *Totals- Personal Assets* | | | | $ 165,009 |
| | | | | | |
| | | | | | |
| | ***Business Assets*** | | | | |
| 64 | Cash | | | | |
| 65c | Cash in banks | | | | |
| 66f | Accounts/notes receivable | | | | |
| 67c | Business assets equity | Alll tools/machinery/equipment/etc. | | | |
| | | | | | |
| | *Totals- Business Assets* | | | | |

# MDI Summary: Average monthly income

#2: Average income:
- Use last 3 months (no bonuses)
- Attach paystubs to ATP IA application
- Ave: $11,900 a month

**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 | Averaging time period | Time period rationale |
|---|---|---|---|---|---|---|---|
| | | | | | | *Explanation of averaging time period that is indicative of future income/expenses* | |
| | | *Household Income: cash basis* | | | | | |
| 21-22 | 30-31 | Gross Wages 1: | $5,400 | [redacted] | $5,400 | 3-months | No bonuses - monthly pay is same throughout year |
| | | Gross Wages 2: | $6,500 | | $6,500 | 3-months | No bonuses - monthly pay is same throughout year |
| | | Gross Wages 3: | | | | | |
| | | Gross Wages 4: | | | | | |
| 24 | 36 | Self-employment net income 1: | | | | | |
| | | 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*** | $11,900 | | $11,900 | | |

# MDI Summary: Average expenses

#3: Average allowable household expenses:

- Food, clothing, misc.: standard taken
- Housing/utilities: limited by IRS Collection Standards to $3,564
- Transportation: standards applied to both cars

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

| Form 433A - Line # | Form 433A-OIC - Line # | AVERAGE MONTHLY HOUSEHOLD EXPENSES | | | | *Explanation of averaging time period that is indicative of future income/expenses* | |
|---|---|---|---|---|---|---|---|
| | | ***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)?* | |
| | | Food | $1,278 | $1,278 | $1,278 | | |
| | | 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 FCO** | $2,176 | $2,176 | $2,176 | Yes | |
| | | | | | | *Explanation of averaging time period that is indicative of future income/expenses* | |
| | | *Housing and utilities:** | Average Actual | Standard Allowed | IRS ATP- FINAL | Averaging time period | Time period rationale |
| | | Mortgage/rent | $3,411 | [redacted] | $3,441 | Average last three months | Taxes and insurance included |
| | | HOA dues | | | | | |
| | | Taxes | | | | | |
| | | Insurance | | | | | |
| | | Electric | $423 | | $423 | Average over 12 months for seasonality | |
| | | Gas/heating oil | | | | | |
| | | Home phone | | | | | |
| | | Cell phone | $200 | | $200 | Average last three months | 200 is projected cell phone monthly payment |
| | | Water | | | | | |
| | | Repairs/maintenance | $120 | | $120 | 12 month average for lawn service | lawn services varies through year |
| | | Internet/cable | $110 | | $110 | Average last three months | 110 is monthly payment |
| | | Other: trash | | | | | |
| | | Other: ________________ | | | | | |
| 37 | 40 | **TOTAL HOUSING/UTILITIES** | $4,264 | $3,564 | $3,564 | Limited by standard | |
| | | | | | | *Explanation of averaging time period that is indicative of future income/expenses* | |
| | | *Transportation Expenses:* | Average Actual | Standard Allowed | IRS ATP- FINAL | Averaging time period | Time period rationale |
| 38 | 41 | Ownership: Car payment- car 1* | $739 | $703 | $703 | Average last three months. Std. limit | Regular monthly payment |
| | | Ownership: Car payment- car 2* | $498 | $703 | $498 | Average last three months | Regular monthly payment |
| 39 | 42 | Operating costs: Car 1* | $291 | $291 | $291 | *Standard allowance taken (Y/N)? YES* | |
| | | Operating costs: Car 2* | $291 | $291 | $291 | *Standard allowance taken (Y/N)? YES* | |
| 40 | 43 | Public transportation* | | | | *Standard allowance taken (Y/N)? No* | N/A |
| | | **TOTAL TRANSPORTATION** | $1,819 | $1,988 | $1,783 | | |

# MDI Summary: Average expenses and MDI Summary

#3: Average allowable household expenses (continued)

- Out-of-pocket medical expenses: standard taken
- Other expenses: allowed as necessary, except for credit card payments (included in Food, Clothing, Misc. standard amount allowed)

**MDI Summary:** expenses limited by Standards: MDI= $509 See supporting sheets in #4.

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 42 | 45 | **TOTAL OUT-OF-POCKET MEDICAL or ALLOWANCE** | $150 | $360 | $360 | Taxpayer is allowed the standard | $90 per person allowed |
| | | | | | | *Explanation of averaging time period that is indicative of future income/expenses* | |
| | | *Other Expenses:* | Average Actual | Standard Allowed | IRS ATP- FINAL | Averaging time period | Time period rationale |
| 41 | 44 | Health insurance | $180 | [redacted] | $180 | Current payment per month | Paid per month |
| 45 | 48 | Term life insurance | $94 | | $94 | Current payment- last 3 months | Paid per month |
| | | Taxes paid: | | | | | |
| | | Federal taxes paid | $1,824 | | $1,824 | Current payment- last 3 months | Paid per month |
| 46 | 49 | FICA/Medicare taxes paid | $910 | | $910 | Current payment- last 3 months | Paid per month |
| | | 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 | $500 | | $500 | Average last 3 months- current payment | Paid per month |
| 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 | $700 | | $0 | Last 3 months | Minimum payments on CC |
| 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** | $4,208 | | $3,508 | | |
| 50 | Box E | ***Total Household expenses:*** | $12,617 | | $11,391 | | |
| | | **MDI COMPUTATIONS** | | | | | |
| 51 | for qualification analysis only | **MDI: installment agreements/CNC/OIC Qualification** | ($717) | | $509 | 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 9 years old or >125,000 miles: 0 | |
| [redacted] | Box F | **MDI: Offer amount for OIC-DATC** | ($717) | | $509 | | |

*Taxpayer's final MDI for ATP IA is $509*

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

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

Primary Taxpayer Name: JONES
# in family: 4
State/County located: Texas/ Travis/ South
Ages in family: 51, 44, 14, 10

**Household Income and Expense Analysis for Ability to Pay Calculation**

| | | | | | | | | | | | | | | Notes amount allowed | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Past Three Months | | | Past 12 months | Average Analysis: Actual Inc./ Expenses | |
| AVERAGE MONTHLY INCOME | 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 Income: cash basis* | | | | | | | | | | | | | | | |
| Gross Wages 1: | 5400 | 5400 | 5400 | 5400 | 5400 | 5400 | 5400 | 5400 | 5400 | 5400 | 5400 | 5400 | 64800 | 5400 | 5400 |
| Gross Wages 2: | 6500 | 6500 | 6500 | 6500 | 6500 | 6500 | 6500 | 6500 | 6500 | 6500 | 6500 | 6500 | 78000 | 6500 | 6500 |
| Gross Wages 3: | | | | | | | | | | | | | 0 | 0 | 0 |
| Gross Wages 4: | | | | | | | | | | | | | 0 | 0 | 0 |
| Self-employment net income 1: | | | | | | | | | | | | | 0 | 0 | 0 |
| Self-employment net income 2: | | | | | | | | | | | | | 0 | 0 | 0 |
| Net rental income | | | | | | | | | | | | | 0 | 0 | 0 |
| Distributions (K-1, IRA, etc.) | | | | | | | | | | | | | 0 | 0 | 0 |
| Proceeds from sale of investments | | | | | | | | | | | | | 0 | 0 | 0 |
| Interest and divident income | | | | | | | | | | | | | 0 | 0 | 0 |
| Pension income | | | | | | | | | | | | | 0 | 0 | 0 |
| Social security income | | | | | | | | | | | | | 0 | 0 | 0 |
| Child support received | | | | | | | | | | | | | 0 | 0 | 0 |
| Alimony received | | | | | | | | | | | | | 0 | 0 | 0 |
| Employer allowances | | | | | | | | | | | | | 0 | 0 | 0 |
| Other income: ____________ | | | | | | | | | | | | | 0 | 0 | 0 |
| Other income: ____________ | | | | | | | | | | | | | 0 | 0 | 0 |
| Other income: ____________ | | | | | | | | | | | | | 0 | 0 | 0 |
| ***Total Income*** | 11900 | 11900 | 11900 | 11900 | 11900 | 11900 | 11900 | 11900 | 11900 | 11900 | 11900 | 11900 | 142800 | 11900 | 11900 |

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

- Average income is $11,900

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

#4: Detailed analysis of expenses (last 3 and 12 months):

- Actual expenses analyzed
  - Food, Clothing, Misc.
  - Housing and utilities
  - Transportation
- Standards taken for Food/Clothing
- Standards limit housing expenses

Note: highlighted expenses that were allowed in final ATP calculation

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

| AVERAGE MONTHLY HOUSEHOLD EXPENSES | | | | | | | | | | Past Three Months | | | | Notes amount allowed | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | 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 | 1278 | 1278 |
| 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 | 3411 | 3411 | 3411 | 3411 | 3411 | 3411 | 3411 | 3411 | 3411 | 3411 | 3411 | 3411 | 40932 | 3411 | 3411 |
| HOA dues | | | | | | | | | | | | | 0 | 0 | 0 |
| Taxes | | | | | | | | | | | | | 0 | 0 | 0 |
| Insurance | | | | | | | | | | | | | 0 | 0 | 0 |
| Electric (seasonal) | 300 | 325 | 350 | 450 | 500 | 500 | 550 | 550 | 275 | 425 | 425 | 425 | 5075 | 425 | 423 |
| Gas/heating oil | | | | | | | | | | | | | 0 | 0 | 0 |
| Home phone | | | | | | | | | | | | | 0 | 0 | 0 |
| Cell phone | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 200 | 200 | 200 | 2220 | 200 | 185 |
| Water/trash | | | | | | | | | | | | | 0 | 0 | 0 |
| Repairs/maintenance (seasonal for lawn care) | 180 | 180 | | | | | 180 | 180 | 180 | 180 | 180 | 180 | 1440 | 180 | 120 |
| Internet/cable | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 1320 | 110 | 110 |
| Other: trash | | | | | | | | | | | | | 0 | 0 | 0 |
| *Transportation Expenses:* | | | | | | | | | | | | | | | |
| Ownership: Car payment- car 1* | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 8868 | 739 | 739 |
| Ownership: Car payment- car 2* | 498 | 498 | 498 | 498 | 498 | 498 | 498 | 498 | 498 | 498 | 498 | 498 | 5976 | 498 | 498 |
| Operating costs: Car 1* | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 3492 | 291 | 291 |
| Operating costs: Car 2* | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 3492 | 291 | 291 |
| Public transportation* | | | | | | | | | | | | | 0 | 0 | 0 |

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

#4: Detailed analysis of expenses (last 3 and 12 months) continued:
- Actual expenses analyzed
  - Out-of-pocket medical (std. taken)
  - Other expenses

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

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Out-of-pocket medical expenses** | | | | | | | | | | | | | | | |
| Medical services, including doctors | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 1800 | 150 | 150 |
| Prescripts | | | | | | | | | | | | | 0 | 0 | 0 |
| Medical supplies | | | | | | | | | | | | | 0 | 0 | 0 |
| Other | | | | | | | | | | | | | 0 | 0 | 0 |
| *Other Expenses:* | | | | | | | | | | | | | | | |
| Health insurance | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 2160 | 180 | 180 |
| Term life insurance | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 1128 | 94 | 94 |
| Taxes paid: | | | | | | | | | | | | | | | |
| Federal taxes paid | 1824 | 1824 | 1824 | 1824 | 1824 | 1824 | 1824 | 1824 | 1824 | 1824 | 1824 | 1824 | 21888 | 1824 | 1824 |
| FICA/Medicare taxes paid | 910 | 910 | 910 | 910 | 910 | 910 | 910 | 910 | 910 | 910 | 910 | 910 | 10920 | 910 | 910 |
| State/local taxes paid | | | | | | | | | | | | | 0 | 0 | 0 |
| Mandatory retirement contributions | | | | | | | | | | | | | 0 | 0 | 0 |
| Other Expenses: | | | | | | | | | | | | | | | |
| Accounting/legal fees | | | | | | | | | | | | | 0 | 0 | 0 |
| Chaitable contributions | | | | | | | | | | | | | 0 | 0 | 0 |
| Child/dependent care | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 6000 | 500 | 500 |
| Court ordered payments (alimony, child support, etc.) | | | | | | | | | | | | | 0 | 0 | 0 |
| Education | | | | | | | | | | | | | 0 | 0 | 0 |
| Secured debt payments | | | | | | | | | | | | | 0 | 0 | 0 |
| Unsecured debt payments | | | | | | | | | | | | | 0 | 0 | 0 |
| Credit card debt payments | 700 | 700 | 700 | 700 | 700 | 700 | 700 | 700 | 700 | 700 | 700 | 700 | 8400 | 700 | 700 |
| Work deductions | | | | | | | | | | | | | 0 | 0 | 0 |
| Student loan payments | | | | | | | | | | | | | 0 | 0 | 0 |
| Repayment of loans used to pay federal tax debt | | | | | | | | | | | | | 0 | 0 | 0 |
| Delinquent state and local tax payments | | | | | | | | | | | | | 0 | 0 | 0 |
| Veterinary expenses | | | | | | | | | | | | | 0 | 0 | 0 |
| Voluntary retirement contributions | | | | | | | | | | | | | 0 | 0 | 0 |
| Other expenses: (list) | | | | | | | | | | | | | | | |
| Other: ________ | | | | | | | | | | | | | 0 | 0 | 0 |
| Other: ________ | | | | | | | | | | | | | 0 | 0 | 0 |
| Other: ________ | | | | | | | | | | | | | 0 | 0 | 0 |
| Other: ________ | | | | | | | | | | | | | 0 | 0 | 0 |
| Other: ________ | | | | | | | | | | | | | 0 | 0 | 0 |
| Other: ________ | | | | | | | | | | | | | 0 | 0 | 0 |
| ***Total Household expenses:*** | 12534 | 12559 | 12404 | 12504 | 12554 | 12554 | 12784 | 12784 | 12509 | 12679 | 12679 | 12679 | 151223 | 12679 | 12602 |
| Monthly Disposable Income | -634 | -659 | -504 | -604 | -654 | -654 | -884 | -884 | -609 | -779 | -779 | -779 | -8423 | -779 | -702 |

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

#4: Detailed analysis of actual expenses (last 3 and 12 months) continued: MDI Actual

- Actual expenses show taxpayer does not have ability to pay each month: MDI is negative for last 3 months and last 12 months
- Can use 3 months of all income and expenses, except those with seasonality. Lawn care and electricity are season- can use 12-month average.
- Taxpayer does not qualify for currently not collectible status – cannot use actual expenses
- Taxpayer will be limited to IRS Collection Financial Standards
- MDI will be $509 when applying collection standards
    - Housing/Utilities exceed standards by $700
    - Minimum credit card payments of $700 are not allowed
    - Out-of-pocket medical expenses will be increased by $210 to the standard allowed
    - Car ownership expenses for 1st car payment is limited to $703 which is $36 over standard
- See MDI Summary at #2 and #3

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

Primary Taxpayer Name: JONES

# in family: 4

State/County located: Texas/Travis/South

Ages in family: 51, 44, 14, 10

**Household Income and Expense Analysis for Ability to Pay Calculation**

| | | | | | | | | | Past Three Months | | | Past 12 months | Average Analysis: Actual Inc./Expenses | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AVERAGE MONTHLY INCOME | 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 Income' cash basis | | | | | | | | | | | | | | | |
| *Total Household expenses:* | 12534 | 12559 | 12404 | 12504 | 12554 | 12554 | 12784 | 12784 | 12509 | 12679 | 12679 | 12679 | 151223 | 12679 | 12602 |
| Monthly Disposable Income | -634 | -659 | -504 | -604 | -654 | -654 | -884 | -884 | -609 | -779 | -779 | -779 | -8423 | -779 | -702 |

# #5: Form 433F: Collection Information Statement

Form **433-F** (July 2024)

Department of the Treasury - Internal Revenue Service

# Collection Information Statement

| Name(s) and Address | Your Social Security Number or Individual Taxpayer Identification Number |
|---|---|
| Geoff Jones<br>Tiffany Jones<br>123 Anywhere St., Austin, TX 78652 | ###-##-#### |
| | Your Spouse's Social Security Number or Individual Taxpayer Identification Number: ###-##-#### |

☐ If address provided above is different than last return filed, please check here

County of Residence: Travis

| Your telephone numbers | | Spouse's telephone numbers | |
|---|---|---|---|
| Home: | ###-###-#### | Home: | ###-###-#### |
| Work: | ###-###-#### | Work: | ###-###-#### |
| Cell: | ###-###-#### | 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 | 3,121 | ☐ |
| BCD Bank | ########## | Savings | 200 | ☐ |

**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 | | | | ☐ |
| | | | | ☐ |

**DIGITAL ASSETS (CRYPTOCURRENCY)** List all digital assets you own or in which you have a financial interest (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.). *(Use additional sheets if necessary.)*

| Type of Digital Currency | Name of Digital Assets Wallet, Exchange or Digital Currency Exchange (DCE) | Email Address Used to Set-up With the Digital Currency Exchange or DCE | Location(s) of Digital Assets *(Mobile Wallet, Online, and/or External Hardware storage)* | Digital Assets 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 Anywhere St<br>Austin, TX 78652<br>☒ Primary Residence ☐ Other | 3,411 | Year Purchased 2011<br>Year Refinanced | Purchase Price 350,000<br>Refinance Amount | 475,000 | 312,000 | 163,000 |
| ☐ Primary Residence ☐ Other | | Year Purchased<br>Year Refinanced | Purchase Price<br>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 |
|---|---|---|---|---|---|---|
| 2023 Acura | 539 | 2023 | 3 / 30 | 29,000 | 28,212 | 788 |
| 2024 Toyota | 398 | 2024 | 3 / 31 | 34,100 | 36,200 | -2,100 |

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

| Type | Credit Limit | Balance Owed | Minimum Monthly Payment |
|---|---|---|---|
| VISA ################ | 10,000 | 10,000 | 200 |
| VISA ################ | 43,000 | 42,775 | 590 |

**TURN PAGE TO CONTINUE**

# #5: Form 433F: Collection Information Statement

Taxpayer applies standards to each expense. (Note: the taxpayer can leave the "IRS allowed" sections blank and allow the IRS to complete the limitations)
Note: taxpayer is in excess of housing/utility standard and will be limited to total housing standard of $3,564 (mortgage and housing/utilities)



**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 digital assets 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

| 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)* | Spouse's current Employer *(name and address)* |
|---|---|---|
| Employer | Blockbuster Tax Service<br>321 Nowhere St<br>Austin, TX 78708 | Agile Outsourcing<br>456 Zippy Lane<br>Austin, TX 78704 |
| How often are you paid *(check one)* | ☐ Weekly ☐ Biweekly ☒ Semi-monthly ☐ Monthly | ☐ Weekly ☐ Biweekly ☒ Semi-monthly ☐ Monthly |
| Gross per pay period | 2,700 | 3,250 |
| Taxes per pay period *(Fed)* | 568 | 799 |
| *(State)* | | |
| *(Local)* | | |
| How long at current employer | 2 years | 1 year |

**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. | 582 | 582 |
| Public Transportation | | |
| **Total** | **582** | **582** |

**3. Housing & Utilities**

| | Actual Monthly Expenses | IRS Allowed |
|---|---|---|
| Rent | | |
| Electric, Oil/Gas, Water/Trash | 423 | 423 |
| Telephone/Cell/Cable/Internet | 310 | 310 |
| Real Estate Taxes and Insurance *(if not included in B above)* | | |
| Maintenance and Repairs | 120 | 120 |
| **Total** | **853** | **853** |

**4. Medical**

| | Actual Monthly Expenses | IRS Allowed |
|---|---|---|
| Health Insurance | 180 | 180 |
| Out of Pocket Health Care Expenses | 150 | 360 |
| **Total** | **330** | **540** |

**5. Other**

| | Actual Monthly Expenses | IRS Allowed |
|---|---|---|
| Child / Dependent Care | 500 | 500 |
| Estimated Tax Payments | | |
| Term Life Insurance | 94 | 94 |
| 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** | **594** | **594** |

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/ | 07/31/2026 |

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

## Attachment to Form 433

**Form 433 submission date: 7/31/2026**

| Taxpayer | Name(s) | SSN: |
|---|---|---|
| Primary | Geoff JONES | ###-##-#### |
| Spouse | Tiffany JONES | ###-##-#### |

**List of Documents Attached**

| # | Document | Explanation |
|---|---|---|
| 1 | Financial account statements: past three months | Last 3 months<br>• ABC Bank (checking)<br>• BCD Bank (savings) |
| 2 | Paystubs: last statement with YTD totals | Last month paystubs for both primary and spouse attached with YTD totals<br>Shows income and Federal income taxes paid |
| 3 | Mortgage payment: last three months | Mortgage statement showing last three months' payments<br>Bank statement showing payments made for last three months<br>(utility and other housing costs available if needed) |
| 4 | Childcare expenses: last three months | Day care provider invoices attached<br>Checks showing payment made for last three months |
| 5 | Term life insurance: last three months | Term life invoices attached<br>Checks showing payment made for last three months<br>Policy attached |
| 6 | Health Insurance: last three months | See paystubs for amount paid bi-monthly |
| 7 | Car payments: last three months | Car payment (Toyota and Ford) 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.<br>Denied due to poor credit rating.<br>• ABC Bank<br>• XYZ Finance Co. |

# #7: Form 9465: Installment Agreement Request

Form **9465** (Rev. September 2020) Department of the Treasury Internal Revenue Service

## Installment Agreement Request

▶ Go to *www.irs.gov/Form9465* for instructions and the latest information.
▶ If you are filing this form with your tax return, attach it to the front of the return.
▶ See separate instructions.

OMB No. 1545-0074

**Tip:** If you owe $50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

**Part I Installment Agreement Request**

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ Form 1040

Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019, to June 30, 2019) ▶ 2023, 2024

| | Your first name and initial | Last name | Your social security number |
|---|---|---|---|
| 1a | Geoff | Jones | ###-##-#### |
| | If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| | Tiffany | Jones | ###-##-#### |

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. 123 Anywhere St — Apt. number

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). Austin, TX 78652

Foreign country name | Foreign province/state/county | Foreign postal code

1b If this address is new since you filed your last tax return, check here ▶ ☐

2 Name of your business (must no longer be operating) | Employer identification number (EIN)

3 ###-###-#### Your home phone number | 9 - 5pm Best time for us to call

4 ###-###-#### Your work phone number | Ext. | 9 - 5pm Best time for us to call

| | | | |
|---|---|---|---|
| 5 | Enter the total amount you owe as shown on your tax return(s) (or notice(s)) | 5 | 160,000 |
| 6 | If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement) | 6 | 0 |
| 7 | Add lines 5 and 6 and enter the result | 7 | 160,000 |
| 8 | Enter the amount of any payment you're making with this request. See instructions | 8 | 0 |
| 9 | Amount owed. Subtract line 8 from line 7 and enter the result | 9 | 160,000 |
| 10 | Divide the amount on line 9 by 72.0 and enter the result | 10 | 2,222 |
| 11a | Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months** | 11a | $ 509 |
| b | If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment | 11b | $ |

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement ☑
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over $25,000 but not more than $50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than $50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th — 12: 28th

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

▶ a Routing number # # # # # # # # # ▶ b Account number # # # # # # # # # # # # # # # # # #

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c **Low-income taxpayers only.** If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature | Date | Spouse's signature. If a joint return, **both** must sign. | Date