

OIC-DATC Example: Greg SE Taxpayer

Requesting OIC on June 30, 2026

Personal information:

Family size/ages (for all standards and out-of-pocket medical expense allowance): 2 (62, 62) – has handicapped sister as a non-liable dependent.

Location (for housing expense standard): Cleveland, WI (Manitowoc County).

Region (for transportation expense standards): Midwest region

Taxpayer is a self-employed appraiser with diminishing business due to decline in appraisal industry.

Financial information:

Own home with dependent sister (tenants in common).

One vehicle- no vehicle payment.

Self-employed - No other sources of income.

Owns an old boat.

No dissipated assets.

Tax situation:

Owes \$143,211

- 2014, 2020-2025
- CSEDs:
 - 2014: 40 months (2014 owes \$4,333 for late filed return)
 - 2020-2025: recently filed with 120 months left on the CSED
- Filed all required tax returns (filed 2025 within 60 days of the OIC application date)
- Current federal and state estimated tax payments are up to date

Applicable IRS Collection Financial Standards

- Cleveland, WI
- Midwest Region
- Family of 2
- Standards used as of date of OIC request on 6/30/2026

Food,
Clothing, and
Misc.

- National
Standard
- Family of
2

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:

- Manitowoc
Cty., WI
- Family of 2

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
Manitowoc County	\$1,432	\$1,682	\$1,772	\$1,976	\$2,008

Transportation:

- One car
- Midwest
region
- Added \$200
operating cost
for offer
amount only

Ownership costs		
Location	One car	Two cars
National	\$703	\$1,406
Midwest region operating costs		
Location	One car	Two cars
Midwest region	\$263	\$526

Out-of-pocket
medical:

- Family of 2
- All under age 65
- Ave. actual does
not exceed
allowance

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

OIC: Financial Analysis and Conclusion

Tax owed: \$143,211

CSEDs: 2014: 40 months 2020-2025: 120 months (2020-2025 just filed)

#	Document	Findings	Conclusion
#1	<i>Equity in assets</i> <i>(In this example, ATP IA was not computed for OIC purposes)</i> #1A: OIC: Equity in Asset Summary for OIC Qualification Determination #1B: Form 433-A(OIC): Equity in Assets Summary for Offer Amount Computation	Taxpayer has net equity in assets of \$7,234. Taxpayer has net realizable equity in assets of \$4,164.	Total equity used for qualification; NRE used for offer amount.
#2 #3	<i>MDI Summary</i> #2: Forms 433A/433A-OIC: Net Business Income Analysis (for ability to pay determinations for installment agreements, CNC, and OICs) #3: MDI Analysis Worksheet (for determining ability to pay for installment agreements, CNC, and OIC-DATC)	Average net income is \$4,402 per month – only one self-employed earner. Average household expenses calculated over past 3 months/12 months (for annually paid expenses).	Future income will be about \$4,402 a month. IRS will only allow necessary expenses up to IRS standard amounts.
#4	<i>MDI calculation</i> #4: MDI Computation (ability to pay determination for IA/CNC/OIC qualification/OIC offer amount)	Average income is \$4,402 a month. Average expenses for ATP is \$4,123. Average for RCP (offer amount) is \$5,112 (includes additional \$200 for older car vehicle operating expenses).	MDI for ATP is \$279. MDI for RCP is \$79.
#5	OIC qualification and offer amount computations	Taxpayer has ATP of \$40,714. Taxpayer's RCP is \$5,112.	Taxpayer qualifies for OIC-DATC. Taxpayer can offer \$5,112 with lump-sum payment OIC.
#6	<i>Form 656, Offer in compromise</i>	Offer amount is equal to the \$4,164 NRE plus future income of \$948 (\$179 x 12 months), or \$5,112. Taxpayer selects lump-sum OIC.	
#7	<i>Form 433A-OIC, Collection Information Statement</i>	Provides details of NRE and MDI components.	
#8	<i>Form 656 and 433 Attachment Listing</i> <i>(documents not included for the example)</i>	Provides documentation to support OIC package.	
#9	<i>Cover letter to IRS COIC Unit requesting OIC</i>	Explains taxpayer's condition and requests OIC status.	

1B: Form 433-A(OIC): Equity in Assets Summary for Offer
Amount Computation: taxpayer has NRE in assets of \$4,164

1A: (1 of 2) Taxpayer has \$7,234 in asset equity for purposes of qualifying for an OIC

Personal assets= \$7,234 in equity

OIC: Equity in Asset Summary for OIC Qualification Determination									
for OIC-DATC qualification analysis only									
Net Equity in Assets (FMV less encumbrances)									
FMV	Standard QSV %	(FMV*QSV%)		(loans, attachments)		Less: Exemptions		Equity	
		Asset at QSV	Less: Encumbrances	Less: Exemptions	Less: Exemptions	Less: Exemptions	Less: Exemptions		
\$ 896	100%	896						\$ 896	(6)
\$ -	80%						No exemption allowed	\$ -	(2)
\$ -	80%							\$ -	(2)
	80%							\$ -	(1)
								\$ 896	
\$ 39,900	80%	\$ 31,920	\$ 31,756			n/a		\$ 164	
	80%					n/a			
	80%					n/a		\$ 164	
\$ 2,718	80%	\$ 2,174				No exemption allowed		\$ 2,174	(7)
	80%								(3)
\$ 5,000	80%	\$ 4,000				n/a		\$ 4,000	
	80%					n/a		\$ 6,174	
\$ 900	80%	\$ 720				\$11,980 (apply to total of all personal effects) See Note (8)		\$ 720	
	80%								
	80%								
	80%								
						\$ 11,980		\$ -	
for OIC-DATC qualification analysis only									
\$ 7,234									

#1: Equity in assets analysis:
1A: OIC: Equity in Asset Summary for OIC Qualification Determination: taxpayer has \$7,234 in equity for OIC qualification purposes
1B: Form 433-A(OIC): Equity in Assets Summary for Offer Amount Computation: taxpayer has NRE in assets of \$4,164

1A: (2 of 2) Taxpayer has \$7,234 in asset equity for purposes of qualifying for an OIC

Business assets = \$0 equity

Total assets = \$7,234 equity

OIC: Equity in Asset Summary for OIC Qualification Determination									
for OIC-DATC qualification analysis only									
Net Equity in Assets (FMV less encumbrances)									
Asset category	FMV	Standard	(FMV*QSV%)	(loans, attachments)		Less: Exemptions	Equity		
		QSV %	Asset at QSV	Less: Encumbrances					
Business Assets									
Cash and cash equivalents:									
Cash		100%							
Cash in financial accounts		100%				n/a			
Virtual currency		80%				n/a			
TOTAL CASH- BUSINESS									
Other Business assets:									
Business Assets - used in the production of income	\$ 1,500	80%	\$ 1,200	-0-					(4)
Business Assets- not used in the production of income		80%							(5)
TOTAL OTHER BUSINESS ASSETS						\$ 5,990			
for OIC-DATC qualification analysis only									
TOTAL Equity/NRE in BUSINESS ASSETS (B)							\$ -		
for OIC-DATC qualification analysis only									
TOTAL EQUITY/NRE in ALL ASSETS [(A) + (B)]							\$ 7,234		
Notes:									
(1) QSV% for Retirement accounts can fluctuate based on net effect due to taxes owed on distributions/early distribution									
(2) QSV% for investments can be higher based on tax consequences/rates									
(3) Offer amount: Only subtract second vehicle exemption amount on a joint OIC (no exclusion for qualification computation)									
(4) Business assets used in the production of income have a NRE of \$0 (exceptions apply)									
(5) Accounts and notes receivable may be included in this amount if they are not included in future income projections									
(6) For an OIC offer amount, the taxpayer is allowed \$1,000 plus one-month of necessary living expenses as an exclusion									
(7) For OIC qualification, the taxpayer is not allowed a \$3,450 exemption amount for each vehicle in determining ability to pay									
(8) The exemption amount changes annually in November. For 2026, see Revenue Procedure 2025-32.									

1B: (1 of 2) RCP calculation – taxpayer has \$4,164 in net realizable asset equity for purposes of computing the offer amount

Form 433A(OIC): Equity in Asset Summary for Offer Amount Determination									
For OIC Offer Amount: NRE= (FMV*QSV%)-(Exemption amount)									
As of date: 6/30/2026									
Net Realizable Equity in Assets (NRE): for Offer Amount									
Asset category	FMV	Standard QSV %	(FMV*QSV%)		(loans, attachments)		Updated annually in November		Cannot be <\$0 433A(OIC) Line #
			Asset at QSV	Less: Encumbrances	Less: Exemptions	NRE			
Personal Assets									
Cash and investments:									
Cash (chkg, savings, CD, on hand, etc.)	\$ 896	100%	\$ 896	\$ -	\$ 1,000	-	1	(6)	
Investments (stocks, bonds, other)	\$ -	100%			n/a		2	(2)	
Virtual Currency	\$ -	100%			n/a		2	(2)	
Retirement account (IRA, 401K)	\$ -	80%			n/a		3	(1)	
Life Insurance- cash value lesss loans		100%			n/a		4		
Real Property:									
Personal Residence	\$ 39,900	80%	\$ 31,920	\$ 31,756	n/a	\$ 164	5a		
Other Real Property		80%			n/a		5b		
Other Real Property		80%			n/a		5c		
TOTAL REAL PROPERTY						\$ 164	5		
Personal Vehicles (cars,boats,motorcycles,etc.)									
Vehicle 1: 2004 Cadillac	\$ 2,718	80%	\$ 2,174		\$ 3,450	\$ -	6a	(7)	
Vehicle 2		80%			\$ 3,450		6b	(3)	
Vehicle 3: 1983 Boat	\$ 5,000	80%	\$ 4,000		\$ -	\$ 4,000	6e		
Vehicle 4		80%			\$ -		6e		
TOTAL VEHICLES						\$ 4,000	6		
Personal effects									
Artwork, jewelry, interest in private company		80%					7a		
Furniture and personal effects	\$ 900	80%	\$ 720	\$ -			7b		
Other personal effects		80%					7c		
Other personal effects		80%							
Other personal effects		80%							
TOTAL PERSONAL EFFECTS					\$ 11,980	0	7		
TOTAL NRE in PERSONAL ASSETS (A)							\$ 4,164	Box A	

1B: (2 of 2) RCP calculation – taxpayer has \$4,164 in net realizable asset equity for purposes of computing the offer amount

Form 433A(OIC): Equity in Asset Summary for Offer Amount Determination										
As of date: 6/30/2026					For OIC Offer Amount: $NRE = (FMV * QSV\%) - (Exemption\ amount)$					
Net Realizable Equity in Assets (NRE): for Offer Amount										
Asset category		FMV	Standard QSV %	(FMV * QSV%) Asset at QSV	(loans, attachments) Less: Encumbrances	Updated annually in November Less: Exemptions	Cannot be <\$0 NRE	433A(OIC) - Line #		
Business Assets										
<i>Cash and cash equivalents:</i>										
Cash			100%			n/a		8a		
Cash in financial accounts			100%			n/a		8b, 8d		
Virtual currency			80%			n/a		8c		
TOTAL CASH- BUSINESS								8		
Other Business assets:										
Business Assets - used in the production of income	\$	1,500	n/a	-0-		Tools of the trade have a total exemption of \$5,990. Business assets that produce income are valued at -0- See Note (4) and (8)				(4)
Business Assets- not used in the production of income			80%						(5)	
TOTAL OTHER BUSINESS ASSETS						\$	5,990	0	10 and 11	
TOTAL NRE in BUSINESS ASSETS (B)					for OIC- Offer Amount (also is listed on Form 433-A(OIC))				Box B	
TOTAL NRE in ALL ASSETS [(A) + (B)]					for OIC- Offer Amount (also is listed on Form 433-A(OIC))				\$ 4,164	Section 8
Notes:										
(1) QSV% for Retirement accounts can fluctuate based on net effect due to taxes owed on distributions/early distribution										
(2) QSV% for investments can be higher based on tax consequences/rates										
(3) Only subtract second vehicle exemption amount on a joint OIC										
(4) Business assets used in the production of income have a NRE of \$0										
(5) Accounts and notes receivable may be included in this amount if they are not included in future income projections										
(6) For an OIC offer amount, the taxpayer is allowed \$1,000 plus one-month of necessary living expenses as an exclusion										
(7) For OIC qualification, the taxpayer is not allowed a \$3,450 exemption amount for each vehicle in determining ability to pay										
(8) The exemption amount changes annually in November. For 2026, see Revenue Procedure 2025-32.										

#2: MDI Summary: Average monthly income - Forms 433A/433A-OIC: Net Business Income Analysis (for ability to pay determinations for installment agreements, CNC, and OICs)

#2: Average income:

- Taxpayer only has SE income – taxpayer averages over 12 months = \$4,402 ave. net income

Forms 433A/433A-OIC: Net Business Income Analysis (for ability to pay determinations for installment agreements, CNC, and OICs)																				
Net Business Income Analysis for Ability to Pay Calculation																				
Form 433A - Line #	Form 433A-OIC - Line #	Income/Expense	Past six months						Past Three Months			Total	Averages			Determine which average represents future income/expenses				
			Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9		Month 10	Month 11	Month 12	Past 3 months	Past 6 months	Past 12 months	FINAL BUSINESS NET INCOME	
		Cash Income																		
68	12	Business Gross Receipts		6009	6139	6735	6800	6800	6805	3985	9508	9185	2963	6122	6737					
		Other income:																		
69-76	13-16	Other income:																		
		Other income:																		
77	17	Total business income		6010	6009	6139	6735	6800	6805	3985	9508	9185	2963	6122	6737					
		Cash Business expenses:																		
78-79	18-19	Material/Inventory purchases																		
88 (attachment)	28 (attachment)	Advertising																		
84	24	Vehicle expenses	\$ 1,233	\$ 1,005	\$ 1,354	\$ 979	\$ 1,442	\$ 921	\$ 1,184	\$ 1,100	\$ 719	\$ 882	\$ 760	\$ 840						
88 (attachment)	28 (attachment)	Equipment expenses																		
80	20	Wages paid																		
88 (attachment)	28 (attachment)	Independent contractors paid																		
88 (attachment)	28 (attachment)	Legal, accounting, and professional services						\$	3,800	\$ 625					\$ 275					
88 (attachment)	28 (attachment)	Commissions and fees																		
88 (attachment)	28 (attachment)	Employee Benefits																		
86	25	Insurance				\$ 598									\$ 598					
88 (attachment)	27	Loan payments																		
		Business property expenses																		
81	21	Rent/lease																		
85	28 (attachment)	Repairs/maintenance																		
83	23	Utilities																		
82	22	Supplies																		
87	26	Taxes and Licenses	\$ 44																	
88 (attachment)	28 (attachment)	Travel, Meals, and Entertainment																		
88 (attachment)	28 (attachment)	Other: Dues and Subscriptions	\$ 459		\$ 459		\$ 157	\$ 73	\$ 873	\$ 459	\$ 267	\$ 94			\$ 2,611					
88 (attachment)	28 (attachment)	Other: Business phone and internet	\$ 156	\$ 73	\$ 73		\$ 156	\$ 73			\$ 75	\$ 75	\$ 75	\$ 75						
88 (attachment)	28 (attachment)	Other: Software Leases										\$ 1,646								
88 (attachment)	28 (attachment)	Other: Internet Email																		
88 (attachment)	28 (attachment)	Other: Appraisal/portal fees									\$ 14									
88 (attachment)	28 (attachment)	Other: Continuing Education																		
88 (attachment)	28 (attachment)	Other: Assessment Data											\$ 38	\$ 32						
		Total Business Expenses:	\$ 1,892	\$ 1,078	\$ 1,428	\$ 2,036	\$ 1,597	\$ 1,867	\$ 1,643	\$ 1,257	\$ 4,593	\$ 1,862	\$ 2,613	\$ 2,314	\$ 24,181					
		Business Net Profit	\$ 4,118	\$ 4,931	\$ 4,711	\$ 4,699	\$ 5,203	\$ 4,938	\$ 2,342	\$ 8,251	\$ 4,592	\$ 1,101	\$ 3,509	\$ 4,423	\$ 52,817					

#3: (1 of 3) MDI Analysis Worksheet (for determining ability to pay for installment agreements, CNC, and OIC-DATC)

- #3: Average income and allowable household expenses:
- Income: only income from SE income
 - Food, clothing, other: Standards utilized

MDI Analysis Worksheet (for determining ability to pay for installment agreements, CNC, and OIC-DATC qualification)													
Primary Taxpayer Name: Greg SE Taxpayer													
# in family: 2													
State/County located: Will Manitowoc County													
Ages in family: 62, 62													
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	Month 10	Month 11	Month 12	Average Analysis: Actual Inc. / Expenses Past 12 months
Household Income: cash basis													
Gross Wages 1:													0
Gross Wages 2:													0
Gross Wages 3:													0
Gross Wages 4:													0
Self-employment net income 1:	\$ 4,118	\$ 4,931	\$ 4,711	\$ 4,699	\$ 5,203	\$ 4,938	\$ 2,342	\$ 8,251	\$ 4,592	\$ 1,101	\$ 3,509	\$ 4,423	\$ 3,011
Self-employment net income 2:													0
Net rental income													0
Distributions (K-1, IRA, etc.)													0
Proceeds from sale of investments													0
Interest and dividend 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	\$ 4,118	\$ 4,931	\$ 4,711	\$ 4,699	\$ 5,203	\$ 4,938	\$ 2,342	\$ 8,251	\$ 4,592	\$ 1,101	\$ 3,509	\$ 4,423	\$ 3,011
AVERAGE MONTHLY HOUSEHOLD EXPENSES													4,401
* directs standard allowances applies													
Household expenses paid: cash basis													
Food, clothing, and other expenses*													
Food	\$ 893	\$ 893	\$ 893	\$ 893	\$ 893	\$ 893	\$ 893	\$ 893	\$ 893	\$ 893	\$ 893	\$ 893	\$ 893
Housekeeping supplies	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85
Apparel and services	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175
Personal care products and services	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90
Miscellaneous	\$ 315	\$ 315	\$ 315	\$ 315	\$ 315	\$ 315	\$ 315	\$ 315	\$ 315	\$ 315	\$ 315	\$ 315	\$ 315

#3: (2 of 3) MDI Analysis Worksheet (for determining ability to pay for installment agreements, CNC, and OIC-DATC)

- #3: Average allowable housing, transportation, medical, and other expenses
- Actual used for housing/utilities
 - Standards utilized for transportation and medical

AVERAGE MONTHLY HOUSEHOLD EXPENSES																			
<i>Housing and utilities:</i>																			
Mortgage/rent	\$ 1,458	\$ 729	\$ 729	\$ 729	\$ 729	\$ 733	\$ 733	\$ 733	\$ 733	\$ 733	\$ 733	\$ 733	\$ 733	\$ 733	\$ 616	\$ 630	\$ 647	\$ 9,204	\$ 631
HDA dues																		\$ -	\$ -
Taxes																		\$ -	\$ -
Insurance	\$ 69			\$ 331														\$ 748	\$ 70
Electric	\$ 118			\$ 100	\$ 57													\$ 845	\$ 79
Gas/heating oil	\$ 251	\$ 339			\$ 31													\$ 1,292	\$ 150
Home phone																		\$ -	\$ -
Cell phone	\$ 90			\$ 280	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 86	\$ 85	\$ 85	\$ 1,267	\$ 85
Water/trash	\$ 122			\$ 125	\$ 59													\$ 811	\$ 53
Repairs/maintenance																		\$ 966	\$ -
Internet/cable	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 1,080	\$ 90
Other: trash	\$ 12	\$ 8	\$ 12	\$ 12	\$ 8	\$ 8	\$ 12	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 8	\$ 9	\$ 9	\$ 6	\$ 108	\$ 8
<i>Transportation Expenses:</i>																			
Ownership: Car payment- car 1*																		0	0
Ownership: Car payment- car 2*																		0	0
Operating costs: Car 1*	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 3,156	\$ 263
Operating costs: Car 2*																		0	0
Public transportation*																		0	0
<i>Out-of-pocket medical expenses*</i>																			
Medical services, including doctors	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 180	\$ 2,160	\$ 180
Prescripts																		0	0
Medical supplies																		0	0
Other																		0	0

#3: (3 of 3) MDI Analysis Worksheet (for determining ability to pay for installment agreements, CNC, and OIC-DATC)

Other Expenses: Health insurance Term life insurance										6395 3166 3667 5249 2922 3245 4107 6000 3141 3150 5863 3178										50085 4174									
Taxes paid:																													
Federal taxes paid (including SE tax)																													
FICA/Medicare taxes paid																													
State/local taxes paid																													
Mandatory retirement contributions																													
Other Expenses:																													
Accounting/legal fees																													
Charitable contributions																													
Child/dependent care																													
Court ordered payments (alimony, child support, etc.)																													
Education																													
Secured debt payments																													
Unsecured debt payments																													
Credit card debt payments																													
Work deductions																													
Student loan payments																													
Repayment of loans used to pay federal tax debt																													
Delinquent state and local tax payments																													
Veterinary expenses																													
Voluntary retirement contributions																													
Other expenses: (list)																													
Other:																													
Other:																													
Other:																													
Other:																													
Other:																													
Other:																													
Total Household expenses:																													
Monthly Disposable Income																													

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

(1 of 3): Income, household expenses

- Average time period used is listed

MDI Computation (ability to pay determination for IA/CNC/OIC qualification/OIC offer a.					
Form 433A- 433A -	Form 433A- DIC - Line	AVERAGE MONTHLY INCOME Household income: cash basis	MDI- FINAL	ion of averaging time period that is indicative of future income/ Averaging time period	Time period rationale
21-22	30-31	Gross wages 1: Gross wages 2: Gross wages 3: Gross wages 4: Self-employment net income 1: Self-employment net income 2: Net rental income Distributions (K-1, IRA, etc.) Proceeds from sale of investments Interest and dividend income Pension income Social security income Child support received Alimony received Employer allowances Other income: Other income: Total income	\$ 4,402		Business cycle Consistent with last year's tax return
36	39	TOOL FCO	\$ 1,558		
37	40	TOTAL HOUSING/UTILITIES	\$ 1,225		Limited to actual

Form 433A- 433A -	Form 433A- DIC - Line	AVERAGE MONTHLY HOUSEHOLD EXPENSES Household expenses paid: cash basis	MDI- FINAL	ion of averaging time period that is indicative of future income/ Averaging time period	Time period rationale
		* denotes standard applies Food Housekeeping supplies Apparel and services Personal care products and services Miscellaneous TOOL FCO	\$ 893 \$ 85 \$ 175 \$ 90 \$ 315 \$ 1,558		
		Housing and utilities: Mortgage/rent HOA dues Taxes Insurance Electric Gas/heating oil Home phone Cell phone Water Repairs/maintenance Internet/cable Other: trash Other:	\$ 631 \$ 62 \$ 70 \$ 108 \$ 106 \$ 68 \$ 81 \$ 90 \$ 9		
		TOTAL HOUSING/UTILITIES	\$ 1,225		Limited to actual

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

- (2 of 3): Transportation, medical, other allowable expenses
- Average time-period used is listed

		<i>Transportation Expenses:</i>	<u>Average Actual</u>	<u>Standard Allowed</u>	<u>IRS ATP- FINAL</u>	<u>Averaging time period</u>	<u>Time period rationale</u>
38	41	Ownership: Car payment- car 1"					
		Ownership: Car payment- car 2"					
39	42	Operating costs: Car 1"	\$ 263	\$ 263	263	Standard allowance taken (Y/N)? YES	
		Operating costs: Car 2"				Standard allowance taken (Y/N)?	
40	43	Public transportation"				Standard allowance taken (Y/N)?	
		TOTAL TRANSPORTATION	\$ 263	\$ 263	263		Standard taken
		<i>Out-of-pocket medical expenses</i>	<u>Average Actual</u>	<u>Allowance</u>	<u>IRS ATP- FINAL</u>	<u>Standard allowance taken (Y/N)? YES</u>	
		Medical services, including doctors	\$ 180		\$ 180		
		Prescripts					
		Medical supplies					
		Other: _____					
42	45	TOTAL OUT-OF-POCKET MEDICAL or ALI	\$ 180	\$ 180	180	Standard taken, under 65	

(3 of 3): Other expenses and ATP/RCP MDI calculation

- Average time period used is listed

MDI:
Qualification = \$279
Offer amount = \$79

OIC qualification= can pay \$40,714 (Less than tax owed = qualify)
Offer amount is \$5,112

OIC qualification and offer amount computations									
Form 656		Note: The Spreadsheet Tabs are NOT linked- please enter							
Form 433-A (OIC) Line #	Line #	ATP/RCP factor	OIC qualification	OIC offer amount	Reference				
for qualification analysis only			Ability to pay	Reasonable Collection Potential	Schedule				
Box A and Box B (if applicable)		Equity in assets, without OIC exemptions	\$ 7,234		2				
for qualification analysis only		Net realizable equity in assets (with added allowances)		\$ 4,164	3				
Box F		MDI, without special OIC allowances	\$ 279		5				
for qualification analysis only		MDI, with OIC special allowances		\$ 79	6				
		Months remaining to longest statute expiration date	120		Input here: IMPORTANT note - may have to run multiple CSED calculations for accurate ability to pay before CSED				
		OIC qualification calculation							
for qualification analysis only		Ability to pay before CSED expires (equity in assets plus MDI X months remaining to longest CSED)	\$ 40,714						
		Liability owed	\$ 143,211						
		Qualification: Liability > ATP (Yes/No)	Yes						
		OIC offer amount calculation							
Box A and Box B (if applicable)		NRE in assets		\$ 4,164	2				
Box G or H		Future income (MDI, with special allowances for 12 months (lump-sum payment) or 24 months (periodic payment)		948	6 Multiply by 12 or 24, depending on OIC pymt method				
Offer Amount Box	Section 4	Offer amount: RCP		\$ 5,112					

#6: Form 656: Offer in Compromise

Form 656 (April 2026)	Department of the Treasury — Internal Revenue Service Offer in Compromise
To: Commissioner of Internal Revenue Service	
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.	
If you are an individual taxpayer, did you use either of the Individual Online Account eligibility check at IRS.gov/OLA or the OIC Pre-Qualifier tool on our website at IRS.gov/OICtool?	
☐ Yes ☐ No	
Note: The use of the Pre-Qualifier tool or IOLA eligibility check is not mandatory before sending in your offer. However, it is recommended.	
Attention: You must submit separate offers if you are legally separated and living apart, are divorced, or either spouse has separate tax liabilities.	
Pay the \$205 fee and initial payment when submitting your Form 656 unless you qualify for the Low-Income Certification. Fill out either Section 1 or Section 2, but not both.	
Section 1 Individual Information (Form 1040 filers)	
If you are a 1040, U.S. Individual Income Tax Return, 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 Greg SE Taxpayer	Social Security Number (SSN), Individual Taxpayer or Identification Number (ITIN) (if applicable) 123-45-6789
If a joint offer, spouse's first name, middle initial, last name	Social Security Number (SSN), Individual Taxpayer or Identification Number (ITIN) (if applicable)
Your home physical address (street, city, state, ZIP code, county of residence) 123 Taxbalance Way Cleveland, WI 53015	
Your home mailing address (if a post office box or different from physical address)	
Is this a new address since your last filed tax return ☐ Yes ☒ No	
If yes, would you like us to update our records to this address ☐ Yes ☒ No	
Your Employer Identification Number (if applicable) 55-5555555	
Individual Tax Periods (For Individual or Sole-Proprietor Tax Debt Only) List all years/periods owed	
☒ Form 1040 U.S. Individual Income Tax Return [e.g., 12-31-2023] 2014, 2020-2025	
☐ 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 the quarterly period(s) ending [e.g., 03-31-2023]	
☐ Form 941 Employer's Quarterly Federal Tax Return [e.g., 3-31-2023] _____	
☐ Form 940 Employer's Annual Federal Unemployment (FUTA) Tax Return - Year(s) [e.g., 12-31-2023] _____	
☐ 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 or any tax periods the IRS has referred to the DOJ. 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).	

#6: Form 656: Offer in Compromise

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 or the offer is being filed for a deceased individual, you do not qualify for Low-Income Certification. The IRS will verify whether you qualify for Low-Income Certification.

Note: By checking one of the boxes below 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. Generally these payments will not be returned and will be applied to the tax liability in the best interest of the government.

Size of family unit	48 contiguous states, D.C., and U.S. Territories	Alaska	Hawaii
1	\$39,900.00	\$49,875.00	\$45,900.00
2	\$54,100.00	\$67,625.00	\$62,225.00
3	\$68,300.00	\$85,375.00	\$78,550.00
4	\$82,500.00	\$103,125.00	\$94,875.00
5	\$96,700.00	\$120,875.00	\$111,200.00
6	\$110,900.00	\$138,625.00	\$127,525.00
7	\$125,100.00	\$156,375.00	\$143,850.00
8	\$139,300.00	\$174,125.00	\$160,175.00
For each additional person, add	\$14,200.00	\$17,750.00	\$16,325.00

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). The \$205 application fee and initial payment must be paid at the time you are submitting your offer.

Business name

N/A

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

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

Is this a new address since your last filed tax return

☐ Yes ☐ No

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

☐ Yes ☐ No

Employer Identification Number (EIN)

Name and title of primary contact

Telephone number

Business Tax Periods (If Your Offer is for Business Tax Debt Only) List all years/periods owed

- ☐ Form 1120 U.S. Corporate Income Tax Return [e.g., 12-31-2023]
- ☐ Form 941 Employer's Quarterly Federal Tax Return [e.g., 03-31-2023]
- ☐ Form 940 Employer's Annual Federal Unemployment (FUTA) Tax Return [e.g., 12-31-2023]
- ☐ 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.

#6: Form 656: Offer in Compromise

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Section 3 Reason for Offer

Select only ONE of the three check boxes below.

- ☒ **Doubt as to Collectibility** - I do not have enough in assets and income to pay my full tax liability. I have offered the minimum offer amount calculated on Form 433-A(OIC) and/or Form 433-B(OIC).

Note: If you have special circumstances which would prevent you from paying the minimum offer amount calculated on Form 433-A (OIC) due to economic hardship, attach a **detailed explanation**.

- ☐ **Effective Tax Administration - Economic Hardship** - I owe this tax liability and have enough in assets and income to pay my liability in full. Due to my special circumstances, requiring full payment would cause an economic hardship. (Only individuals qualify for this consideration). **Attach a detailed explanation.**

- ☐ **Effective Tax Administration - Public Policy or Equity** - I owe this tax liability and have enough in assets and income to pay my liability in full. Due to my exceptional circumstances, collection of the full liability would undermine public confidence that the tax laws are being administered in an equitable manner. Example: A payroll service provider misappropriated taxes withheld from my employees. **Attach a detailed explanation.**

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

- ☒ Check here if you will pay your offer in 5 or fewer payments within 5 or fewer months from the date of acceptance:

Submit payment of 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). Payment may be made electronically through the Electronic Federal Payment System or Individual Online Account. If not made electronically enclose a personal check, cashier's check, or money order with your offer.

Total offer amount	-	20% initial payment	=	Remaining balance
\$ 5,112	-	\$ 1,022	=	\$ 4,090
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	\$ 500	payable within	1	Month after acceptance
Amount of payment	\$ 500	payable within	2	Months after acceptance
Amount of payment	\$ 500	payable within	3	Months after acceptance
Amount of payment	\$ 500	payable within	4	Months after acceptance
Amount of payment	\$ 2,090	payable within	5	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.

Make your first month's payment through the Electronic Federal Payment System or Individual Online Account. If not made electronically, enclose a personal check, cashier's check, or money order with your offer for the first month's payment (waived if you met the requirements for Low-Income Certification).

The first monthly payment of \$ is included with this offer then \$ will be paid on the (pick number 1-28) 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. If you qualified under the Low-Income Certification and are not required to submit payments while the offer is under consideration, your first payment will be due 30 calendar days after acceptance of the offer, unless another date is agreed to in an amended offer.

#6: Form 656: Offer in Compromise

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

Designation of Payment

If you want the IRS to apply your payment to a specific tax year and a specific tax debt, such as employment taxes or a Trust Fund Recovery Penalty, tell us the tax period/quarter 2025. If you are not specific with your designation we will apply any money you send to the government's best interest. If you want to designate any future payments not included with this Form 656 while the offer is pending (see section 7(j) below) with the IRS, you must include the specific tax year and type of tax at the time each 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.

List offer payments made through the [Electronic Federal Tax Payment System \(EFTPS\)](#) or via the [Individual Online Account \(IOLA\)](#) below.

Offer application fee	Date	Electronic funds transfer number (15 digits)
\$205		
Offer payment	Date	Electronic funds transfer number (15 digits)

Note: Any offer application fee or initial payment made electronically must be made the same date your offer is mailed or filed through Individual Online Account.

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

Borrow from friends or family, and sale of boat

Making Your Payment

Make separate payments for the initial offer payment and application fee.

You may make payments electronically through the [Electronic Federal Tax Payment System \(EFTPS\)](#). Individual taxpayers may make payments via their [Individual Online Account \(IOLA\)](#). If you are unable to make your required payments through EFTPS or IOLA, you may pay by personal check, cashier's check, or money order. Make checks payable to the "United States Treasury" and attach the payment to the front of your Form 656, Offer in Compromise. All payments must be in U.S. dollars. Do not send cash. Pay a separate application fee with each offer; do not combine it with any other tax payments, as this may delay processing of your offer. Your offer will be returned to you if the application fee and the required payment are not made at the time your offer is submitted, or if your payment 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 10 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. If you send a copy of a tax return already filed, clearly mark it as a copy. 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 and two preceding quarters
- ☒ I am not required to make any federal tax deposits for the current quarter and two preceding quarters

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 arising under Title 26 (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 the IRS notifies me otherwise, in writing, within 24 months of the date my offer was received by our IRS centralized offer in compromise unit, located in Memphis/Brookhaven. See mailing instructions on page 29 of Form 656-B for offers that are mailed. Individual taxpayers may file offers through Individual Online Account (IOLA). The 24-month period for a deemed acceptance will not begin to run until the correct site receives the offer. 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. I instruct the IRS to disregard any period on my Form 656 for court ordered restitution or under the jurisdiction of the Department of Justice.

#6: Form 656: Offer in Compromise

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Section 7 (Continued) Offer Terms

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. 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 until my offer is accepted. 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.

e) Treas. Reg. section 301.7122-1(e)(5) states, in part, that acceptance of an offer in compromise will conclusively settle the liability for the tax periods specified in the offer. To enforce the regulation as a contract term, I agree that I cannot file an amended return for the tax years listed on Form 656 after the offer is accepted. Further, I agree that I will not file an amended return for the tax years listed on Form 656 after I have submitted my offer and while my offer remains pending [see section 7(j) below] with the Service. The filing of the amended return could be considered grounds for termination. In addition, any refunds related to an amended return filed for a tax year which has an ending date prior to offer acceptance will be offset to the tax liability. If I receive a refund prior to offer acceptance, or based on an amended return for any tax periods extending to the date my offer is accepted, I will return the refund within 30 days of receiving the refund. The IRS will keep any refund, including interest, that I might be due for tax assessed before the date the IRS accepts my offer. Systemic offset of overpayments will continue in accordance with IRC 6402(a) prior to the offer acceptance date. I understand that my tax refund may be offset to the tax liability while the offer is pending, but that assistance could be available for taxpayers (other than businesses) facing an economic hardship.

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. 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.

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. For joint offers in compromise, if one spouse withdraws the offer, the offer will be considered to be withdrawn.

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.

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) As both an express condition and as a contractual promise, I will strictly 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. 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. I understand that I cannot request an offer for a tax liability during the five year period. 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. I understand failure to pay any restitution-based assessments will provide basis for the default of my offer acceptance for administrative tax periods included on this Form 656.

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.

#6: Form 656: Offer in Compromise

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Section 7 (Continued) Offer Terms

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 offer, 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 Independent Office of Appeals. By submitting this offer I immediately withdraw any pending installment agreement that is on file for all tax periods and I understand a pending installment agreement (an installment agreement that has been accepted for processing but the IRS has not accepted its terms) will not be automatically reinstated after the offer is closed.
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 generally be released within 45 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 §7802 (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.
Secure Messaging	w) By sending and receiving encrypted messages through the IRS Secure Messaging platform, I agree to accept offer final determination letters on this platform.
I understand that my joint offer in compromise will remain joint.	x) If I submit a joint offer in compromise, it will remain joint unless both my spouse and I submit amended Forms 656.

#6: Form 656: Offer in Compromise

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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 555-555-5555	Today's date (mm/dd/yyyy) 6/30/2026
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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	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	Preparer's CAF no. or PTIN
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Firm's name (or yours if self-employed), address, and ZIP code

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)
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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.

#6: Form 656: Offer in Compromise

APPLICATION CHECKLIST

Review the entire application using the Application Checklist below. Include this checklist with your application.

Reminder: Individual taxpayers may file their offer electronically through their Individual Online Account (IOLA). Taxpayers may use IOLA to check their eligibility, prepare all required forms, and make all necessary payments electronically.

Forms 433-A (OIC), 433-B (OIC), and 656

- ☒ Did you complete all fields and sign all forms
- ☒ Did you make an offer amount that is equal to the offer amount calculated on the Form 433-A (OIC) or Form 433-B (OIC)? If not, did you describe the special circumstances that are leading you to offer less than the minimum in Section 3, Reason for Offer, of Form 656, and did you provide supporting documentation of the special circumstances
- ☒ Have you filed all required tax returns and received a bill or notice of balance due
- ☒ Did you include a complete copy of any tax return filed within 10 weeks of this offer submission
- ☒ Did you select a payment option on Form 656
- ☒ Did you sign and attach the Form 433-A (OIC), if applicable
- ☒ Did you sign and attach the Form 433-B (OIC), if applicable
- ☒ Did you sign and attach the Form 656
- ☐ If you are making an offer that includes business and individual tax debts, did you prepare a separate Form 656 package (including separate financial statements, supporting documentation, application fee, and initial payment)

Supporting documentation and additional forms

- ☒ Did you include photocopies of all required supporting documentation
- ☐ If you want a third party to represent you and receive confidential information during the offer process, did you include a Form 2848? If you want a third party to only receive confidential information on your behalf, did you include a valid Form 8821? Does the authorization include the current tax year
- ☐ Did you provide a letter of testamentary or other verification of person(s) authorized to act on behalf of the estate or deceased individual

Payment

- ☒ Did you make your initial payment electronically through the Electronic Federal Payment System or your Individual Online Account? If not, did you enclose a check or money order made payable to the "United States Treasury" for the initial payment? (Waived if you meet Low-Income Certification guidelines—see Form 656)
- ☒ Did you pay the application fee electronically through the Electronic Federal Payment System or your Individual Online Account? If not, did you enclose a check or money order made payable to the "United States Treasury" for the application fee? (Waived if you meet Low-Income Certification guidelines—see Form 656)

Send your application package to the appropriate IRS facility

Mail the Form 656, 433-A (OIC) and/or 433-B (OIC), and related financial document(s) to the appropriate IRS processing office for your state. **Note:** If you already submitted your application online, do not mail a duplicate application to the IRS.

If you reside in:

AL, AZ, CA, CO, GA, HI, ID, KY, LA, MD, MS, ND,
NM, NV, OK, OR, SD, TN, TX, UT, VA, WA

AK, AR, CT, DC, DE, FL, IA, IL, IN, KS, MA, ME, MI,
MN, MO, MT, NC, NE, NH, NJ, NY, OH, PA, PR, RI,
SC, VT, WI, WV, WY, or a foreign address

Mail your application to:

Memphis IRS Center COIC Unit
P.O. Box 30803, AMC
Memphis, TN 38130-0803
844-398-5025

Brookhaven IRS Center COIC Unit
P.O. Box 9007
Holtsville, NY 11742-9007
844-805-4980

#7: Form 433A-OIC: Collection Information Statement

Form **433-A (OIC)**
(April 2026)

Department of the Treasury — Internal Revenue Service

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 operate 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 Taxpayer	First name Greg SE	Date of birth (mm/dd/yyyy) 08/01/1963	Social Security Number or ITIN 123-45-6789
Marital status ☒ Unmarried ☐ Married If married, date of marriage (mm/dd/yyyy)	Home physical address (street, city, state, ZIP code) 123 Taxbalance Way Cleveland, WI 53105		Do you ☒ Own your home ☐ Rent ☐ Other (specify e.g., share rent, live with relative, etc.)
☐ If you were married and lived in AZ, CA, ID, LA, NM, NV, TX, WA or WI within the last ten years check here			
County of residence Manotowoc	Primary phone 555-555-5555	Home mailing address (if different from above or post office box number)	
Secondary phone	FAX number		

Provide information about your spouse.

Spouse's last name	Spouse's first name	Date of birth (mm/dd/yyyy)	Social Security Number
--------------------	---------------------	----------------------------	------------------------

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	
Tiffany Taxpayer	62	Sister	☒ Yes	☐ No	☐ Yes	☒ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ 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 None, Self-employed	Pay period ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other	Employer's address (street, city, state, ZIP code)
Do you have an ownership interest in this business ☐ Yes (also complete and submit Form 433-B) ☐ No		
Your occupation	How long with this employer (years) (months)	
Spouse's employer's name	Pay period ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other	
Does your spouse have an ownership interest in this business ☐ Yes (also complete and submit Form 433-B) ☐ No		
Spouse's occupation	How long with this employer (years) (months)	

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Section 3 Personal Asset Information (Domestic and Foreign)

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 digital assets, or financial interests in digital assets, such as non-fungible tokens (NFTs) and virtual currencies, such as cryptocurrencies and stablecoins, life insurance policies that have a cash value, or may be sold on a secondary market, a life settlement, and safe deposit boxes including those located in foreign countries or jurisdictions. 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). Ensure you also include assets located in foreign countries or jurisdictions and add attachment(s) if additional space is needed to respond.

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)

☐ Cash	☒ Checking	☐ Savings	☐ Money Market Account/CD	☐ Online Account	☐ Stored Value Card
Bank name and country location		Account number			
Bank One		999999999999		(1a) \$	855
☐ Checking	☐ Savings	☐ Money Market Account/CD	☐ Online Account	☐ Stored Value Card	
Bank name and country location		Account number			
Bank One		888888888888		(1b) \$	9
Total of bank accounts from attachment				(1c) \$	
Add lines (1a) through (1c) minus (\$1,000) =				(1) \$	0
Investment account		☐ Stocks	☐ Bonds	☐ Other	
Name of Financial Institution and country location		Account number			
AmeriTrade		777-777777			
Current market value		Minus loan balance			
\$ 0		- \$ 0		(2a) \$	0
Investment account		☐ Stocks	☐ Bonds	☐ Other	
Name of Financial Institution and country location		Account number			
Fidelity		66666666			
Current market value		Minus loan balance			
\$ 0		- \$ 0		(2b) \$	0
☐ Digital asset	Number of units	Location of digital asset (exchange account, self-hosted wallet)	Account number for assets held by a custodian or broker		
Description of digital asset					
Digital asset address for self-hosted digital assets		US dollar equivalent of the digital asset as of today			
		\$		(2c) \$	0
Total investment accounts from attachment. [current market value minus loan balance(s)]				(2d) \$	0
Add lines (2a) through (2d) =				(2) \$	0
Retirement account		☐ 401K	☐ IRA	☐ Other	
Name of Financial Institution and country location		Account number			
Current market value		Minus loan balance			
\$ X .8 = \$		- \$		(3a) \$	0
Total of retirement accounts from attachment. [current market value X .8 minus loan balance(s)]				(3b) \$	0
Add lines (3a) through (3b) =				(3) \$	0
Note: Your reduction from current market value may be greater than 20% due to potential tax consequences/withdrawal penalties.					
Cash value of Life Insurance Policies					
Name of Insurance Company		Policy number			
Current cash value		Minus loan balance			
\$		- \$		(4a) \$	0
Total cash value of life insurance policies from attachment		Minus loan balance(s)			
\$		- \$		(4b) \$	0
Add lines (4a) through (4b) =				(4) \$	0

#7: Form 433A-OIC: Collection Information Statement

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Section 3 (Continued) Personal Asset Information (Domestic and Foreign)

Real property – Enter information about any house, condo, co-op, time share, etc. that you own (or have interest in through a life estate), or that your spouse owns 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.)		Purchase date (mm/dd/yyyy)		
Single Family Home		07/05/1999		
Amount of mortgage payment	Date of final payment	How title is held (joint tenancy, etc.)		
631	6/30/2029	Tenants in Common		
Location (street, city, state, ZIP code, county, and country)		Lender/Contract holder name, address (street, city, state, ZIP code) and phone		
123 Taxbalance Way Cleveland, WI 53015		PS Mortgage (555-555-1212) ABC Way, Madison WI 53111		
Current market value		Minus loan balance (mortgages, etc.)		
\$ 39,900 X .8 = \$ 31,920		– \$ 31,756		(total value of real estate) = (5a) \$ 164
Property description (Indicate if personal residence, rental property, vacant, etc.)		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)		Lender/Contract holder name, address (street, city, state, ZIP code) and phone		
Current market value		Minus loan balance (mortgages, etc.)		
\$ X .8 = \$		– \$		(total value of real estate) = (5b) \$
Total value of property(s) from attachment [current market value X .8 minus any loan balance(s)] (5c) \$				
Add lines (5a) through (5c) = (5) \$ 164				

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

Include those located in foreign countries or jurisdictions. If additional space is needed, list on an attachment.

Vehicle make & model		Year	Date purchased	Mileage	License/Tag number	
Cadillac		2004	10/01/2009	155,230	ABC-ME	
☐ Lease	Name of creditor		Date of final payment	Monthly lease/loan amount		
☒ Own	None		Paid	\$0		
Current market value		Minus loan balance		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =		
\$ 2,718 X .8 = \$ 2,174		– \$ 0				(6a) \$ 2,174
Subtract \$3,450 from line (6a) (If line (6a) minus \$3,450 is a negative number, enter "0")						(6b) \$ 0
Vehicle make & model		Year	Date purchased	Mileage	License/Tag number	
Boat		1983	08/01/1987	N/A	55BOAT	
☐ Lease	Name of creditor		Date of final payment	Monthly lease/loan amount		
☒ Own	None		Paid	\$0		
Current market value		Minus loan balance		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =		
\$ 5,000 X .8 = \$ 4,000		– \$ 0				(6c) \$ 4,000
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
Total value of vehicles listed from attachment [current market value X .8 minus any loan balance(s)]						(6e) \$ 0
Total lines (6b), (6d), and (6e) =						(6) \$ 4,000

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Section 3 (Continued) Personal Asset Information (Domestic and Foreign)

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 = \$	- \$	= (7a) \$
Value of remaining furniture and personal effects (not listed above)		
Description of asset		
Personal Clothing and Furniture		
Current market value	Minus loan balance	
\$ 900 X .8 = \$ 720	- \$ 0	= (7b) \$ 720
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 \$11,980 =		(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. Add lines (1) through (7) and enter the amount in Box A =		Box A Available Individual Equity in Assets \$ 4,164

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 ☒ Yes ☐ No		Address of business (if other than personal residence)	
Name of business Greg's Appraisals			
Business telephone number 555-444-1212	Employer Identification Number 55-5555555	Business website address	Trade name or DBA
Description of business Property appraisal contracting	Total number of employees 0	Frequency of tax deposits N/A	Average gross monthly payroll \$
Do you or your spouse have any other business interests? Include any interest in an LLC, LLP, corporation, partnership, etc. ☐ Yes (percentage of ownership:) Title ☐ No		Business address (street, city, state, ZIP code)	
Business name		Business telephone number	Employer Identification Number
Type of business (select one) ☐ Partnership ☐ LLC ☐ Corporation ☒ Other Sole Prop			

Section 5 Business Asset Information (for Self-Employed) (Domestic and Foreign)

List business assets including bank accounts, digital assets (such as 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".

☐ Cash ☒ Checking ☐ Savings ☐ Money Market/CD ☐ Online Account ☐ Stored Value Card	
Bank name and country location Bank One	Account number 5555555555
	(8a) \$ 0
☐ Cash ☐ Checking ☒ Savings ☐ Money Market/CD ☐ Online Account ☐ Stored Value Card	
Bank name and country location Bank One	Account number 4444444444
	(8b) \$ 0
☐ Digital asset	Number of units
Description of digital asset	Location of digital asset (exchange account, self-hosted wallet)
Digital asset address for self-hosted digital assets	US dollar equivalent of the digital asset as of today
	\$
	(8c) \$
Total bank accounts from attachment	
	(8d) \$
Add lines (8a) through (8d) =	
	(8) \$ 0

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

Description of asset

Computer and office equipment (income producing asset)

Current market value	Minus loan balance	Total value (if leased or used in the production of income, enter 0 as the total value)	=	(9a) \$	1,200
\$ 1,500 X .8 = \$ 1,200	- \$ 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)	=	(9b) \$	
\$ X .8 = \$	- \$				

Total value of assets listed from attachment [current market value X .8 minus any loan balance(s)] (9c) \$

Add lines (9a) through (9c) = (9) \$ 1,200

IRS allowed deduction for professional books and tools of trade for individuals and sole-proprietors - (10) \$ [5,990]

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 (include the age and amount)

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 =

Box B
Available Business Equity in Assets
\$ 0

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 7/1/2025 through 6/30/2026

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) \$	6,417
Gross rental income	(13) \$	
Interest income	(14) \$	
Dividends	(15) \$	
Other income	(16) \$	
Add lines (12) through (16) =	(17) \$	6,417

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) \$	82
Vehicle costs (gas, oil, repairs, maintenance)	(24) \$	1,035
Business insurance	(25) \$	100
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) \$	770
Add lines (18) through (28) =	(29) \$	2,015

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 = \$ 4,402

Box C
Net Business Income
\$ 4,402

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Section 7 Monthly Household Income and Expense Information

Enter your household's average 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, sharing economy income from providing on-demand work, services or goods (e.g., Uber, Lyft, DoorDash, AirBnB, VRBO), income through digital platforms like an app or website, etc., and recurring capital gains from the sale of securities or other property such as digital assets. Include the below information for yourself, your spouse, and anyone else who contributes to your household's income. 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-lie spouse, or anyone else who may contribute to the household income, etc. List source(s)				(32) \$ 0
Interest, dividends, and royalties				(33) \$ 0
Distributions (e.g., income from partnerships, sub-S Corporations, etc.)				(34) \$ 0
Net rental income				(35) \$ 0
Net business income from Box C [Deductions for non-cash expenses on Schedule C (e.g., depreciation, depletion, etc.) are not permitted as an expense for offer purposes and must be added back in to the net income figure]				(36) \$ 4,402
Child support received				(37) \$ 0
Alimony received				(38) \$ 0
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 (30) through (38) and enter the amount in Box D =				Box D Total Household Income \$ 4,402

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 [IRS.gov/Businesses/Small-Businesses-&Self-Employed/Collection-Financial-Standards](https://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) \$ 1,558
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) \$ 1,225
Vehicle loan and/or lease payment(s)		(41) \$ 0
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) \$ 463
Public transportation costs (e.g., average monthly cost of fares for mass transit such as bus, train, ferry, etc.). A reasonable estimate of these expenses may be used		(43) \$ 0
Health insurance premiums		(44) \$ 0
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) \$ 180
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)		(46) \$ 0
Child/dependent care payments (e.g., daycare, etc.)		(47) \$ 0
Life insurance premiums	Life insurance policy amount	(48) \$ 0
Current monthly taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)		(49) \$ 897
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) \$ 0
Enter the amount of your monthly delinquent state and/or local tax payment(s). Total tax owed		(51) \$ 0
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 (39) through (51) and enter the amount in Box E =		Box E Total Household Expenses \$ 4,323
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 Box E from Box D and enter the amount in Box F =		Box F Remaining Monthly Income \$ 79

#7: Form 433A-OIC: Collection Information Statement

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Section 8 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			Box G Future Remaining Income
\$ 79	X 12 =		\$ 948

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			Box H Future Remaining Income
\$	X 24 =		\$

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)		Enter the amount from either Box G or Box H		Offer Amount
\$ 4,164	+	\$ 948	=	Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only.
				\$ 5,112

Place the offer amount shown above on the Form 656, Section 4, Payment Terms, unless you cannot pay that amount due to special circumstances. If you cannot pay that amount due to special circumstances, place the amount you can pay on the Form 656, Section 4, Payment Terms, and explain your special circumstances on the Form 656, Section 3, Reason for Offer.

Section 9 Other Information

Are you currently incarcerated ☐ Yes ☐ No If yes, provide your inmate number

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

☐ Plaintiff	Location of filing	Represented by	Docket/Case number
☐ Defendant			
Amount of dispute	Possible completion date (mmddyyyy)	Subject of litigation	
\$			

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

Date filed (mmddyyyy)	Date dismissed (mmddyyyy)	Date discharged (mmddyyyy)	Petition no.	Location filed

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 (mmddyyyy)	To (mmddyyyy)

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, including those located in foreign countries or jurisdictions (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

Do you have a safe deposit box (business or personal) including those located in foreign countries or jurisdictions (if yes, answer the following) ☐ Yes ☒ No

Location (name, address and box number(s))	Contents	Value
		\$

#7: Form 433A-OIC: Collection Information Statement

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Section 9 (Continued) Other Information

In the past 10 years, have you transferred any asset with a fair market value of more than \$10,000 including real property, for ☐ Yes ☒ No less than their full value (if yes, answer the following)

List asset(s)	Value at time of transfer	Date transferred (mm/dd/yyyy)	To whom or where it was transferred
	\$		

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) 6/30/2026
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 all documents and records showing currently held digital assets.
- ☐ 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, agricultural subsidies, gambling income, oil credits, rent subsidies, sharing economy income from providing on-demand work, services or goods (e.g., Uber, Lyft, AirBnB, VRBO), income through digital platforms like an app or website, etc., and recurring capital gains from the sale of securities or other property such as digital assets.
- ☒ 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.
- ☐ Completed Form 433-B (Collection Information Statement for Businesses) if you or your spouse have an interest in a business entity other than a sole-proprietorship.
- ☒ 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 and Declaration of Representative*, 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. Ensure all years and forms involved in your offer are listed on Form 2848 and include the current tax year.
- ☒ Completed and signed current Form 656.

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.

#8: Attachment listing for OIC package

Attachment Listing to Form 656/433A-OIC

Date Form 656/433A-OIC submitted: 6/30/2026

Taxpayer	Name(s)	SSN:
Primary	Greg SE Taxpayer	123-45-6789

List of Documents Attached

#	Document	Explanation
1	Financial account statements: past three months	Last 3 months – April – June 2026 1A: Bank One Acct: 999999999 (checking) 1B: Bank One Acct: 888888888 (savings)
2	Business financial account statements: past six months	Last 6 months – January – June 2026 2A: Bank One Acct: 777777777 (checking) 2B: Bank One Acct: 666666666 (savings)
3	Brokerage account statements: past three months (inactive)	Last 3 months: April – June 2026 (inactive) 3A: AmeriTrade account: 555555555 3B: Fidelity account: 444444444
4	Mortgage payment and mortgage balance statement	SPS Mortgage statement showing monthly mortgage payment and balance owed as of 6/15/2026
5	Home valuation (50% - joint tenants in common with dependent)	Tax assessment data for value of personal residence
6	Car valuation	KBB valuation of car
7	Boat valuation	NADA valuation of 1983 boat and trailer
8	Business Profit/loss statement: past 12 months	Last 12 months' P/L Statement with detailed income and expenses for Greg's Appraisal business
9	Household expenses: past 12 months	Worksheet showing household expenses for past 12 months
10	Monthly disposable income worksheet	Worksheet detailing taxpayer's projected future monthly disposable income
11	Federal and State estimated tax payments	11A: IRS ES payment for past 12 months 11B: State of WI ES payment for past 6 months
12	IRS account transcripts for balance due years/forms	12A: 2014, 2020-2025 Account Transcripts 12B: IRS Payoff calculation showing balance owed of \$143,211
13	Tax returns, as filed, within past 60 days and returns not posted with IRS	13A: 2025 Form 1040 with e-file receipt for acceptance 13B: 2025 State of WI return
14	Taxpayer credit rating and credit report	14A: Credit rating- show taxpayer credit rating at 420-429 14B: Credit report- TransUnion (other two agencies are available upon request)
15	Appraisal industry information	15A: Industry article: "Appraisers to lose business by 20% per year" 15B: Industry article: "Appraisers are no longer needed- here's why" 15C: Industry article: "The appraisal business is dead"
16	Life Insurance Proceeds received to fund OIC down payment	\$2500 received from parent- used to fund OIC app fee and down payment

#9: Cover letter requesting OIC acceptance

IRS Address

Brookhaven IRS COIC Unit
PO Box 9007
Holtsville NY 11742-9007

Date: June 30, 2026

Taxpayer information:

Taxpayer	Name(s)	SSN:
Primary	Greg SE Taxpayer	123-45-6789
Spouse	none	n/a

Taxpayer's address:

123 Taxbalance Way, Cleveland, WI 53105

Tax Matters:

<u>Forms</u>	<u>Years</u>
1040	2014, 2020- 2025

Reference: Offer in compromise, Doubt to Collectibility application Form 656 and attachments

To whom it may concern:

I wish to offer \$5,112 to settle my tax liabilities for 2014, and 2020-2025 for Form 1040 (income tax). Attached is my Form 656 and supporting documentation that provides the financial information and circumstances that warrant a settlement of the proposed amount. I have also attached the required application fee and down payment.

I am an appraiser and my ability to earn future income is limited because the appraisal work is diminishing due to increased automation of this service. I do not have any other job skills, and I am 62 years old. I take care of my 62-year-old dependent sister who has a physical handicap which does not enable her to work. I have little assets and plan to pay the accepted OIC by selling my old boat and borrowing from family. I have attached several articles related to the decline of the appraisal business.

Please accept our documented offer amount to settle the liability in full.

If you have any questions, please feel free to contact me at (555) 555-5555. Thank you for your attention to this matter.

Sincerely,

/s/

Greg SE Taxpayer

Attachments: Form 656, supporting forms and documents, application fee, OIC down payment