

Form **9297**
(April 2021)

Department of the Treasury - Internal Revenue Service

Summary of Taxpayer Contact

Taxpayer's name

Taxpayer's ID

Representative name

VOID**To determine the appropriate resolution of your case we need to verify your ability to pay the amount owed and remain compliant with all applicable filing and payment requirements.****Instructions:** Please provide copies of the items checked and/or listed below by the date required.

Information/Documents Required	Date Required	Information/Documents Required	Date Required
<input type="checkbox"/> Verification of estimated tax payment Tax year(s) _____ Amount _____		<input type="checkbox"/> Verification of federal tax deposits Period(s) _____ Amount _____	
<input type="checkbox"/> Wage statements From _____ To _____		<input type="checkbox"/> Delinquent income tax returns <input type="checkbox"/> 1040 <input type="checkbox"/> 1120 <input type="checkbox"/> 1065 Tax year(s) _____	
<input type="checkbox"/> Bank statements <input type="checkbox"/> Cancelled checks <input type="checkbox"/> Personal From _____ To _____ <input type="checkbox"/> Business From _____ To _____		<input type="checkbox"/> Delinquent employment tax returns <input type="checkbox"/> 941 <input type="checkbox"/> 940 <input type="checkbox"/> Other _____ Tax year(s)/periods _____	
<input type="checkbox"/> List of all real property owned, business and individually, with payoff documentation		<input type="checkbox"/> The most recent Balance Sheet and Profit and Loss Statement	
<input type="checkbox"/> List of vehicles with lienholder documentation and payoff		<input type="checkbox"/> List of machinery, inventory & copies of documents showing any encumbrances	
<input type="checkbox"/> Documents verifying monthly expenses or liabilities with proof of payments		<input type="checkbox"/> List of accounts receivable or major clients. Include an age analysis of each account	
<input type="checkbox"/> Statements for all investment accounts you own or have an interest in (e.g., stocks, bonds, mutual funds, retirement accounts, life insurance policies, etc.) From _____ To _____		<input type="checkbox"/> Funding Sources (line of credit, factoring agreement, etc.). Provide statements to verify the dates funds were drawn from these sources	
<input type="checkbox"/> List all virtual currency you own or in which you have a financial interest (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.). Attach a statement with each currency's public key and who has access to the private key		<input type="checkbox"/> Safe deposit box and location	
		<input type="checkbox"/> List of officers/directors/major shareholders and names of anyone listed on the Corporation's bank signature card(s)	

Additional Information/Documents Required

Date Required

VOID

You may reach me by using the telephone number, fax number, or mailing address below.

Notification of consequences of failure to meet the above deadlines: Failure to meet the above deadlines by the specified date(s) may require the IRS to take certain actions, such as issuing a Notice of Levy, issuing a summons, or **other actions as specified below**

Revenue officer

Employee ID number

Telephone number

Fax number

Office address

Date

VOID

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