IRS

Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-A (Rev. 5-2001)
Catalog Number 20312N

Collection Information Statement for Wage Earners and Self-Employed Individuals

Complete all entry spaces with the most current data available.
Important! Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.
Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Section 1 Personal Information

1. Full Name(s) ______________________

Street Address ______________________
City ____________ State ________ Zip ________
County of Residence ______________________
How long at this address? ______________________

1a. Home Telephone (____) ____________

Best Time To Call: ____ am ____ pm (Enter Hour)

2. Marital Status:
☐ Married ☐ Separated
☐ Unmarried (single, divorced, widowed)

3. Your Social Security No.(SSN) ____________
3a. Your Date of Birth (mm/dd/yyyy) ____________
4. Spouse's Social Security No. ____________
4a. Spouse's Date of Birth (mm/dd/yyyy) ____________

5. ☐ Own Home ☐ Rent ☐ Other (specify, i.e. share rent, live with relative) ____________

6. List the dependents you can claim on your tax return: (Attach sheet if more space is needed.)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
			☐ No ☐ Yes				☐ No ☐ Yes
			☐ No ☐ Yes				☐ No ☐ Yes

☐ Check this box when all spaces in Sect. 1 are filled in.

Section 2 Your Business Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)

☐ No ☐ Yes If yes, provide the following information:

7a. Name of Business ______________________
7b. Street Address ______________________
City ____________ State ________ Zip ________

7c. Employer Identification No., if available : ____________
7d. Do you have employees? ☐ No ☐ Yes
7e. Do you have accounts/notes receivable? ☐ No ☐ Yes
If yes, please complete Section 8 on page 5.

Attachments

ATTACHMENTS REQUIRED: Please include proof of self-employment income for the **prior 3 months** (e.g., invoices, commissions, sales records, income statement).

☐ Check this box when all spaces in Sect. 2 are filled in and attachments provided.

Section 3 Employment Information

8. Your Employer ______________________
Street Address ______________________
City ____________ State ________ Zip ________
Work telephone no. (____) ____________
May we contact you at work? ☐ No ☐ Yes
8a. How long with this employer? ____________
8b. Occupation ____________

9. Spouse's Employer ______________________
Street Address ______________________
City ____________ State ________ Zip ________
Work telephone no. (____) ____________
May we contact you at work? ☐ No ☐ Yes
9a. How long with this employer? ____________
9b. Occupation ____________

Attachments

ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the past 3 months from each employer (e.g., pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

☐ Check this box when all spaces in Sect. 3 are filled in and attachments provided.

Section 4 Other Income Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

☐ Pension ☐ Social Security ☐ Other (specify, i.e. child support, alimony, rental) ____________

Attachments

ATTACHMENTS REQUIRED: Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

☐ Check this box when all spaces in Sect. 4 are filled in and attachments provided.

Section 5 begins on page 2 →

Name ______________________ **SSN** ______________________

Section 5

Banking, Investment, Cash, Credit, and Life Insurance Information

Complete all entry spaces with the most ***current*** *data available.*

11. CHECKING ACCOUNTS. List all checking accounts. (If you need additional space, attach a separate sheet.)

	Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
11a.	Checking	Name			$
		Street Address			
		City/State/Zip			
11b.	Checking	Name			$
		Street Address			
		City/State/Zip		**11c. Total Checking Account Balances**	**$**

12. OTHER ACCOUNTS. List all acounts, including brokerage, savings, and money market, not listed on line 11.

	Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
12a.		Name			$
		Street Address			
		City/State/Zip			
12b.		Name			$
		Street Address			
		City/State/Zip		**12c. Total Other Account Balances**	**$**

ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

13. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits, and retirement assets such as IRAs, Keogh, and 401(k) plans. (If you need additional space, attach a separate sheet.)

	Name of Company	Number of Shares / Units	¤ Current Value	Loan Amount	Used as collateral on loan?
13a.			$	$	☐ No ☐ Yes
13b.					☐ No ☐ Yes
13c.					☐ No ☐ Yes
		13d. Total Investments	**$**		

¤ **Current Value:** Indicate the amount you could sell the asset for today.

14. CASH ON HAND. Include any money that you have that is not in the bank.

14a. Total Cash on Hand **$** ________

15. AVAILABLE CREDIT. List all lines of credit, including credit cards.

	Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
15a.	Name			$
	Street Address			
	City/State/Zip			
15b.	Name			$
	Street Address			
	City/State/Zip		**15c. Total Credit Available**	**$**

Section 5 continued on page 3 →

Name ______________________ SSN ______________________

Section 5 continued

16. **LIFE INSURANCE.** Do you have life insurance with a cash value? ☐ No ☐ Yes
(Term Life insurance does not have a cash value.)
If yes:
16a. Name of Insurance Company ______________________
16b. Policy Number(s) ______________________
16c. Owner of Policy ______________________
16d. Current Cash Value $ __________ **16e.** Outstanding Loan Balance $ __________

Subtract "Outstanding Loan Balance" line 16e from "Current Cash Value" line 16d = 16f $ __________

☐ Check this box when all spaces in Sect. 5 are filled in and attachments provided.

Attachments

ATTACHMENTS REQUIRED: Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

Section 6 Other Information

17. **OTHER INFORMATION.** Respond to the following questions related to your financial condition: (Attach sheet if you need more space.)

17a. Are there any garnishments against your wages? ☐ No ☐ Yes
If yes, who is the creditor? __________ Date creditor obtained judgement __________ Amount of debt $ __________

17b. Are there any judgments against you? ☐ No ☐ Yes
If yes, who is the creditor? __________ Date creditor obtained judgement __________ Amount of debt $ __________

17c. Are you a party in a lawsuit? ☐ No ☐ Yes
If yes, amount of suit $ __________ Possible completion date __________ Subject matter of suit __________

17d. Did you ever file bankruptcy? ☐ No ☐ Yes
If yes, date filed __________ Date discharged __________

17e. In the past 10 years did you transfer any assets out of your name for less than their actual value? ☐ No ☐ Yes
If yes, what asset? __________ Value of asset at time of transfer $ __________
When was it transferred? __________ To whom was it transferred? __________

17f. Do you anticipate any increase in household income in the next two years? ☐ No ☐ Yes
If yes, why will the income increase? __________ (Attach sheet if you need more space.)
How much will it increase? $ __________

17g. Are you a beneficiary of a trust or an estate? ☐ No ☐ Yes
If yes, name of the trust or estate __________ Anticipated amount to be received $ __________
When will the amount be received? __________

17h. Are you a participant in a profit sharing plan? ☐ No ☐ Yes
If yes, name of plan __________ Value in plan $ __________

☐ Check this box when all spaces in Sect. 6 are filled in.

Section 7 Assets and Liabilities

18. **PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (Year, Make, Model, Mileage)	¤ Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
18a.	Year					
	Make/Model					
	Mileage	$	$			$
18b.	Year					
	Make/Model					
	Mileage	$	$			$
18c.	Year					
	Make/Model					
	Mileage	$	$			$

¤ **Current Value:** Indicate the amount you could sell the asset for today.

Section 7 continued on page 4 →

Name ______________________ SSN ______________________

Section 7 continued

19. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (Year, Make, Model)	Lease Balance	Name and Address of Lessor	Lease Date	Amount of Monthly Payment
19a.	Year Make/Model	$			$
19b.	Year Make/Model	$			$

ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

20. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

	Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	⌑ Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	❋ Date of Final Payment
20a.			$	$	$		$	
20b.			$	$	$		$	

⌑ **Current Value:** Indicate the amount you could sell the asset for today.

❋ **Date of Final Payment:** Enter the date the loan or lease will be fully paid.

ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

21. PERSONAL ASSETS. List all Personal assets below. (If you need additional space, attach separate sheet.) *Furniture/Personal Effects* includes the total current market value of your household such as furniture and appliances. *Other Personal Assets* includes all artwork, jewelry, collections (coin/gun, etc.), antiques or other assets.

	Description	⌑ Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	❋ Date of Final Payment
21a.	Furniture/Personal Effects	$	$		$	
	Other: (List below)					
21b.	Artwork	$	$		$	
21c.	Jewelry					
21d.						
21e.						

22. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes any other machinery, equipment, inventory or other assets.

	Description	⌑ Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	❋ Date of Final Payment
22a.	Tools used in Trade/Business	$	$		$	
	Other: (List below)					
22b.	Machinery	$	$		$	
22c.	Equipment					
22d.						
22e.						

☐ Check this box when all spaces in Sect. 7 are filled in and attachments provided.

Section 8 begins on page 5 →

Name ____________________ SSN ____________________

Section 8
Accounts/ Notes Receivable

Use only if needed.

☐ *Check this box if Section 8 not needed.*

23. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

	Description	Amount Due	Date Due	Age of Account
23a.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23b.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23c.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23d.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23e.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23f.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23g.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23h.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23i.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23j.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23k.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days
23l.	Name ____ Street Address ____ City/State/Zip ____	$ ____	____	☐ 0 - 30 days ☐ 30 - 60 days ☐ 60 - 90 days ☐ 90+ days

☐ Check this box when all spaces in Sect. 8 are filled in.

Add "Amount Due" from lines 23a through 23l = 23m **$** ____

Section 9 begins on page 6 →

Name ______________________ SSN ______________________

Section 9

Monthly Income and Expense Analysis

If only one spouse has a tax liability, but both have income, list the total household income and expenses.

Total Income Source	Gross Monthly	*Total Living Expenses* Expense Items [4]	Actual Monthly	
24. Wages (Yourself)[1]	$	**35.** Food, Clothing and Misc.[5]	$	
25. Wages (Spouse)[1]		**36.** Housing and Utilities[6]		
26. Interest - Dividends		**37.** Transportation[7]		
27. Net Income from Business[2]		**38.** Health Care		
28. Net Rental Income[3]		**39.** Taxes (Income and FICA)		
29. Pension/Social Security (Yourself)		**40.** Court ordered payments		
30. Pension/Social Security (Spouse)		**41.** Child/dependent care		
31. Child Support		**42.** Life insurance		
32. Alimony		**43.** Other secured debt		
33. Other		**44.** Other expenses		
34. Total Income	**$**	**45. Total Living Expenses**	**$**	

[1] **Wages, salaries, pensions, and social security:** Enter your gross monthly wages and/or salaries. Do not deduct withholding or allotments you elect to take out of your pay, such as insurance payments, credit union deductions, car payments etc.
To calculate your gross monthly wages and/or salaries:
If paid weekly - multiply weekly gross wages by 4.3. Example: $425.89 x 4.3 = $1,831.33
If paid bi-weekly (every 2 weeks) - multiply bi-weekly gross wages by 2.17. Example: $972.45 x 2.17 = $2,110.22
If paid semi-monthly (twice each month) - multiply semi-monthly gross wages by 2. Example: $856.23 x 2 = $1,712.46

[2] **Net Income from Business:** Enter your monthly net business income. This is the amount you earn after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly net profit from your Form 1040 Schedule C. If it is more or less than the previous year, you should attach an explanation. If your net business income is a loss, enter “0”. Do not enter a negative number.

[3] **Net Rental Income:** Enter your monthly net rental income. This is the amount you earn after you pay ordinary and necessary monthly rental expenses. If your net rental income is a loss, enter “0”. Do not enter a negative number.

[4] **Expenses not generally allowed:** We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family or for the production of income.

[5] **Food, Clothing and Misc.:** Total of clothing, food, housekeeping supplies and personal care products for one month.

[6] **Housing and Utilities:** For your principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owner’s or renter’s insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.

[7] **Transportation:** Total of lease or purchase payments, vehicle insurance, registration fees, normal maintenance, fuel, public transportation, parking and tolls for one month.

Attachments

ATTACHMENTS REQUIRED: Please include:

- A copy of your last Form 1040 with all Schedules.
- Proof of all current expenses that you paid for the past 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g., car payments, lease payments, fuel, oil, insurance, parking, registration).
- Proof of payments for health care, including health insurance premiums, co-payments, and other out-of-pocket expenses, for the past 3 months.
- Copies of any court order requiring payment and proof of such payments (e.g., cancelled checks, money orders, earning statements showing such deductions) for the past 3 months.

☐ Check this box when all spaces in Sect. 9 are filled in and attachments provided.

☐ Check this box when all spaces in all sections are filled in and all attachments provided.

CAUTION

Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

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

Your Signature	Spouse’s Signature	Date

(Rev. 5-2001)