

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 carry on 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 operated as a disregarded single member Limited Liability Company (LLC) taxed as a sole proprietor prior to 2009
- ▶ 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	First name	Date of birth (mm/dd/yyyy)	Social Security Number - -
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married If married, date of marriage (mm/dd/yyyy)	Home physical address (street, city, state, ZIP code)	Do you <input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input type="checkbox"/> Other (specify e.g., share rent, live with relative, etc.)	
County of residence	Primary phone () -	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 - -
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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
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	Pay period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Employer's address (street, city, state, ZIP code)
Do you have an ownership interest in this business <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check the business interest that applies <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Sole proprietor	
Your occupation	How long with this employer (years) (months)	
Spouse's employer's name	Pay period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Employer's address (street, city, state, ZIP code)
Does your spouse have an ownership interest in this business <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check the business interest that applies <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Sole proprietor	
Spouse's occupation	How long with this employer (years) (months)	

Section 3

Personal Asset Information

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 virtual currency (such as Bitcoin, Ripple, Ethereum, etc.), life insurance policies that have a cash value, and safe deposit boxes. 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).

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	Account number	
		(1a) \$
<hr/>		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Account/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
Bank name	Account number	
		(1b) \$
Total of bank accounts from attachment		(1c) \$
Add lines (1a) through (1c) minus (\$1,000) =		(1) \$

Investment account Stocks Bonds Other

Name of Financial Institution	Account number	
Current market value		Minus loan balance
\$ _____ X .8 = \$ _____		- \$ _____ =
		(2a) \$

Investment account Stocks Bonds Other

Name of Financial Institution	Account number	
Current market value		Minus loan balance
\$ _____ X .8 = \$ _____		- \$ _____ =
		(2b) \$

Virtual currency

Type of virtual currency	Name of virtual currency wallet, exchange or digital currency exchange (DCE)	Email address used to set-up with the virtual currency exchange or DCE	Location(s) of virtual currency
Current market value in U.S. dollars as of today			
\$ _____ X .8 = \$ _____ =			
Total investment accounts from attachment. [current market value minus loan balance(s)]			(2d) \$

Add lines (2a) through (2d) = (2) \$

Retirement account 401K IRA Other

Name of Financial Institution	Account number	
Current market value		Minus loan balance
\$ _____ X .8 = \$ _____		- \$ _____ =
Total of retirement accounts from attachment. [current market value X .8 minus loan balance(s)]		(3b) \$

Add lines (3a) through (3b) = (3) \$

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
\$ _____		- \$ _____ =
Total cash value of life insurance policies from attachment		Minus loan balance(s)
\$ _____		- \$ _____ =

Add lines (4a) through (4b) = (4) \$

Section 3 (Continued)

Personal Asset Information

Real property (enter information about any house, condo, co-op, time share, etc. that you own or are buying)

Property description (indicate if personal residence)		Purchase/Lease date (mm/dd/yyyy)		
Amount of mortgage/rent payment	Date of final payment	How title is held (joint tenancy, etc.)		
Location (street, city, state, ZIP code, county, and country)		Lender/Lessor/Landlord name, address (street, city, state, ZIP code) and phone		
Current market value		Minus loan balance (mortgages, etc.)		
\$ _____ X .8 = \$ _____		- \$ _____		(total value of real estate) = (5a) \$
Property description (indicate if personal residence)		Purchase/Lease date (mm/dd/yyyy)		
Amount of mortgage/rent payment	Date of final payment	How title is held (joint tenancy, etc.)		
Location (street, city, state, ZIP code, county, and country)		Lender/Lessor/Landlord 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) \$

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

Vehicle make & model		Year	Date purchased	Mileage	
<input type="checkbox"/> Lease	Name of creditor		Date of final payment	Monthly lease/loan amount	
<input type="checkbox"/> Loan				\$	
Current market value		Minus loan balance			
\$ _____ X .8 = \$ _____		- \$ _____		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =	(6a) \$
Subtract \$3,450 from line (6a) (If line (6a) minus \$3,450 is a negative number, enter "0")					(6b) \$
Vehicle make & model		Year	Date purchased	Mileage	
<input type="checkbox"/> Lease	Name of creditor		Date of final payment	Monthly lease/loan amount	
<input type="checkbox"/> Loan				\$	
Current market value		Minus loan balance			
\$ _____ X .8 = \$ _____		- \$ _____		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =	(6c) \$
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) \$
Total value of vehicles listed from attachment [current market value X .8 minus any loan balance(s)]					(6e) \$
Total lines (6b), (6d), and (6e) =					(6) \$

Section 3 (Continued)

Personal Asset Information

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	
Current market value	Minus loan balance
\$ _____ X .8 = \$ _____	- \$ _____ =
(7b) \$	
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 \$9,540 =	
(7) \$	

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 \$ _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Address of business (if other than personal residence)	
Name of business			
Business telephone number () -	Employer Identification Number	Business website address	Trade name or DBA
Description of business	Total number of employees	Frequency of tax deposits	Average gross monthly payroll \$
Do you or your spouse have any other business interests? Include any interest in an LLC, LLP, corporation, partnership, etc. <input type="checkbox"/> Yes (percentage of ownership:) Title <input type="checkbox"/> No		Business address (street, city, state, ZIP code)	
Business name		Business telephone number () -	Employer Identification Number
Type of business (select one) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			

Section 5

Business Asset Information (for Self-Employed)

List business assets such as bank accounts, virtual currency (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".

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Account/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank name		Account number	
		(8a) \$	
<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Account/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card			
Bank name		Account number	
		(8b) \$	
<input type="checkbox"/> Virtual currency	Name of virtual currency wallet, exchange or digital currency exchange (DCE)	Email address used to set-up with the virtual currency exchange or DCE	Location(s) of virtual currency
Type of virtual currency			
Current market value in U.S. dollars as of today			
\$ _____ X .8 = \$ _____			(8c) \$
Total bank accounts from attachment			(8d) \$
Add lines (8a) through (8d) =			(8) \$

Section 5 (Continued)

Business Asset Information (for Self-Employed)

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)	=	(9a) \$
\$ _____ X .8 = \$ _____	- \$ _____			
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) \$
IRS allowed deduction for professional books and tools of trade -				(10) \$ [4770]
Enter the value of line (9) minus line (10). If less than zero enter zero. =				(11) \$

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, you may be asked to provide a list of your account(s) receivable

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

\$

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.

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

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) \$
Vehicle costs (gas, oil, repairs, maintenance)	(24) \$
Business insurance	(25) \$
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) \$
Add lines (18) through (28) =	(29) \$

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 =

Box C
Net Business Income

\$

Section 7 Monthly Household Income and Expense Information

Enter your household's gross monthly income. The information below is for yourself, your spouse, and anyone else who contributes to your household's income. The entire household includes spouse, non-liable spouse, significant other, children, and others who contribute to the household. 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) \$
Spouse				
Gross wages	Social Security	Pension(s)	Other Income (e.g. unemployment)	
\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	Total spouse income = (31) \$
Additional sources of income used to support the household, e.g., non-liable spouse, or anyone else who may contribute to the household income, etc. List source(s) _____				(32) \$
Interest and dividends				(33) \$
Distributions (e.g., income from partnerships, sub-S Corporations, etc.)				(34) \$
Net rental income				(35) \$
Net business income from Box C				(36) \$
Child support received				(37) \$
Alimony received				(38) \$
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 \$ _____

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 <http://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) \$
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)				(40) \$
Vehicle loan and/or lease payment(s)				(41) \$
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) \$
Public transportation costs (e.g., average monthly cost of fares for mass transit such as bus, train, ferry, taxi, etc.). A reasonable estimate of these expenses may be used				(43) \$
Health insurance premiums				(44) \$
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) \$
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)				(46) \$
Child/dependent care payments (e.g., daycare, etc.)				(47) \$
Term life insurance premiums				(48) \$
Current monthly taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)				(49) \$
Secured debts (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed student loan) List debt(s) _____				(50) \$
Enter the amount of your monthly delinquent state and/or local tax payment(s)				(51) \$
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 \$ _____

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 \$ _____
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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 \$ _____	X 12 =	Box G Future Remaining Income \$ _____
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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 \$ _____	X 24 =	Box H Future Remaining Income \$ _____
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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 Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only. \$ _____
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If you cannot pay the Offer Amount shown above due to special circumstances, explain on the Form 656, Offer in Compromise, Section 3, Reason for Offer, Explanation of Circumstances. You must offer an amount more than \$0.

Section 9 Other Information

Additional information IRS needs to consider settlement of your tax debt. 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

<input type="checkbox"/> Plaintiff	Location of filing	Represented by	Docket/Case number
<input type="checkbox"/> 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
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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 (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	
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Do you have a safe deposit box (business or personal) (if yes, answer the following) Yes No

Location (name, address and box number(s))	Contents	Value \$ _____
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In the past 10 years, have you transferred any assets, including real property, for less than their full value (if yes, answer the following) Yes No

List asset(s)	Value at time of transfer \$ _____	Date transferred (mmddyyyy)	To whom or where was it transferred
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Section 9 (Continued)**Other Information**

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)
 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 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, and rent subsidies.
- Copies of individual bank statements for the three most recent months. If you operate a business, copies of the six most recent statements for each business bank account.
- 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 Notes Receivable, if applicable.
- Verification of delinquent State/Local Tax Liability showing total delinquent state/local taxes and amount of monthly payments, if applicable.
- Documentation to support any special circumstances described in the "Explanation of Circumstances" on Form 656, if applicable.
- Attach a Form 2848, *Power of Attorney*, 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.
- Completed and signed current Form 656.

Supplementary Schedule Personal Bank Accounts

Cash	Checking	Savings	Money Market/CD	Online Account	Stored Value Card	
Bank Name					Account Number	\$
Bank Name					Account Number % Owned: _____	\$
Bank Name					Account Number % Owned: _____	\$
Bank Name					Account Number % Owned: _____	\$
Bank Name					Account Number % Owned: _____	\$
Bank Name					Account Number % Owned: _____	\$
Bank Name					Account Number % Owned: _____	\$
Bank Name					Account Number % Owned: _____	\$
Bank Name					Account Number % Owned: _____	\$
Bank Name					Account Number % Owned: _____	\$
Bank Name					Account Number % Owned: _____	\$
Total value of bank accounts						\$

Supplementary Schedule Retirement

Net value = gross value - liquidation expenses

Gain = net value - cost basis

Federal and state tax = combined federal and state tax rate x gain

Additional tax on early distribution = additional tax rate on early distribution x net value

Current value = net value - (federal and state tax + additional tax on early distributions)

Type of Retirement Account	Gross Value	Liquidation Expenses	Net Value	Cost Basis	Gain	Combined Federal and State Tax Rate
Ownership Percentage						
%	\$	\$	\$	\$	\$	%

Account Number	Federal and State Tax	Additional Tax Rate on Early Distribution	Additional Tax on Early Distribution	Current Value	QSV	Loan Balance	Equity
					x %		
	\$	%	\$	\$	\$	\$	\$

Type of Retirement Account	Gross Value	Liquidation Expenses	Net Value	Cost Basis	Gain	Combined Federal and State Tax Rate
Ownership Percentage						
%	\$	\$	\$	\$	\$	%

Account Number	Federal and State Tax	Additional Tax Rate on Early Distribution	Additional Tax on Early Distribution	Current Value	QSV	Loan Balance	Equity
					x %		
	\$	%	\$	\$	\$	\$	\$

Type of Retirement Account	Gross Value	Liquidation Expenses	Net Value	Cost Basis	Gain	Combined Federal and State Tax Rate
Ownership Percentage						
%	\$	\$	\$	\$	\$	%

Account Number	Federal and State Tax	Additional Tax Rate on Early Distribution	Additional Tax on Early Distribution	Current Value	QSV	Loan Balance	Equity
					x %		
	\$	%	\$	\$	\$	\$	\$

Total Equity \$

Supplementary Schedule Monthly Income

Category	Amount
Additional Income:	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Supplementary Schedule Monthly Living Expenses

Category	National Standard
Food, Clothing and Miscellaneous	\$

Category	Actual Expense
Food	\$
Housekeeping Supplies	\$
Apparel and Services	\$
Personal Care Products and Services	\$
Miscellaneous (including credit card payments)	\$
Total	\$

Amount Applied	\$
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Supplementary Schedule Monthly Living Expenses

Category	Actual Expense
Other Expenses:	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

Amount Applied	\$
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Supplementary Schedule Monthly Living Expenses

Category	Local Standard
Housing and Utilities	\$

Category	Actual Expense
Mortgage	\$
Rent	\$
Property Taxes	\$
Homeowner/Rental Insurance	\$
HOA Fees	\$
Maintenance and Repairs	\$
Electricity	\$
Gas/Oil	\$
Trash Collection	\$
Water	\$
Local Phone	\$
Cell Phone	\$
Cable/Internet	\$
Other Housing or Utility Expenses	\$
Total	\$

Amount Applied	\$
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Supplementary Schedule Monthly Living Expenses

Category	Local Standard	Actual Expense
Vehicle Ownership Costs	\$	\$

Amount Applied	\$
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Supplementary Schedule Monthly Living Expenses

Category	Local Standard	Actual Expense
Vehicle Operating Costs	\$	\$

Amount Applied	\$
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Supplementary Schedule Monthly Living Expenses

Category	Actual Expense
Health Insurance	\$

Amount Applied	\$
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Supplementary Schedule Monthly Living Expenses

Category	National Standard	Actual Expense
Out of Pocket Healthcare Costs	\$	\$

Amount Applied	\$
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Supplementary Schedule Monthly Living Expenses

Category	Actual Expense
Life Insurance Costs:	
Term Life Insurance	\$
Amount Applied	
\$	

Supplementary Schedule Monthly Living Expenses

Category	Actual Expense
Current year taxes (Income/FICA)	
Monthly Tax Withholdings	\$
Spouse Monthly Tax Withholdings	\$
Estimated Tax Payments	\$
Total	\$

Amount Applied	\$
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Supplementary Schedule Monthly Living Expenses

Category	Actual Expense
Secured Debts:	
Student Loans (minimum payment)	\$
401(k) Loans	\$
Other Asset Monthly Payments	\$
Other Secured Debt Payments	\$
Total	\$

Amount Applied	\$
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Supplementary Schedule Monthly Living Expenses

Category	Actual Expense
Delinquent State or Local Taxes	\$

Amount Applied	\$
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