

# How To Get Yourself Into Currently Not Collectable Status With The IRS...

## Without Spending A Penny!!!

Presented By:



*"The REAL solution to your tax problem"*

# First, Let's Talk About What "CNC" Is...**REALLY!!!**

"CNC" or Currently Not Collectable Status is a code the IRS places on your account to stop all collection activity due to a financial hardship.

You ***will NOT make any payments to IRS*** and the IRS will not attempt to collect or seize any assets.

The IRS will likely place a lien on real property so selling a home or land will not be possible without satisfying the balance due and they will send you Annual Reminder notices showing the balances owed even though you are in CNC status.

This program allows you to not worry about the IRS seizing your assets and not stressing over making payments you cannot afford



*"The REAL solution to your tax problem"*

# How Do You Get Yourself Into CNC?

In order to get the IRS to place you into “CNC”, you must provide proof that you are currently in a financial hardship.

**In order to do this, you will need the following:**

- Form 433 – Collection Financial Statement form from IRS
- Bank Statements from the last 3 months
- A paystub or P&L from the last 30 days
- A letter explaining that you want to be placed into a hardship status due to your current financial situation
- Time to respond to any calls or notices received about your request timely and defend your position of being in a financial hardship

# A Cover Letter Template And An IRS Form 433 Are Included On The Next Pages

If placing yourself into CNC seems too much for you to do on your own, Whitewood Tax Solutions is *happy to generate a Road Map To Resolution and IRS Account Review Report which uses your actual transcripts...at NO-COST.*

You may qualify for an OIC (Offer In Compromise) or a PPIA (Partial Payment Installment Agreement) which *are both ways to settle your tax debt for less than what is currently owed..*

Visit us at [www.FixMyTaxProblem.com](http://www.FixMyTaxProblem.com) to get your FREE ARR today.



*“The REAL solution to your tax problem”*

**4C-5 Inability to Pay - Noncollectable Status Template**

Internal Revenue Service Center  
ACS Operations Manager

To Whom It May Concern:

Regarding: Mr. Taxpayer 111-22-2222 and Mrs. Taxpayer 111-22-8888 Tax Balance Due

I am writing because I have received notice and demand for tax due that I cannot pay in full or in payments (A copy of the notice is enclosed with this letter).

Since I am unable to pay the tax due or any portion thereof. Enclosed you will find an IRS Form 433 - Collection Information Statement which will reveal I have neither the income nor the assets to pay without producing undue hardship for myself and my family.

Enforced collection of the liability would create an undue hardship us by rendering us unable to meet our necessary living expenses. Accordingly, the tax liability should be reported as Currently Not Collectible (See IRS Policy Statement 5-71 and IRM 5.16.1.

Please withhold enforced collection measures while you review the enclosed financial statement and supporting documents.

Sincerely,

Mr. and Mrs. Taxpayer

# Form 433-A

(May 2020)

Department of the Treasury  
Internal Revenue Service

## Collection Information Statement for Wage Earners and Self-Employed Individuals

**Wage Earners** Complete Sections 1, 2, 3, 4, and 5 including the signature line on page 4. Answer all questions or write N/A if the question is not applicable.  
**Self-Employed Individuals** Complete Sections 1, 3, 4, 5, 6 and 7 and the signature line on page 4. Answer all questions or write N/A if the question is not applicable.  
**For Additional Information**, refer to Publication 1854, "How To Prepare a Collection Information Statement."

**Include attachments if additional space is needed to respond completely to any question.**

<b>Name on Internal Revenue Service (IRS) Account</b>	<b>Employer Identification Number EIN</b>
<b>SSN or ITIN on IRS Account</b>	

### Section 1: Personal Information

<b>1a</b> Full Name of Taxpayer and Spouse (if applicable)	<b>1c</b> Home Phone ( ) ( )	<b>1d</b> Cell Phone ( ) ( )
<b>1b</b> Address (Street, City, State, ZIP code) (County of Residence)	<b>1e</b> Business Phone ( ) ( )	<b>1f</b> Business Cell Phone ( ) ( )
<b>2b</b> Name, Age, and Relationship of persons in household or claimed as a dependent(s)		

**2a** Marital Status:  Married  Unmarried (Single, Divorced, Widowed)

**3a** Taxpayer SSN or ITIN (mmddyyyy) \_\_\_\_\_

**3b** Spouse SSN or ITIN (mmddyyyy) \_\_\_\_\_

Driver's License Number and State

### Section 2: Employment Information for Wage Earners

If you or your spouse have self-employment income instead of, or in addition to wage income, complete Business Information in Sections 6 and 7.

<b>4a</b> Taxpayer's Employer Name	<b>Spouse</b>
<b>4b</b> Address (Street, City, State, and ZIP code)	<b>5a</b> Spouse's Employer Name
<b>4c</b> Work Telephone Number ( ) ( )	<b>5b</b> Address (Street, City, State, and ZIP code)

**4c** Work Telephone Number ( ) ( )

**4d** Does employer allow contact at work  Yes  No

**4e** How long with this employer (years) | (months)

**4f** Occupation

**4g** Number of withholding allowances claimed on Form W-4

**4h** Pay Period:  Weekly  Bi-weekly  Monthly  Other

**4i** Does employer allow contact at work  Yes  No

**5c** Work Telephone Number ( ) ( )

**5d** Does employer allow contact at work  Yes  No

**5e** How long with this employer (years) | (months)

**5f** Occupation

**5g** Number of withholding allowances claimed on Form W-4

**5h** Pay Period:  Weekly  Bi-weekly  Monthly  Other

### Section 3: Other Financial Information (Attach copies of applicable documentation)

**6** Are you a party to a lawsuit (if yes, answer the following)

<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Docket/Case No.
Amount of Suit \$ _____	Possible Completion Date (mmddyyyy)	Subject of Suit

**7** Have you ever filed bankruptcy (if yes, answer the following)

Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Petition No.
Dates lived abroad: from (mmddyyyy) _____ To (mmddyyyy) _____		Location Filled

**8** In the past 10 years, have you lived outside of the U.S for 6 months or longer (if yes, answer the following)

Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Petition No.
Dates lived abroad: from (mmddyyyy) _____ To (mmddyyyy) _____		Location Filled

**9a** Are you the beneficiary of a trust, estate, or life insurance policy (if yes, answer the following)

Place where recorded: _____	EIN: _____
Name of the trust, estate, or policy	When will the amount be received
Anticipated amount to be received \$ _____	

**9b** Are you a trustee, fiduciary, or contributor of a trust

Name of the trust: _____	EIN: _____
<b>10</b> Do you have a safe deposit box (business or personal) (if yes, answer the following)	When will the amount be received
Location (Name, address and box number(s))	Anticipated amount to be received \$ _____
Contents	
Value \$ _____	

<b>11</b> In the past 10 years, have you transferred any assets for less than their full value (if yes, answer the following)	To Whom or Where was it Transferred
List Asset(s)	Date Transferred (mmddyyyy)
Value at Time of Transfer \$ _____	

**Section 4: Personal Asset Information for all Individuals (Foreign and Domestic)**

**12 CASH ON HAND** Include cash that is not in a bank **Total Cash on Hand** \$  
**PERSONAL BANK ACCOUNTS** Include all checking, online and mobile (e.g., PayPal etc.) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.).

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union, or Financial Institution	Account Number	Account Balance As of _____ mmddyyyy
<b>13a</b>			\$
<b>13b</b>			\$
<b>13c Total Cash</b> (Add lines 13a, 13b, and amounts from any attachments)			\$

**INVESTMENTS** Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, 401(k) plans and commodities (e.g., gold, silver, copper, etc.). Include all corporations, partnerships, limited liability companies, or other business entities in which you are an officer, director, owner, member, or otherwise have a financial interest. Include attachment(s) if additional space is needed to respond.

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, ZIP code) of Company	Current Value	Loan Balance (if applicable) As of _____ mmddyyyy	Equity Value minus Loan
<b>14a</b>		\$	\$	\$
<b>14b</b>	Phone	\$	\$	\$
	Phone	\$	\$	\$

**VIRTUAL CURRENCY (CRYPTOCURRENCY)** List all virtual currency you own or in which you have a financial interest. (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.) If applicable, attach a statement with each virtual currency's public key.

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 (Mobile Wallet, Online, and/or External Hardware storage)	Virtual Currency Amount and Value in US dollars as of today (e.g., 10 Bitcoins \$64,600.00 USD)
<b>14c</b>				\$
<b>14d</b>				\$
<b>14e Total Equity</b> (Add lines 14a through 14d and amounts from any attachments)				\$

**AVAILABLE CREDIT** Include all lines of credit and bank issued credit cards.

Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of _____ mmddyyyy	Available Credit As of _____ mmddyyyy
<b>15a</b>			
Acct. No	\$	\$	\$
<b>15b</b>			
Acct. No	\$	\$	\$
<b>15c Total Available Credit</b> (Add lines 15a, 15b and amounts from any attachments)			\$

**16a LIFE INSURANCE** Do you own or have any interest in any life insurance policies with cash value (Term Life insurance does not have a cash value)  
 Yes  No If yes, complete blocks 16b through 16f for each policy.

<b>16b</b> Name and Address of Insurance Company(ies):		
<b>16c</b> Policy Number(s)		
<b>16d</b> Owner of Policy		
<b>16e</b> Current Cash Value	\$	\$
<b>16f</b> Outstanding Loan Balance	\$	\$
<b>16g Total Available Cash</b> (Subtract amounts on line 16f from line 16e and include amounts from any attachments)		\$

**REAL PROPERTY** include all real property owned or being purchased

	Purchase Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>17a</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County						
		Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone			Phone	

<b>17b</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County						
		Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone			Phone	

**17c Total Equity** (Add lines 17a, 17b and amounts from any attachments) \$

**PERSONAL VEHICLES LEASED AND PURCHASED** Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, etc.

Description (Year, Mileage, Make/Model, Tag Number, Vehicle Identification Number)	Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>18a</b> Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone				
Vehicle Identification Number						
Phone						

<b>18b</b> Year	Make/Model	\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone				
Vehicle Identification Number						
Phone						

**18c Total Equity** (Add lines 18a, 18b and amounts from any attachments) \$

**PERSONAL ASSETS** Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets. Include intangible assets such as licenses, domain names, patents, copyrights, mining claims, etc.

	Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>19a</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County						
		Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone			Phone	

<b>19b</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County						
		Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone			Phone	

**19c Total Equity** (Add lines 19a, 19b and amounts from any attachments) \$



**if you are self-employed, sections 6 and 7 must be completed before continuing.**

**Section 5: Monthly Income and Expenses**

Monthly Income/Expense Statement (For additional information, refer to Publication 1854.)

Total Income		Total Living Expenses		IRS USE ONLY
Source	Gross Monthly	Expense Items <sup>6</sup>	Actual Monthly	Allowable Expenses
<b>20</b> Wages (Taxpayer) <sup>1</sup>	\$	<b>35</b> Food, Clothing and Misc. <sup>7</sup>	\$	
<b>21</b> Wages (Spouse) <sup>1</sup>	\$	<b>36</b> Housing and Utilities <sup>8</sup>	\$	
<b>22</b> Interest - Dividends	\$	<b>37</b> Vehicle Ownership Costs <sup>9</sup>	\$	
<b>23</b> Net Business Income <sup>2</sup>	\$	<b>38</b> Vehicle Operating Costs <sup>10</sup>	\$	
<b>24</b> Net Rental Income <sup>3</sup>	\$	<b>39</b> Public Transportation <sup>11</sup>	\$	
<b>25</b> Distributions (K-1, IRA, etc.) <sup>4</sup>	\$	<b>40</b> Health Insurance	\$	
<b>26</b> Pension (Taxpayer)	\$	<b>41</b> Out of Pocket Health Care Costs <sup>12</sup>	\$	
<b>27</b> Pension (Spouse)	\$	<b>42</b> Court Ordered Payments	\$	
<b>28</b> Social Security (Taxpayer)	\$	<b>43</b> Child/Dependent Care	\$	
<b>29</b> Social Security (Spouse)	\$	<b>44</b> Life Insurance	\$	
<b>30</b> Child Support	\$	<b>45</b> Current year taxes (Income/FICA) <sup>13</sup>	\$	
<b>31</b> Alimony	\$	<b>46</b> Secured Debts (Attach list)	\$	
Other Income (Specify below) <sup>5</sup>	\$	<b>47</b> Delinquent State or Local Taxes	\$	
<b>32</b>	\$	<b>48</b> Other Expenses (Attach list)	\$	
<b>33</b>	\$	<b>49</b> Total Living Expenses (add lines 35-48)	\$	
<b>34</b> Total Income (add lines 20-33)	\$	<b>50</b> Net difference (Line 34 minus 49)	\$	

**1 Wages, salaries, pensions, and social security:** Enter gross monthly wages and/or salaries. Do not deduct tax withholding or allotments taken out of pay, such as insurance payments, credit union deductions, car payments, etc. To calculate the 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 biweekly (every 2 weeks) - multiply biweekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

If paid semimonthly (twice each month) - multiply semimonthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

**2 Net Income from Business:** Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. **This figure is the amount from page 6, line 89.** If the net business income is a loss, enter "0". Do not enter a negative number. If this amount is more or less than previous years, attach an explanation.

**3 Net Rental Income:** Enter monthly net rental income. This is the amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0." Do not enter a negative number.

**4 Distributions:** Enter the total distributions from partnerships and subchapter S corporations reported on Schedule K-1, and from limited liability companies reported on Form 1040, Schedule C, D or E. Enter total distributions from IRAs if not included under pension income.

**5 Other Income:** Include agricultural subsidies, unemployment compensation, gambling income, oil credits, rent subsidies, sharing economy income from providing on-demand work, services or goods (e.g., Uber, Lyft, AirBnB, VRBO) and income through digital platforms like an app or website, etc.

**6 Expenses not generally allowed:** We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions or payments on unsecured debts. However, we may allow the expenses if proven that they are necessary for the health and welfare of the individual or family or the production of income. See Publication 1854 for exceptions.

**7 Food, Clothing and Miscellaneous:** Total of food, clothing, housekeeping supplies, and personal care products for one month. The miscellaneous allowance is for expenses incurred that are not included in any other allowable living expense items. Examples are credit card payments, bank fees and charges, reading material, and school supplies.

**8 Housing and Utilities:** For principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, homeowner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, telephone, cell phone, cable television and internet services.

**9 Vehicle Ownership Costs:** Total of monthly lease or purchase/loan payments.

**10 Vehicle Operating Costs:** Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.

**11 Public Transportation:** Total of monthly fares for mass transit (e.g., bus, train, ferry, taxi, etc.)

**12 Out of Pocket Health Care Costs:** Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)

**13 Current Year Taxes:** Include state and Federal taxes withheld from salary or wages, or paid as estimated taxes.

**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.

Taxpayer's Signature	Spouse's signature	Date
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**After we review the completed Form 433-A, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, pay statements, self-employment records, bank and investment statements, loan statements, bills or statements for recurring expenses, etc.**

IRS USE ONLY (Notes)

**Sections 6 and 7 must be completed only if you are SELF-EMPLOYED.**

**Section 6: Business Information**

**51** Is the business a sole proprietorship (filing Schedule C)  Yes, Continue with Sections 6 and 7.  No, Complete Form 433-B.  
 All other business entities, including limited liability companies, partnerships or corporations, must complete Form 433-B.

**52** Business Name & Address (if different than 1b)

<b>53</b> Employer Identification Number	<b>54</b> Type of Business	<b>55</b> Is the business a Federal Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>56</b> Business Website (web address)	<b>57</b> Total Number of Employees	<b>58</b> Average Gross Monthly Payroll
<b>59</b> Frequency of Tax Deposits	<b>60</b> Does the business engage in e-Commerce (internet sales) if yes, complete lines 61a and 61b <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PAYMENT PROCESSOR** (e.g., PayPal, Authorize.net, Google Checkout, etc.) Include virtual currency wallet, exchange or digital currency exchange.

<b>61a</b> Name & Address (Street, City, State, ZIP code). Name & Address (Street, City, State, ZIP code)	Payment Processor Account Number
<b>61b</b>	

**CREDIT CARDS ACCEPTED BY THE BUSINESS**

Credit Card	Merchant Account Number	Issuing Bank Name & Address (Street, City, State, ZIP code)
<b>62a</b>		
<b>62b</b>		
<b>62c</b>		

**63 BUSINESS CASH ON HAND** Include cash that is not in a bank. **Total Cash on Hand** \$

**BUSINESS BANK ACCOUNTS** Include checking accounts, online and mobile (e.g., PayPal) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.). Report Personal Accounts in Section 4.

Type of Account	Full name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution.	Account Number	Account Balance As of _____ mmddyyyy
<b>64a</b>			\$
<b>64b</b>			\$
<b>64c Total Cash in Banks</b> (Add lines 64a, 64b and amounts from any attachments)			\$

**ACCOUNTS/NOTES RECEIVABLE** Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (List all contracts separately, including contracts awarded, but not started.) **Include Federal, state and local government grants and contracts.**

Accounts/Notes Receivable & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mmddyyyy)	Invoice Number or Government Grant or Contract Number	Amount Due
<b>65a</b>				\$
<b>65b</b>				\$
<b>65c</b>				\$
<b>65d</b>				\$
<b>65e</b>				\$
<b>65f Total Outstanding Balance</b> (Add lines 65a through 65e and amounts from any attachments)				\$

**BUSINESS ASSETS** Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include a list and show the value of all intangible assets such as licenses, patents, domain names, copyrights, trademarks, mining claims, etc.

66a	Property Description	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
	Location (Street, City, State, ZIP code) and Country		\$	\$	\$		\$

Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone

66b	Property Description		\$	\$	\$		\$
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Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone

66c	<b>Total Equity</b> (Add lines 66a, 66b and amounts from any attachments)						\$
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**Section 7: Sole Proprietorship Information (lines 67 through 87 should reconcile with business Profit and Loss Statement)**

Accounting Method Used:  Cash  Accrual  
 Use the prior 3, 6, 9 or 12 month period to determine your typical business income and expenses.

**Income and Expenses during the period** (mmddyyyy) \_\_\_\_\_ to (mmddyyyy) \_\_\_\_\_

Total Monthly Business Income		Total Monthly Business Expenses (Use attachments as needed)	
Source	Gross Monthly	Expense Items	Actual Monthly
67	Gross Receipts	77	Materials Purchased <sup>1</sup>
68	Gross Rental Income	78	Inventory Purchased <sup>2</sup>
69	Interest	79	Gross Wages & Salaries
70	Dividends	80	Rent
71	Cash Receipts not included in lines 67-70	81	Supplies <sup>3</sup>
	Other Income (Specify below)	82	Utilities/Telephone <sup>4</sup>
72		83	Vehicle Gasoline/Oil
73		84	Repairs & Maintenance
74		85	Insurance
75		86	Current Taxes <sup>5</sup>
76	<b>Total Income</b> (Add lines 67 through 75)	87	Other Expenses, including installment payments (Specify)
		88	<b>Total Expenses (Add lines 77 through 87)</b>
		89	<b>Net Business Income (Line 76 minus 88)</b> <sup>6</sup>

Enter the monthly net income amount from line 89 on line 23, section 5. If line 89 is a loss, enter "0" on line 23, section 5. Self-employed taxpayers must return to page 4 to sign the certification.

- 1 **Materials Purchased:** Materials are items directly related to the production of a product or service.
- 2 **Inventory Purchased:** Goods bought for resale.
- 3 **Supplies:** Supplies are items used in the business that are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.
- 4 **Utilities/Telephone:** Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business internet.
- 5 **Current Taxes:** Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes.
- 6 **Net Business Income:** Net profit from Form 1040, Schedule C may be used if duplicated deductions are eliminated (e.g., expenses for business use of home already included in housing and utility expenses on page 4). Deductions for depreciation and depletion on Schedule C are not cash expenses and must be added back to the net income figure. In addition, interest cannot be deducted if it is already included in any other installment payments allowed.

**IRS USE ONLY (Notes)**

**Privacy Act:** The information requested on this Form is covered under Privacy Acts and Paperwork Reduction Notices which have already been provided to the taxpayer.