Form DJ-TD 433 (1996)

STATEMENT OF FINANCIAL CONDITION AND OTHER INFORMATION

(Please file in duplicate with offer in compromise)

Please furnish the information requested in this form with your offer in compromise, if the offer is based in whole or in part on inability to pay the liability. It is important that you answer all questions. If a question does not apply, please enter N/A, except for items 22-28 which require a yes or no answer. This will speed up consideration of your offer.

1a. Name(s) of Taxpayer(s)	b. Social Security Number	c. Employer Identification Number

d. Business Address	e. Bus. Tel. No.	2. Name and Address of Representative, if any
f. Home Address	g. Home Tel. No.	

3. Kind of tax involved	Taxable period	Amount due	Amount offered
a.			
b.			
c.			
d.			
e.			

4. Due and unpaid Federal taxes, *(except those covered by this offer in compromise)*

Kind of tax	Taxable period	Amount due
a.		
b.		
c.		

5. Names of banks and other financial institutions you have done business with at any time during past 3 years—

Name and address	Name and address
a.	b.
c.	d.

e. Do you rent a safety deposit box in your name or in any other name?
☐ No ☐ Yes *(If yes, give name and address of bank)*

6. If income withholding or employment tax is involved, please complete 6a through f

a. Were the employees' income withholding or employment taxes, due from employees on wages they received from employment, deducted or withheld from the wages paid during any period shown above? ☐ Yes ☐ No

b. If so, was the tax paid or deposited to the Internal Revenue Service?
☐ No ☐ Yes

c. If deducted but not paid or deposited to IRS, how did you dispose of the deducted amounts?

d. Has business in which you incurred such taxes been discontinued?
☐ No ☐ Yes

e. If so, on what date was it discontinued?

f. How did you dispose of assets of discontinued business?

7. Offer filed by individual

a. Name of Spouse	b. Age of Spouse	c. Age of Taxpayer

d. Names of dependent children or relatives	Relationship	Age
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

Please furnish your most recent financial information. In the columns below, show the cost and fair market value of each asset you own directly or indirectly. If you own any asset jointly with another person(s), please specify, on items 11-16, how the property is owned (e.g., community property, tenants in common, joint tenancy, or tenants by the entireties) and your interest in the property (e.g., 50%). Also show all your interests in estates, trusts, and other property rights, including contingent interests and remainders.

8. Statement of assets and liabilities as of _____ (date)

a. Assets	Cost*	Fair market value
(1) Cash	$	
(2) Cash surrender value of insurance *(See item 9)*		
(3) Accounts receivable *(See item 11)*		
(4) Notes receivable *(See item 11)*		
(5) Merchandise inventory *(See item 12)*		
(6) Real estate *(See item 13)*		
(7) Furniture and fixtures *(See item 14)*		
(8) Machinery and equipment *(See item 14)*		
(9) Trucks and delivery equipment *(See item 15)*		
(10) Automobiles *(See item 15)*		
(11) Securities *(See item 16)*		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		
(25)		
(26)		
(27) Total assets ►	$	$

b. Liabilities	Amount	
(1) Loans on insurance *(See items 9 and 10)*	$	
(2) Accounts payable		
(3) Notes payable		
(4) Mortgages *(See item 13)*		
(5) Accrued real estate taxes *(See item 13)*		
(6) Judgments *(See item 17)*		
(7) Reserves *(Itemize)*		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22) Total liabilities ►	$	

*(*Less depreciation, if any)*

9. Life insurance policies now in force with right to change beneficiary reserved

Number of Policy	Name of Company	Amount of Policy	Present Cash Surrender Value Plus Accumulated Dividends	Policy Loan	Date Made	Automatic Premium Payments*	Date Made
a.		$	$	$		$	
b.							
c.							
d.							
e.							
f.							
g.							
h.							
i.							
j.							

Show only those made before date notice of levy was served on the insurance company.

10. Life insurance policies assigned or pledged on indebtedness

If any of the policies listed in item 9 are assigned or pledged on indebtedness, except with insurance companies, give the following information about each policy:

Number of Policy Assigned or Pledged	Name and Address of Pledgee or Assignee	Amount of Indebtedness	Date Pledged or Assigned
a.		$	
b.			
c.			
d.			
e.			
f.			
g.			

11. Accounts and notes receivable

Name	Book Value	Liquidation Value	Amount of Indebtedness if Pledged	Date Pledged
a. Accounts Receivable				
(1)	$	$	$	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12) Total ▶	$	$	$	
b. Notes Receivable				
(1)	$	$	$	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Total ▶	$	$	$	

12. Merchandise inventory

Description	Cost	Fair Market Value	Liquidation Value	Amount of Indebtedness If Pledged	Date Pledged
a. Raw material	$	$	$	$	
b. Work in progress					
c. Finished goods					
d. Supplies					
e. Other *(Specify)*					
f. Total ▶	$	$	$	$	

13. Real estate

Description	Cost*	Fair Market Value	Balance Due on Mortgage	Date Mortgage Recorded	Unpaid Interest and Taxes
a.	$	$	$		$
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i. Total ▶	$	$	$		$

14. Furniture and fixtures – Machinery and equipment

Description	Cost*	Liquidation Value	Amount of Indebtedness If Pledged	Date Pledged
a. Furniture and fixtures (Business)	$	$	$	
b. Furniture (Household-residence)				
c. Machinery *(Specify kind)*				
d.				
e.				
f.				
g. Equipment (Except trucks and automobiles) *(Specify)*				
h.				
i.				
j.				
k. Total ▶	$	$	$	

15. Trucks and automobiles

a. Trucks	$	$	$	
b.				
c.				
d.				
e.				
f.				
g. Automobiles (Personal or used in business)				
h.				
i.				
j.				
k.				
l.				
m. Total ▶	$	$	$	

*(*Less depreciation, if any)*

16. Securities (Bonds, stocks, etc.)

Name of company	Number of Units	Cost	Fair Market Value	Amount of Indebtedness If Pledged	Date Pledged
a.		$	$	$	
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i. Total ▶		$	$	$	

17. Judgments

Name of Creditor	Amount of Judgment	Date Recorded	Where Recorded
a.	$		
b.			
c.			
d.			
e. Total ▶	$		

18. Statement of Income – Corporation

IMPORTANT: If the offer in compromise is from a corporation, please furnish the information requested below *(from income tax returns, as adjusted, for past 2 years and from records for current year from January 1 to date).*

a. Gross income	19	19	Jan. 1 to 19
(1) Gross sales or receipts *(Subtract returns and allowances)*	$	$	$
(2) Cost of goods sold			
(3) Gross profit - trading or manufacturing			
(4) Gross profit - from other sources			
(5) Interest income			
(6) Rents and royalties			
(7) Gains and losses *(From Schedule D)*			
(8) Dividends			
(9) Other *(Specify)*			
(10) Total income ▶	$	$	$
b. Deductions			
(1) Compensation of officers	$	$	$
(2) Salaries and wages *(Not deducted elsewhere)*			
(3) Rents			
(4) Repairs			
(5) Bad Debts			
(6) Interest			
(7) Taxes			
(8) Losses			
(9) Dividends			
(10) Depreciation and depletion			
(11) Contributions			
(12) Advertising			
(13) Other *(Specify)*			
(14)			
(15) Total deductions ▶	$	$	$
c. Net income *(loss)* ▶	$	$	$
d. Nontaxable income ▶	$	$	$
e. Unallowable deductions ▶	$	$	$

19. Salaries paid to principal officers and dividends distributed — Corporation

IMPORTANT: If the offer in compromise is from a corporation, please show salaries paid to principal officers for past 3 years and amounts distributed in dividends, if any, during and since the taxable years covered by this offer.

a. Salaries paid to (Name and Title)	19	19	19
(1) , President	$	$	$
(2) , Vice President			
(3) , Treasurer			
(4) , Secretary			
(5)			
(6)			
(7) Total ►	$	$	$

b. Year	Dividends Paid	Year	Dividends Paid	Year	Dividends Paid
(1)	$	(8)	$	(15)	$
(2)		(9)		(16)	
(3)		(10)		(17)	
(4)		(11)		(18)	
(5)		(12)		(19)	
(6)		(13)			
(7)	$	(14)	$	(20) Total	$

20. Statement of income — Individual

IMPORTANT: If the offer in compromise is from an individual or an estate, please furnish information requested below *(from income tax returns as adjusted for past 2 years).*

a. Gross income	19	19
(1) Salaries, wages, commissions	$	$
(2) Dividends		
(3) Interest		
(4) Income from business or profession		
(5) Partnership income		
(6) Gains or losses *(From Schedule D, Form 1040)*		
(7) Annuities and pensions		
(8) Rents and royalties		
(9) Income from estates and trusts		
(10)		
(11)		
(12)		
(13)		
(14)		
(15) Total income ►	$	$
b. Deductions		
(1) Contributions	$	$
(2) Interest paid		
(3) Taxes paid		
(4) Casualty losses *(by fire, storm, etc.)*		
(5) Medical expenses		
(6) Bad debts		
(7)		
(8)		
(9)		
(10)		
(11)		
(12) Total deductions ►	$	$
c. Net income (loss) ►	$	$
d. Nontaxable income ►	$	$
e. Unallowable deductions ►	$	$

21. Receipts and disbursements — individual	From	To

If the offer in compromise is from an individual or on behalf of an estate, please furnish below a complete analysis of receipts and disbursements for the past 12 months.

a. Receipts

Description	Source From Which Received	Amount
(1) Salary		$
(2) Commissions		
(3) Business or profession		
(4) Dividends		
(5) Interest		
(6) Annuities or pensions		
(7) Rents and royalties		
(8) Sale of assets *(Net amount received)*		
(9) Amounts borrowed		
(10) Gifts		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
Total receipts ▶		$

b. Disbursements

Description	Amount
(1) Debt reduction	$
(2) Interest	
(3) Federal taxes	
(4) Other taxes	
(5) Insurance premiums	
(6) Medical expenses	
(7) Automobile expenses	
(8) Servant's wages	
(9) Gifts	
(10) Living expenses *(Itemize)*	
Total disbursements ▶	$

22. **Disposal of assets**—From the beginning of the taxable period covered by this offer in compromise to the present date, have you disposed of any assets or property with a cost or fair market value of more than $500, except for full value at the time of sale, transfer, exchange, gift or other disposition?

☐ No ☐ Yes *(If yes, please furnish the following information)*

Description of Asset	Date of Transfer	Fair Market Value When Transferred	Consideration Received	Relationship of Transferee to Taxpayer
		$	$	

23. **Interest in or beneficiary of estate or trust** — Have you any life interest or remainder interest, either vested or contingent in any trust or estate, or are you a beneficiary of any trust?

☐ No ☐ Yes *(If yes, please furnish a copy of the instrument creating the trust or estate — Also give the following information)*

Name of Trust or Estate	Present Value of Assets	Value of Your Interest	Annual Income Received From This Source
	$	$	$

24. **Grantor, donor, trustee or fiduciary** — Are you the grantor or donor of any trust, or the trustee or fiduciary for any trust?

☐ No ☐ Yes *(If yes, please furnish a copy of the instrument creating the trust. Also give present value of corpus of trust, and any other pertinent information.)*

25. **Any other assets or interests in assets** — Have you any other assets or an interest in assets either actual or contingent, other than those listed here *(i.e., Profit-sharing plan or pension plan)*?

☐ No ☐ Yes *(If yes, please describe the assets)*

26a. Are foreclosure proceedings pending on any real estate which you own or have an interest in? ☐ No ☐ Yes	b. If yes, please give location of real estate.	c. Was the government made a party to the suit? ☐ No ☐ Yes

27a. Are bankruptcy or receivership proceedings pending? ☐ No ☐ Yes	b. If a corporation, is it in process of liquidation? ☐ No ☐ Yes

28. Is the sum offered in compromise borrowed money? *(If yes, please give name and address of lender and list collateral, if any, pledged to secure the loan.)*

☐ No ☐ Yes

29. What is the prospect of an increase in value of assets or in present income? *(Please give general statement)*

30. **Affidavit**

Under penalties of perjury, I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement.

a. Date of this statement	b. Signature

DEPARTMENT OF JUSTICE
PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following Department of Justice "Financial Status/ Financial Statement of Debtor" forms MUST be accompanied by this Privacy Act Statement: OBD-132; OBD-133; CIV-190 (formerly DJ-35 & CIV-OT-8).

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, et seq; 31 U.S.C. 951, et seq; 44 U.S.C. 3101; 4 C.F.R. 101, et seq; 28 C.F.R. 0.160, 0.171 and Appendix to Subpart Y.

Disclosure of the information is voluntary. The principal purpose of the information is to evaluate your capacity to pay the Government's claim or judgment against you. Routine uses of the information are established in the following Department of Justice Case File Systems published in Vol. 40 of the Federal Register: Justice/CIV-001 at pages 38725-38726; Justice, TAX-001 at pages 38773-38774; Justice/USA-005 at page 38784; Justice/USA-007 at pages 38786-38787. If the requested information is not furnished, the Department of Justice has the right to seek disclosure of the information by legal methods.

Your Social Security account number is helpful for identification, but you are not required to indicate it if you do not desire to do so.

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