



<b>VT Schedule OIC-672</b>	<b>COLLECTION INFORMATION STATEMENT FOR BUSINESSES</b>
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**Attach to Form OIC-671**

Complete this form if your business is a Corporation, Partnership, Limited Liability Company (LLC) classified as a corporation, other multi-owner/multi-member LLC, or single member LLC. If your business is a sole proprietorship (filing federal Schedule C), do not use this form. Instead, complete Form OIC-673, Collection Information Statement for Wage Earners and Self-Employed Individuals.

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

**SECTION 1 BUSINESS INFORMATION**

Business Name			Federal ID Number	
Trade Name or d/b/a			Description of Business	
Mailing Address			County of Business Location	
City	State	ZIP Code	Primary Telephone Number	
Foreign Country (if not United States)		Business Website Address		
Email Address				
State Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Employees	Frequency of Tax Deposits	Average Gross Monthly Payroll	
Does the business use a payroll service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter Provider's Name		Mailing Address of Provider	
	City	State	ZIP Code	

Provide information about all partners, officers, LLC members, major shareholders (foreign and domestic), etc., associated with the business.

**Partner, Officer, LLC Member, Major Shareholder, etc. #1**

Last Name	First Name	Initial	Social Security Number	
Home Mailing Address			Title	
City	State	ZIP Code	Primary Telephone Number	
Foreign Country (if not United States)	Percent of Ownership		%	Secondary Telephone Number

**Partner, Officer, LLC Member, Major Shareholder, etc. #2**

Last Name	First Name	Initial	Social Security Number	
Home Mailing Address			Title	
City	State	ZIP Code	Primary Telephone Number	
Foreign Country (if not United States)	Percent of Ownership		%	Secondary Telephone Number

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**SECTION 2 BUSINESS ASSET INFORMATION**

If any total in this section results in a negative number, enter -0-.

Enter the total amount available for each of the following (if additional space is needed, please include attachments). Gather the **most current** statement from banks, lenders on loans, mortgages (including second mortgages), monthly payments, loan balances, and accountant's depreciation schedules, if applicable. Also, include make/model/year/mileage of vehicles and current value of businesses assets. To estimate the current value, you may consult resources like Kelley Blue Book (www.kbb.com), NADA (www.nada.com), local real estate postings of properties similar to yours, and any other websites or publications that show what the businesses assets would be worth if you were to sell them.

**Bank Accounts**

Account Type (check <b>ONE</b> ) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	1a. Amount
Bank Name	Account Number
Account Type (check <b>ONE</b> ) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	1b. Amount
Bank Name	Account Number
Account Type (check <b>ONE</b> ) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	1c. Amount
Bank Name	Account Number
1d. Total bank account(s) listed from attachment . . . . .	
1e. Total of all bank accounts (Add Lines 1a through 1d) . . . . .	

**Investment Accounts**

Account Type (check <b>ONE</b> ) <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other	2a. Amount (CMV x 0.8 - Loan Balance)
Name of Financial Institution	Account Number
Current Market Value (CMV)	Multiply Current Market Value by 0.8    Loan Balance
Account Type (check <b>ONE</b> ) <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other	2b. Amount (CMV x 0.8 - Loan Balance)
Name of Financial Institution	Account Number
Current Market Value (CMV)	Multiply CMV by 0.8    Loan Balance
2c. Total of investment(s) listed from attachment (CMV x 0.8 - Loan Balance) . . . . .	
2d. Total of all investment(s) (Add Lines 2a through 2c) . . . . .	

**Notes Receivable**

Do you have notes receivable? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach current listing which includes name and amount of note(s) receivable.	3. Total notes receivable from attachment
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## SECTION 2 BUSINESS ASSET INFORMATION (cont.)

### Real Estate (Buildings, Lots, Commercial Property, etc.)

Property Address (physical address)			<b>4a.</b> Value (CMV x 0.8 - Loan Balance)
City	State	ZIP Code	
Foreign Country (if not United States)			
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Balance	
Property Address (physical address)			<b>4b.</b> Value (CMV x 0.8 - Loan Balance)
City	State	ZIP Code	
Foreign Country (if not United States)			
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Balance	
<b>4c.</b> Total of property(s) listed from attachment (CMV x 0.8 - Loan Balance) .....			<b>4c.</b> Total property(s) from attachment
<b>4d.</b> Total of all property(s) (Add Lines 4a through 4c) .....			<b>4d.</b> Add Lines 4a through 4c

### Business Vehicles

Vehicle Make	Model	Year	Mileage or Use Hours	Lease or Loan? <input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease / Loan Payment	<b>5a.</b> Value (CMV x 0.8 - Loan Balance) If leased, enter -0-
Current Market Value (CMV)		Multiply CMV by 0.8		Loan Balance		
Vehicle Make	Model	Year	Mileage or Use Hours	Lease or Loan? <input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease / Loan Payment	<b>5a.</b> Value (CMV x 0.8 - Loan Balance) If leased, enter -0-
Current Market Value (CMV)		Multiply CMV by 0.8		Loan Balance		
<b>5c.</b> Total of business vehicle(s) listed from attachment (CMV x 0.8 - Loan Balance) .....						<b>5c.</b> Total vehicle(s) from attachment
<b>5d.</b> Total of all business vehicle(s) (Add Lines 5a through 5c) .....						<b>5d.</b> Add Lines 5a through 5c

### Other Business Equipment

Current Market Value (CMV)	Multiply CMV by 0.8	Loan Balance	<b>6a.</b> Value (CMV x 0.8 - Loan Balance)
<b>6b.</b> Total of business equipment listed from attachment (CMV x 0.8 - Loan Balance) .....			
<b>6c.</b> Total of all business equipment (Add Lines 6a and 6b) .....			<b>6c.</b> Add Lines 6a and 6b

### Total Available Assets

<b>BOX 1</b> Add Lines 1e, 2d, 3, 4d, 5d, and 6c. ....	<b>BOX 1</b> Total Available Assets
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**SECTION 3 BUSINESS INCOME INFORMATION**

Enter the **average** gross monthly income of your business. To determine your gross monthly income, use the most recent 6-12 months documentation of commissions, invoices, gross receipts from sales/services, etc.; most recent 6-12 months earnings statements, etc., from every other source of income (such as rental income, interest and dividends, or subsidies); or you may use a most recent 6-12 months Profit and Loss (P&L) to provide the information of income and expenses.

- 7. Gross receipts .....7. \_\_\_\_\_
- 8. Gross rental income.....8. \_\_\_\_\_
- 9. Interest income .....9. \_\_\_\_\_
- 10. Dividends .....10. \_\_\_\_\_
- 11. Other income (specify on attachment) .....11. \_\_\_\_\_

<b>BOX 2</b> Total Business Income
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**BOX 2** Add Lines 7 through 11 and enter the amount in BOX 2 .....

**SECTION 4 BUSINESS EXPENSE INFORMATION**

Enter the **average** gross monthly expenses for your business using your most recent 6-12 months statements, bills, receipts, or other documents showing monthly recurring expenses.

- 12. Materials purchased (e.g., items directly related to the production of a product or service).....12. \_\_\_\_\_
- 13. Inventory purchased (e.g., goods bought for resale).....13. \_\_\_\_\_
- 14. Gross wages and salaries.....14. \_\_\_\_\_
- 15. Rent.....15. \_\_\_\_\_
- 16. Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.) .....16. \_\_\_\_\_
- 17. Utilities / telephones .....17. \_\_\_\_\_
- 18. Vehicle costs (gas, oil, repairs, maintenance).....18. \_\_\_\_\_
- 19. Insurance (other than life).....19. \_\_\_\_\_
- 20. Taxes (e.g., real estate, state and local income tax, excise franchise, occupational, personal property, sales and employer’s portion of employment taxes, etc.) . . . .20. \_\_\_\_\_
- 21. Other expenses (e.g., secured debt payments. Specify on attachment. Do not include credit card payments).....21. \_\_\_\_\_

<b>BOX 3</b> Total Business Income
<b>BOX 4</b> Remaining Monthly Income

**BOX 3** Add Lines 12 through 21 and enter the amount in BOX 3 .....

**BOX 4** Subtract BOX 3 from BOX 2 and enter the amount in BOX 4.....  
If number is less than zero, enter -0-.

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**SECTION 5 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:** Amount in BOX 4 or 5 is based on the selection you made on Form OIC-671, page 3, Section 5.

If you selected **Payment Option #1** on Offer in Compromise Agreement, Form OIC-671, Section 5, indicating you will **pay your offer within 30 days** from written acceptance, multiply “Remaining Monthly Income” (BOX 4) by 12 to get “Future Remaining Income” (BOX 5).

Enter amount from BOX 4 \_\_\_\_\_ x 12 = BOX 5 . . . .

<b>BOX 5</b> Future Remaining Income
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If you selected **Payment Option #2** on Offer in Compromise Agreement, Form OIC-671, Section 5, indicating you will **begin making installment payments within 30 days**, multiply “Remaining Monthly Income (BOX 4) by 36 to get “Future Remaining Income” (BOX 6).

Enter amount from BOX 4 \_\_\_\_\_ x 36 = BOX 6 . . . .

<b>BOX 6</b> Future Remaining Income
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**Determine your minimum offer** amount by adding the total available assets from BOX 1 to amount in either BOX 5 or BOX 6.

Amount from BOX 1	Amount from either BOX 5 or BOX 6	<b>BOX 7 MINIMUM OFFER AMOUNT</b> Must be more than zero. (BOX 1 plus BOX 5 or 6)
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**SECTION 6 OTHER INFORMATION**

Please provide the additional information requested, which is needed to consider your offer.

- A. Is the business currently in bankruptcy? . . . . .  Yes\*  No  
**\*NOTE:** If this business is currently in a bankruptcy proceeding, the business is not eligible to apply for an offer.
- B. Has the business ever filed bankruptcy? . . . . .  Yes  No  
**If “Yes,”** Date Filed (mmddyyyy) \_\_\_\_\_  
Date Dismissed or Discharged (mmddyyyy) \_\_\_\_\_  
Petition No. \_\_\_\_\_  
Location \_\_\_\_\_
- C. Does this business have other business affiliations (e.g., subsidiary or parent companies)? . . . . .  Yes  No  
**If “Yes,”** Name \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_
- D. Do any related parties (e.g., partners, officers, employees) owe money to the business? . . . . .  Yes  No
- E. Has the business been party to a lawsuit? . . . . .  Yes  No  
**If “Yes,”** Date the lawsuit was resolved (mmddyyyy): \_\_\_\_\_
- F. In the past 10 years, has the business transferred any assets for less than their full value? . . . . .  Yes  No
- G. Has the business been located outside the U.S. for 6 months or longer in the past 10 years? . . . . .  Yes  No
- H. Does the business have any funds being held in trust by a third party? . . . . .  Yes  No

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**SECTION 6 OTHER INFORMATION (cont.)**

I. Does the business have any lines of credit?  Yes  No

If "Yes," Credit limit: \$ \_\_\_\_\_

Amount owed: \$ \_\_\_\_\_

What property secures the line of credit? \_\_\_\_\_

J. Have you filed for an OIC with the IRS for the same periods included in this offer?  Yes  No

If "Yes," describe status or outcome of IRS OIC, understanding Vermont is not bound to adopt the same outcome.


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 7 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 Responsible Officer	Title	Date
Printed name	Email address		

**Remember to include all applicable attachments from list below.**

- A current Profit and Loss statement covering at least the most recent 6-12 month period, if appropriate.
- Copies of the three most recent statements for each bank, investment, and retirement account.
- If an asset is used as collateral on a loan, include copies of the most recent statement from lender(s) on loans, monthly payments, loan payoffs, and balances.
- Copies of the most recent statement of outstanding notes receivable (if applicable).
- Copies of the most recent statements from lenders on loans, mortgages (including second mortgages), monthly payments, loan payoffs, and balances.
- Copies of accountant's depreciation schedules, if applicable.
- Documentation for any claims of "Exceptional circumstances" made in Form OIC-671, Section 3. Examples of possible documentation to include are: copies of actual monthly expenses, out-of-pocket medical expenses, physician's statements detailing illness, etc.
- Attach a Form PA-1, Power of Attorney, if you would like your attorney, account or tax preparer, or other party to represent you and you do not have a current form on file with the Vermont Department of Taxes.
- IRS Information: If applicable, copy of IRS OIC and acceptance letter or other IRS arrangements.