Form **433-A**

(Rev. December 2012)

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.

Name on Internal Revenue Service (IRS) Account	Social Security Number *SSN* on IRS Account	Employer Identification Number *EIN*

Section 1: Personal Information

1a Full Name of Taxpayer and Spouse *(if applicable)*	1c Home Phone ( )	1d Cell Phone ( )
1b Address *(Street, City, State, ZIP code) (County of Residence)*	1e Business Phone ( )	1f Business Cell Phone ( )
	2b Name, Age, and Relationship of dependent(s)	

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

	Social Security No. *(SSN)*	Date of Birth *(mmddyyyy)*	Driver's License Number and State
3a Taxpayer			
3b Spouse			

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.

Taxpayer		Spouse	
4a Taxpayer's Employer Name		5a Spouse's Employer Name	
4b Address *(Street, City, State, and ZIP code)*		5b Address *(Street, City, State, and ZIP code)*	
4c Work Telephone Number ( )	4d Does employer allow contact at work ☐ Yes ☐ No	5c Work Telephone Number ( )	5d Does employer allow contact at work ☐ Yes ☐ No
4e How long with this employer *(years)* *(months)*	4f Occupation	5e How long with this employer *(years)* *(months)*	5f Occupation
4g Number of withholding allowances claimed on Form W-4	4h Pay Period: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other	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)* ☐ Yes ☐ No

☐ Plaintiff ☐ Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit $	Possible Completion Date *(mmddyyyy)*	Subject of Suit	

7 Have you ever filed bankruptcy *(If yes, answer the following)* ☐ Yes ☐ No

Date Filed *(mmddyyyy)*	Date Dismissed *(mmddyyyy)*	Date Discharged *(mmddyyyy)*	Petition No.	Location Filed

8 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)*

9a 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

9b Are you a trustee, fiduciary, or contributor of a trust ☐ Yes ☐ No

Name of the trust:	EIN:

10 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 $

11 In the past 10 years, have you transferred any assets 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