



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**COLLECTION INFORMATION STATEMENT
FOR INDIVIDUALS**

Wage Earners: Complete Sections 1, 2, 3, 7, and 8. Answer all questions or write N/A if not applicable.

Self-Employed Individuals: Complete Sections 1, 3, 4, 5, 6, 7, and 8. Answer all questions or write N/A if not applicable.

To submit: This form must accompany your SC656 (Application for Offer in Compromise)

Section 1: Personal and Household Information

Name _____		Spouse's name (if applicable) _____	
Date of birth _____	SSN _____	Spouse's date of birth _____	Spouse's SSN _____
Street address _____		City _____	State _____ ZIP _____
County of residence _____	Phone _____	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed)	
Do you: <input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input type="checkbox"/> Other (specify) _____		Are you currently in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge/Dismissal date: _____ Have you filed for bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide petition number _____	
List all other persons in household or claimed as dependents			
Name	Age	Relationship	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

Section 2: Employment information for wage earners

Complete this section if you or your spouse are wage earners and received a Form W-2. If you or your spouse have self-employment income (that is if 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. Include attachments if additional space is needed to respond completely to provide full employment information.

Taxpayer	Spouse (if applicable)
Employer _____	Employer _____
Street address _____	Street address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Occupation _____ Duration of employment _____ (years) _____ (months)	Occupation _____ Duration of employment _____ (years) _____ (months)
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	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

Section 3: Personal asset information

Use the most current statement for each type of account, such as checking, savings, money market, investment, and retirement accounts (IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit) and safe deposit boxes.

Cash (domestic and foreign)

Bank Name:			
Account type	Account number	Routing number	Account Balance
Checking			
Saving			
Money market			
Digital currency			

Bank Name:			
Account type	Account number	Routing number	Account Balance
Checking			
Saving			
Money market			
Digital currency			
Total Cash Balance \$			

Investments (domestic and foreign)

Investment type	Account number	Investment type	Account number
Stocks		Stocks	
Bonds		Bonds	
Other (specify)		Other (specify)	
1. Current Market Value	1. \$	1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$	2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$	3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$	4. Total amount (subtract line 3 from line 2)	4. \$

Total Investment Balance (add both lines 4 above) \$

Retirement

Retirement account <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Other (specify) _____ Name of financial institution _____ Account number _____	Retirement account <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Other (specify) _____ Name of financial institution _____ Account number _____
--	--

1. Current Market Value	1. \$	1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$	2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$	3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$	4. Total amount (subtract line 3 from line 2)	4. \$

Total Retirement Balance (add both lines 4 above) \$

Real Estate (Home, condo, co-op, time share, etc)

Property address _____ City _____ State _____ ZIP _____ County and Country _____ How is the title held? (joint tenancy, etc) _____ Description of property _____	Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No County and Country _____ Date purchased _____ Date of final payment _____
--	--

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Property address _____ City _____ State _____ ZIP _____ County and Country _____ How is the title held? (joint tenancy, etc) _____ Description of property _____	Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No County and Country _____ Date purchased _____ Date of final payment _____
--	--

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Total Real Estate Balance (add both lines 4 above) \$

Vehicles (non-leased cars, boats, motorcycles, etc.)

Vehicle make and model	Year	Date purchased	Mileage
Loan	Name of creditor	Date of final payment	Monthly loan amount

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Vehicle make and model	Year	Date purchased	Mileage
Loan	Name of creditor	Date of final payment	Monthly loan amount

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Vehicle make and model	Year	Date purchased	Mileage
Loan	Name of creditor	Date of final payment	Monthly loan amount

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Vehicle make and model	Year	Date purchased	Mileage
Loan	Name of creditor	Date of final payment	Monthly loan amount

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Total Vehicle Balance (add all lines 4 above) \$

Other Valuable Assets (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:	<input type="text"/>
-----------------------	----------------------

Description of asset:	<input type="text"/>
-----------------------	----------------------

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Total Other Valuable Assets Balance (add both lines 4 above) \$

BOX A
Available Individual
Equity in Assets
 \$

Add all totals from Section 3 and enter amount in Box A

Section 4: Self-Employed Information

If you or your spouse are self-employed (e.g., filed Schedules C, E, F, etc.), complete this section.

Is your business a sole proprietorship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Identification number	Business phone number	Number of employees
Business name		Do you or your spouse have any other business interests? Include any interest in an LLC, LLP, corporation, or partnership, etc.	
Street address		<input type="checkbox"/> Yes	If yes, percentage of ownership: <input type="text"/>
City State ZIP		<input type="checkbox"/> No	Title: <input type="text"/>
Description of business		Type of business (select one) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Frequency of tax deposits		Average gross monthly payroll	
		Trade Name or DBA	

Section 5: Business Asset Information (for Self-Employed)

List business assets such as bank accounts, tools, machinery, equipment, business vehicles, and real property that is owned/rented. If additional space is needed, attach a list of items. Do not include 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".

Bank Name:			
Account type	Account number	Routing number	Account Balance
Checking			
Saving			
Money market			
Digital currency			

Bank Name:			
Account type	Account number	Routing number	Account Balance
Checking			
Saving			
Money market			
Digital currency			

Total Accounts Balance \$

Section 5: Business Asset Information (for Self-Employed) continued

Description of asset: <input type="text"/>		Description of asset: <input type="text"/>	
1. Current Market Value	1. \$	1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$	2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$	3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$	4. Total amount (subtract line 3 from line 2)	4. \$

Total Business Asset Balance (add both lines 4 above) \$

Notes Receivable

Do you have notes receivables? Yes No

If yes, attach current listing that includes names and amounts of notes receivable.

Accounts Receivable

Do you have any accounts receivable, including e-payment, factoring companies, and any bartering or online auction account? Yes No

If yes, you may be asked to provide a list of your accounts receivables.

<p>BOX B Available Business Equity in Assets</p> <p>Enter total from Section 5 in Box B \$ <input type="text"/></p>
--

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 1 - 6 and 7 - 18. You may use amounts claimed for income and expenses on your most recent Schedule C. 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 dollar. Do not use 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	1. \$
Gross rental income	2. \$
Interest income	3. \$
Dividends	4. \$
Other income	5. \$
Add lines 1 through 5 =	6. \$

Business Expenses (You may average 6-12 months expenses to determine your average expenses)

Material purchased (items directly related to the production of a product or service)	7. \$
Inventory purchased (goods bought for resale)	8. \$
Gross wages and salaries	9. \$
Rent	10. \$
Supplies (items used to conduct business and used within one year, including books, office supplies, etc)	11. \$
Utilities (including telephone and internet)	12. \$
Vehicle costs (including gas, oil, repairs, and maintenance)	13. \$
Business insurance	14. \$
Current Business Taxes (including real estate, excise, franchise, occupational, sales and employer's portion of employment taxes)	15. \$
Secured debts (not credit cards)	16. \$
Other business debts (include a list)	17. \$
Add lines 7 through 17 =	18. \$

BOX C Net Business Income
Subtract line 18 from line 6 and enter the amount in Box C = \$ _____

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 spouses, non-liable spouses, significant others, children, and others who contribute to the household. This is necessary for the SCDOR to accurately evaluate your offer.

Monthly Household Income

Note: Entire household should also include income that is considered not taxable and may not be included on your tax return.

Primary taxpayer

Round to the nearest whole dollar

Gross wages	Plus (+) Social Security	Plus (+) pensions	Plus (+) other income	Total primary taxpayer income
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	19. \$ <input type="text"/>

Spouse

Gross wages	Plus (+) Social Security	Plus (+) pensions	Plus (+) other income	Total spouse taxpayer income
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	20. \$ <input type="text"/>

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.)	21. \$ <input type="text"/>
Interests and dividends	22. \$ <input type="text"/>
Distributions (e.g., income from partnerships, sub-S Corporations, etc)	23. \$ <input type="text"/>
Non rental income	24. \$ <input type="text"/>
Net business income from Box C	25. \$ <input type="text"/>
Child support received	26. \$ <input type="text"/>
Alimony received	27. \$ <input type="text"/>

BOX D Total Household Income \$ <input style="width: 100%;" type="text"/>

Add lines 19 through 27 and enter the amount in Box D =

Section 7: Monthly Household Income and Expense Information (continued)

Note: For expenses claimed in boxes (28) and (34) only, you should list the full amount of the allowable standard even if the actual amount is less. You may use a reasonable estimate of these expenses.

Round to the nearest whole dollar

Food, clothing, and miscellaneous (including housekeeping supplies, personal care products, minimum payment on credit card)	28. \$
Housing and utilities (including 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)	29. \$
Vehicle loan and lease payments	30. \$
Vehicle operating costs (including average monthly cost of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking tolls, etc.)	31. \$
Public transportation costs (including average monthly cost of fares for mass transit such as bus, train, taxi, etc.)	32. \$
Health insurance premiums	33. \$
Out-of-pocket health care costs (including average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)	34. \$
Court-ordered payments (including monthly cost of any alimony, child support, etc.)	35. \$
Child and dependent care payments (including daycare, etc.)	36. \$
Life insurance premiums	37. \$
Current monthly taxes (including average monthly cost of federal, state, and local tax, personal property tax, etc.)	38. \$
Secured debts (including any loan where you pledged an asset as collateral not previously listed)	39. \$
Enter the amount of your monthly delinquent State and Local Tax payments	40. \$

Add lines 28 through 40 and enter the amount in Box E =

Box E
Total Household Expenses
\$ _____

Subtract Box E from Box D and enter the amount in Box F =

Box F
Remaining Monthly Income
\$ _____

Section 8: 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 Taxpayer

Date (mm/dd/yyyy)
