



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

Form section for personal and household information including Name, Date of birth, SSN, Spouse's name, Street address, City, State, ZIP, County of residence, Phone, Marital status, and bankruptcy questions.

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.

Form section for employment information for wage earners, comparing Taxpayer and Spouse (if applicable) details such as Employer, Street address, City, State, ZIP, Occupation, and Duration of employment.

**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: JP Morgan Chase			
Account type	Account number	Routing number	Account Balance
Checking	000000795016986	061092387	0
Saving	N/A		
Money market	N/A		
Digital currency	N/A		

Bank Name: N/A			
Account type	Account number	Routing number	Account Balance
Checking			
Saving			
Money market			
Digital currency			
<b>Total Cash Balance \$</b>			0

**Investments (domestic and foreign)**

Investment type	Account number	Investment type	Account number
Stocks	N/A	Stocks	N/A
Bonds	N/A	Bonds	N/A
Other (specify)	N/A	Other (specify)	N/A

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) \$**



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

Vehicle make and model	Year	Date purchased	Mileage
VW Jetta	2021	4/1/23	
Loan	Name of creditor	Date of final payment	Monthly loan amount
16000		4/1/29	622

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

1. Current Market Value	1. \$ 15600
2. Quick Sale Value (multiply line 1 by .8)	2. \$ 12480
3. Loan balance	3. \$ 16000
4. Total amount (subtract line 3 from line 2)	4. \$ -3520

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
N/A			
Loan	Name of creditor	Date of final payment	Monthly loan amount

Vehicle make and model	Year	Date purchased	Mileage
N/A			
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. \$

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:	N/A
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. \$

Description of asset:	N/A
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 N/A	Business phone number	Number of employees
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Business name N/A	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"/>	
	<input type="checkbox"/> No	Title: <input type="text"/>	
City State ZIP	Type of business (select one) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
Description of business	Average gross monthly payroll		
Frequency of tax deposits	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: N/A			
Account type	Account number	Routing number	Account Balance
Checking			
Saving			
Money market			
Digital currency			

Bank Name: N/A			
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" value="N/A"/>		Description of asset: <input type="text" value="N/A"/>	
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. \$
<b>Total Business Asset Balance (add both lines 4 above) \$</b>		<input type="text" value="N/A"/>	

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

**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. \$ N/A
Gross rental income	2. \$
Interest income	3. \$
Dividends	4. \$
Other income	5. \$
<b>Add lines 1 through 5 =</b>	<b>6. \$ N/A</b>

**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. \$ N/A
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. \$
<b>Add lines 7 through 17 =</b>	<b>18. \$ N/A</b>

<p><b>BOX C</b>  <b>Net Business</b>  <b>Income</b></p>
<p>Subtract line 18 from line 6 and enter the amount in Box C = \$ N/A</p>

## 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
\$ 3410	\$ N/A	\$ N/A	\$	19. \$ 3,410

#### Spouse

Gross wages	Plus (+) Social Security	Plus (+) pensions	Plus (+) other income	Total spouse taxpayer income
\$ N/A	\$	\$	\$	20. \$ N/A

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. \$ 500
Interests and dividends	22. \$ N/A
Distributions (e.g., income from partnerships, sub-S Corporations, etc)	23. \$ N/A
Non rental income	24. \$ N/A
Net business income from Box C	25. \$ N/A
Child support received	26. \$ N/A
Alimony received	27. \$ N/A

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

<b>BOX D</b> <b>Total Household</b> <b>Income</b>  <b>\$ 3910</b>
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**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. \$ 800
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. \$ 1494
Vehicle loan and lease payments	30. \$ 622
Vehicle operating costs (including average monthly cost of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking tolls, etc.)	31. \$ 250
Public transportation costs (including average monthly cost of fares for mass transit such as bus, train, taxi, etc.)	32. \$ N/A
Health insurance premiums	33. \$ 170
Out-of-pocket health care costs (including average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)	34. \$ 80
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. \$ 142
Current monthly taxes (including average monthly cost of federal, state, and local tax, personal property tax, etc.)	38. \$ 413
Secured debts (including any loan where you pledged an asset as collateral not previously listed)	39. \$ N/A
Enter the amount of your monthly delinquent State and Local Tax payments	40. \$ N/A

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

<b>Box E</b>
Total Household Expenses
\$ 3971

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

<b>Box F</b>
Remaining Monthly Income
\$ -61

**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)

\_\_\_\_\_

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