

Offer in Compromise Worksheet

Taxpayer:
SSN:
Spouse:
SSN:
Business Name (if exist):
Business EIN:
Mailing Addr:
City ST Zip:
email:
Taxpayer phone:
Spouse or other phone:
Are you a new client? <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, who can we thank?

Fax to 972-905-7449, scan email to carlwcpa@gmail.com, or take a pic and text it to me please at 972-672-9968.

Pre questions Are you in an open bankruptcy proceeding? Yes No
(If yes, STOP, come back when that is over)

Pre questions Have you filed all required federal tax returns? Yes No
(if no, its ok - we just have to get you caught up)

Pre questions If you are self-employed and have employees,
have you submitted all required federal tax deposits? Yes No n/a

Pre questions Have you made all required estimated tax payments? Yes No n/a
(if no, it's ok - we will help you figure out how to get caught up)

Pre questions Did the IRS make a mistake in calculating the amount due? Yes No

Pre questions Are you able to start making monthly payments? Y / N If yes,
how much \$

Pre questions Are you able to make a one time down payment? Y / N If yes,
how much \$

Pre questions	What size is your Family Unit:	For that Family Unit size, is your Monthly Income at or below:
	1 <input type="checkbox"/>	\$2,513
	2 <input type="checkbox"/>	\$3,383
	3 <input type="checkbox"/>	\$4,254
	4 <input type="checkbox"/>	\$5,125
	5 <input type="checkbox"/>	\$5,996
	6 <input type="checkbox"/>	\$6,867
	7 <input type="checkbox"/>	\$7,738
	8 <input type="checkbox"/>	\$8,608
	for ea. +1 <input type="checkbox"/> ____ add for ea.	\$871
		<input type="checkbox"/> Yes or <input type="checkbox"/> My income is greater than that.

Pre questions **Please sign the Power of Attorney Form, on the other side of this (or next) page.**

Power of Attorney and Declaration of Representative

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / /

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

<p>Taxpayer name and address This allows us to access your IRS records. Have questions? Call. The main thing I need is your signature on the next page. Fax, scan & email, or take a pic and text it to me please.</p>	<p>Taxpayer identification number(s)</p> <hr/> <p>Daytime telephone number Plan number (if applicable)</p>
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hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

<p>Name and address CARL E. WESSELS, CPA 116 SANTA FE TRL WAXAHACHIE TX 75165-1551</p> <p>Check if to be sent copies of notices and communications <input checked="" type="checkbox"/></p>	<p>CAF No. _____ PTIN _____ Telephone No. 972-672-9968 Fax No. 972-905-7449</p> <p>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/></p>
<p>Name and address</p> <p>Check if to be sent copies of notices and communications <input type="checkbox"/></p>	<p>CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____</p> <p>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/></p>
<p>Name and address</p> <p>(Note: IRS sends notices and communications to only two representatives.)</p>	<p>CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____</p> <p>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/></p>
<p>Name and address</p> <p>(Note: IRS sends notices and communications to only two representatives.)</p>	<p>CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____</p> <p>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/></p>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
INCOME, CIVIL PENALTY, GIFT, PAYROLL, EMPLOYMENT	1040 940	1990 thru 2020
PAYROLL	941	199003 thru 202012

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Use Not Recorded on CAF**

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return; _____

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
 List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

 Signature Date Title (if applicable)

 Print Name Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
 - d** Officer—a bona fide officer of the taxpayer organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer’s immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h** Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k** Qualifying Student—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
 - r** Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
b	Texas	CPA 053712		