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Part II Additional Information

Complete this Part only if all three conditions below apply:

- 1. You defaulted on an installment agreement in the past 12 months;
- 2. You owe more than \$25,000 but not more than \$50,000; and
- 3. The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than \$50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:

- Single. Skip question 16b and go to question 17.
- Married. Go to question 16b.

b Do you share household expenses with your spouse?

- Yes.
- No.

17 How many dependents will you be able to claim on this year's tax return? **17** | _____

18 How many people in your household are 65 or older? **18** | _____

19 How often are you paid?

- Once a week.
- Once every 2 weeks.
- Once a month.
- Twice a month.

20 What is your net income per pay period (take home pay)? **20** | \$ _____

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- Once a week.
- Once every 2 weeks.
- Once a month.
- Twice a month.

22 What is your spouse's net income per pay period (take home pay)? **22** | \$ _____

23 How many vehicles do you own? **23** | _____

24 How many car payments do you have each month? **24** | _____

25a Do you have health insurance?

- Yes. Go to question 25b.
- No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- Yes. Skip question 25c and go to question 26a.
- No. Go to question 25c.

c How much are your monthly health insurance premiums? **25c** | \$ _____

26a Do you make court-ordered payments?

- Yes. Go to question 26b.
- No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- Yes. Go to question 27.
- No. Go to question 26c.

c How much are your court-ordered payments each month? **26c** | \$ _____

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? **27** | \$ _____