



1001 Wilshire Blvd #1370
Los Angeles, CA 90017
Phone: 866-800-0829

Memphis IRS Center COIC Unit
PO Box 30803, AMC
Memphis, TN 38130-0803

Attached in this envelope you will find:

- A \$205 Filing Fee Check
- A \$4 down payment
- A signed Form 2848
- Application Booklet
- A signed and dated Form 656, Offer In Compromise, is enclosed
- A signed and dated Form 433-A (OIC), Collection Information Statement for Wage earners and self employed individuals
- Required Financial Documents

Thank you,

Andrea Coins

Choice Tax Relief | Attorney

Phone (Texts Accepted!): 213-XXXXXX

Fax: 213-XXXXXX

Email: XXXXXXXX@XXXXXX.com

Power of Attorney and Declaration of Representative

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

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date ____/____/____

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.

Taxpayer name and address



Taxpayer identification number(s)



Daytime telephone number



Plan number (if applicable)

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.

Name and address

Gregory Ibbetson JD
18560 Via Princesa # 220
Santa Clarita CA 91387

CAF No. _____

PTIN _____

Telephone No. (213) _____

Fax No. (213) _____

Check if to be sent copies of notices and communications ☒

Check if new: Address ☒ Telephone No. ☐ Fax No. ☐

Name and address

Andrea Coins JD
18560 Via Princesa # 220
Santa Clarita CA 91387

CAF No. _____

PTIN _____

Telephone No. (213) _____

Fax No. (213) _____

Check if to be sent copies of notices and communications ☐

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

Leah McLaughlin EA
18560 Via Princesa # 220
Santa Clarita CA 91387

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

(Note: IRS sends notices and communications to only two representatives.)

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

Logan Allec CPA
18560 Via Princesa # 220
Santa Clarita CA 91387

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

(Note: IRS sends notices and communications to only two representatives.)

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

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

- 3 Acts authorized (you are required to complete line 3).** Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts 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. 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	1040	2000-2027
Separate Assessments	1040	2000-2027
Civil Penalties, SRP	NA	2000-2027

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

- 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 form. 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 Taxpayer declaration and signature.** 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 (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify 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	8/29/2025 _____ Date	_____ Title (if applicable)
 _____ Print name	_____ Print name of taxpayer from line 1 if other than individual	

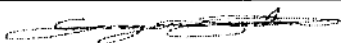
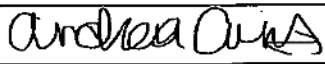
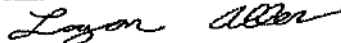
Part II Declaration of Representative

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 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 IRS 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 IRS 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 or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LTC 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
a	CA	223291		8/29/2025
a	FL	1003644		8/29/2025
c	IRS	90010		8/29/2025
b	CA	109761		8/29/2025

APPLICATION CHECKLIST

Review the entire application using the Application Checklist below. Include this checklist with your application.

Forms 433-A (OIC), 433-B (OIC), and 656

- ☒ Did you complete all fields and sign all forms
- ☒ Did you make an offer amount that is equal to the offer amount calculated on the Form 433-A (OIC) or Form 433-B (OIC)? If not, did you describe the special circumstances that are leading you to offer less than the minimum in Section 3, Reason for Offer, of Form 656, and did you provide supporting documentation of the special circumstances
- ☒ Have you filed all required tax returns and received a bill or notice of balance due
- ☐ Did you include a complete copy of any tax return filed within 12 weeks of this offer submission
- ☒ Did you select a payment option on Form 656
- ☒ Did you sign and attach the Form 433-A (OIC), if applicable
- ☐ Did you sign and attach the Form 433-B (OIC), if applicable
- ☒ Did you sign and attach the Form 656
- ☐ If you are making an offer that includes business and individual tax debts, did you prepare a separate Form 656 package (including separate financial statements, supporting documentation, application fee, and initial payment)

Supporting documentation and additional forms

- ☒ Did you include photocopies of all required supporting documentation
- ☒ If you want a third party to represent you and receive confidential information during the offer process, did you include a Form 2848? If you want a third party to only receive confidential information on your behalf, did you include a valid Form 8821? Does the authorization include the current tax year
- ☐ Did you provide a letter of testamentary or other verification of person(s) authorized to act on behalf of the estate or deceased individual

Payment

- ☒ Did you include a check or money order made payable to the "United States Treasury" for the initial payment? (Waived if you meet Low-Income Certification guidelines—see Form 656)
- ☒ Did you include a separate check or money order made payable to the "United States Treasury" for the application fee? (Waived if you meet Low-Income Certification guidelines—see Form 656)

Mail your application package to the appropriate IRS facility

Mail the Form 656, 433-A (OIC) and/or 433-B (OIC), and related financial document(s) to the appropriate IRS processing office for your state.

If you reside in:

AZ, CA, CO, HI, ID, KY, MS, NM, NV, OK, OR, TN,
TX, UT, WA

AK, AL, AR, CT, DC, DE, FL, GA, IA, IL, IN, KS, LA,
MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ,
NY, OH, PA, PR, RI, SC, SD, VA, VT, WI, WV, WY, or a
foreign address

Mail your application to:

Memphis IRS Center COIC Unit
P.O. Box 30803, AMC
Memphis, TN 38130-0803
844-398-5025

Brookhaven IRS Center COIC Unit
P.O. Box 9007
Holtsville, NY 11742-9007
844-805-4980

Offer in Compromise**To: Commissioner of Internal Revenue Service**

In the following agreement, the pronoun "we" may be assumed in place of "I" when there are joint liabilities and both parties are signing this agreement.

I submit this offer to compromise the tax liabilities plus any interest, penalties, additions to tax, and additional amounts required by law for the tax type and period(s) marked in Section 1 or Section 2 below.

Did you use the Pre-Qualifier tool or the Individual Online Account eligibility (IOLA) check prior to filling out this form? Locate the Pre-Qualifier tool on our website at [IRS.gov/OICtool](https://www.irs.gov/OICtool) or individual taxpayers may use the IOLA eligibility check at <https://www.irs.gov/payments/online-account-for-individuals>.

☐ Yes ☒ No

IRS Received Date
(COIC use only)

Note: The use of the Pre-Qualifier tool or IOLA eligibility check is not mandatory before sending in your offer. However, it is recommended.

Attention: You must submit separate offers if either spouse has separate tax liabilities.

Include the \$205 fee and initial payment with your Form 656 unless you qualify for the Low-Income Certification. Fill out either Section 1 or Section 2, but not both.

Section 1 Individual Information (Form 1040 filers)

If you are a 1040, *U.S. Individual Income Tax Return*, filer, an individual with personal liability for Excise tax, individual responsible for Trust Fund Recovery Penalty, self-employed individual, or individual personally responsible for partnership liabilities, you should fill out Section 1.

Your first name, middle initial, last name

XXXXXXXXXX

Social Security Number (SSN), Individual Taxpayer or Identification Number (ITIN) (if applicable)

XXXX-XX-XXXX

If a joint offer, spouse's first name, middle initial, last name

Social Security Number (SSN), Individual Taxpayer or Identification Number (ITIN) (if applicable)

XXXX-XX-XXXX

Your home physical address (street, city, state, ZIP code, county of residence)

XX

Your home mailing address (if a post office box or different from physical address)

Same as Home Address

Is this a new address since your last filed tax return

☐ Yes ☒ No

If yes, would you like us to update our records to this address

☐ Yes ☒ No

Your Employer Identification Number (if applicable)

Individual Tax Periods (For Individual or Sole-Proprietor Tax Debt Only) List all years/periods owed

☒ Form 1040 U.S. Individual Income Tax Return [e.g., 12-31-2021] 2016, 2017

☐ Trust Fund Recovery Penalty as a responsible person of (enter business name)
for failure to pay withholding and Federal Insurance Contributions Act taxes (Social Security taxes), for period(s) ending [e.g., 03-31-2021]

☐ Form 941 Employer's Quarterly Federal Tax Return - Quarterly period(s)

☐ Form 940 Employer's Annual Federal Unemployment (FUTA) Tax Return - Year(s) [e.g., 12-31-2021]

☐ Other Federal Tax(es) [specify type(s) and period(s)]

Note: If you need more space, use attachment and title it "Attachment to Form 656 dated _____." Make sure to sign and date the attachment.

Warning: The IRS will not compromise any amounts of restitution assessed by the IRS or any tax periods the IRS has referred to the DOJ. Any liability arising from restitution is excluded from this offer. Also, the IRS will not compromise any liability for which an election under IRC § 965(i) is made; such liabilities are excluded from this offer. Any offer containing a liability for which payment is being deferred under IRC § 965(h)(1) can only be processed for investigation if an acceleration of payment under section 965(h)(3) and the regulations thereunder has occurred and no portion of the liability to be compromised resulted from entering into a transfer agreement under section 965(h)(3).

Low-Income Certification (Individuals and Sole Proprietors Only)

Do you qualify for Low-Income Certification? You qualify if your adjusted gross income, as determined by your most recently filed Individual Income Tax return (Form 1040) or your household's gross monthly income from Form 433-A(OIC) x 12, is equal to or less than the amount shown in the chart below based on your family size and where you live. If you qualify, you are not required to submit any payments or the application fee upon submission or during the consideration of your offer. If your business is other than a sole proprietor or the offer is being filed for a deceased individual, you do not qualify for Low-Income Certification. The IRS will verify whether you qualify for Low-Income Certification.

Note: By checking one of the boxes below you are certifying that your adjusted gross income or your household's gross monthly income x 12 and size of your family qualify you for the Low-Income Certification.

- ☐ I qualify for the Low-Income Certification because my adjusted gross income for my household's size is equal to or less than the amount shown in the table below.
- ☐ I qualify for the Low-Income Certification because my household's size and gross monthly income x 12 is equal to or less than the income shown in the table below.

IF YOU QUALIFY FOR THE LOW-INCOME CERTIFICATION DO NOT INCLUDE ANY PAYMENTS WITH YOUR OFFER. Generally these payments will not be returned and will be applied to the tax liability in the best interest of the government.

Size of family unit	48 contiguous states, D.C., and U.S. Territories	Alaska	Hawaii
1	\$37,650.00	\$47,025.00	\$43,275.00
2	\$51,100.00	\$63,850.00	\$58,750.00
3	\$64,550.00	\$80,675.00	\$74,225.00
4	\$78,000.00	\$97,500.00	\$89,700.00
5	\$91,450.00	\$114,325.00	\$105,175.00
6	\$104,900.00	\$131,150.00	\$120,650.00
7	\$118,350.00	\$147,975.00	\$136,125.00
8	\$131,800.00	\$164,800.00	\$151,600.00
For each additional person, add	\$13,450.00	\$16,825.00	\$15,475.00

Section 2 Business Information (Form 1120, 1065, etc., filers)

If your business is a Corporation, Partnership, LLC, or LLP and you want to compromise those tax debts, you must complete this section. You must also include all required documentation including the Form 433-B (OIC), a \$205 application fee, and initial payment.

Business name

Business physical address (street, city, state, ZIP code)

Business mailing address (street, city, state, ZIP code)

Is this a new address since your last filed tax return ☐ Yes ☐ No

If yes, would you like us to update our records to this address ☐ Yes ☐ No

Employer Identification Number (EIN)	Name and title of primary contact	Telephone number
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Business Tax Periods (If Your Offer is for Business Tax Debt Only) List all years/periods owed

- ☐ Form 1120 U.S. Corporate Income Tax Return - [e.g., 12-31-2021] _____
- ☐ Form 941 Employer's Quarterly Federal Tax Return - [e.g., 03-31-2021] _____
- ☐ Form 940 Employer's Annual Federal Unemployment (FUTA) Tax Return - [e.g., 12-31-2021] _____
- ☐ Other Federal Tax(es) [specify type(s) and period(s)] _____

Note: If you need more space, use attachment and title it "Attachment to Form 656 dated _____." Make sure to sign and date the attachment.

Section 3 Reason for Offer

Select only ONE of the three check boxes below.

- ☐ **Doubt as to Collectibility** - I do not have enough in assets and income to pay my full tax liability. I have offered the minimum offer amount calculated on Form 433-A(OIC) and/or Form 433-B(OIC).
- Note:** If you have special circumstances which would prevent you from paying the minimum offer amount calculated on Form 433-A (OIC) due to economic hardship attach a detailed explanation.
- ☐ **Effective Tax Administration - Economic Hardship** - I have enough in assets and income to pay my full tax liability but due to my special circumstances, requiring full payment would cause an economic hardship. I owe this tax liability. (Only individuals qualify for this consideration). **Attach a detailed explanation.**
- ☐ **Effective Tax Administration - Public Policy or Equity** - I have enough in assets and income to pay my full tax liability but collection of the full liability could be viewed as inequitable. I owe this tax liability. The amount I am offering is based on my exceptional circumstances, not economic hardship. Example: A payroll service provider misappropriated taxes withheld from my employees. **Attach a detailed explanation.**

Section 4 Payment Terms

Check only one of the payment options below to indicate how long it will take you to pay your offer in full. You must offer more than \$0. The offer amount should be in whole dollars only.

Lump Sum

- ☒ **Check here if you will pay your offer in 5 or fewer payments within 5 or fewer months from the date of acceptance:**

Enclose a check for 20% of the offer amount (waived if you met the requirements for Low-Income Certification) and fill in the amount(s) of your future payment(s).

Total offer amount		-	20% initial payment		=	Remaining balance	
\$ 20.00		-	\$ 4.00		=	\$ 16.00	
You may pay the remaining balance in one payment after acceptance of the offer or up to five payments, but cannot exceed 5 months.							
Amount of payment	\$		payable within	1		Month after acceptance	
Amount of payment	\$		payable within	2		Months after acceptance	
Amount of payment	\$		payable within	3		Months after acceptance	
Amount of payment	\$		payable within	4		Months after acceptance	
Amount of payment	\$ 16		payable within	5		Months after acceptance	

Periodic Payment

- ☐ **Check here if you will pay your offer in full in 6 to 24 months**

Enter the amount of your offer \$ _____

Note: The total months may not exceed a total of 24. For example, if you are requesting your payments extend for 24 months then your first payment is considered to be month 1 and your last payment is considered month 24. There will be 22 payments between the first and last month.

Enclose a check for the first month's payment (waived if you met the requirements for Low-Income Certification).

The first monthly payment of \$ _____ is included with this offer then \$ _____ will be paid on the (pick number 1-28) _____ day of each month thereafter for _____ months with a final payment of \$ _____ to be paid on the _____ day of the _____ month.

You must continue to make these monthly payments while the IRS is considering the offer (waived if you met the requirements for Low-Income Certification). Failure to make regular monthly payments until you have received a final decision letter will cause your offer to be returned with no appeal rights. If you qualified under the Low-Income Certification and are not required to submit payments while the offer is under consideration, your first payment will be due 30 calendar days after acceptance of the offer, unless another date is agreed to in an amended offer.

Section 5 Designation of Payment and Electronic Federal Tax Payment System (EFTPS)

Designation of Payment

If you want the IRS to apply your payment to a specific tax year and a specific tax debt, such as employment taxes or a Trust Fund Recovery Penalty, tell us the tax period/quarter _____. If you are not specific with your designation we will apply any money you send to the government's best interest. If you want to designate any future payments not included with this Form 656 while the offer is pending [see section 7(j) below] with the IRS, you must include the specific tax year and type of tax at the time each payment is made. However, you cannot designate the application fee or any payment after the IRS accepts the offer.

Note: Payments submitted with your offer cannot be designated as estimated tax payments for a current or past tax year.

Electronic Federal Tax Payment System (EFTPS) Or Individual Online Account (IOLA)

List offer payments made through Electronic Federal Tax Payment System (EFTPS) or Individual Online Account (IOLA) below.

Offer application fee	Date	Electronic funds transfer number (15 digits)
Offer payment	Date	Electronic funds transfer number (15 digits)

Note: Any Offer Application Fee or initial payment made electronically must be made the same date your offer is mailed or filed through Individual Online Account.

Section 6 Source of Funds, Making Your Payment, Filing Requirements, and Tax Payment Requirements

Source of Funds

Tell us where you will obtain the funds to pay your offer

I will borrow from friends and/or family

Making Your Payment

Include separate checks for the payment and application fee. Note: Checks apply to paper filed offers only.

Make checks payable to the "United States Treasury" and attach to the front of your Form 656, Offer in Compromise. All payments must be in U.S. dollars. **Do not send cash.** Send a separate application fee with each offer; do not combine it with any other tax payments, as this may delay processing of your offer. You may also make payments electronically through [Electronic Federal Tax Payment System \(EFTPS\)](#). Individual taxpayers may also make OIC payments via [Individual Online Account](#). Your offer will be returned to you if the application fee and the required payment are not included, or if your check is returned for insufficient funds.

Filing Requirements

- ☒ I have filed all required tax returns and have included a complete copy of any tax return filed within 10 weeks of this offer submission
- ☐ I was not required to file a tax return for the following years _____

Note: Do not include original tax returns with your offer. If you send a copy of a tax return already filed, clearly mark it as a copy. You must either electronically file your tax return or mail it to the appropriate IRS processing office before sending in your offer.

Tax Payment Requirements (check all that apply)

- ☐ I have made all required estimated tax payments for the current tax year
- ☒ I am not required to make any estimated tax payments for the current tax year
- ☐ I have made all required federal tax deposits for the current quarter and two preceding quarters
- ☒ I am not required to make any federal tax deposits for the current quarter and two preceding quarters

Section 7 Offer Terms

By submitting this offer, I have read, understand and agree to the following terms and conditions:

Terms, Conditions, and Legal Agreement

a) I request that the IRS accept the offer amount listed in this offer application as payment of my outstanding tax debt arising under Title 26 (including interest, penalties, and any additional amounts required by law) as of the date listed on this form. I authorize the IRS to amend Section 1 or Section 2 if I failed to list any of my assessed tax debt or tax debt assessed before acceptance of my offer. By submitting a joint offer, both signers grant approval to the Internal Revenue Service to disclose the existence of any separate liabilities owed.

b) I also authorize the IRS to amend Section 1 or Section 2 by removing any tax years on which there is currently no outstanding liability. I understand that my offer will be accepted, by law, unless the IRS notifies me otherwise, in writing, within 24 months of the date my offer was received by our IRS centralized offer in compromise unit, located in Memphis/Brookhaven. See mailing instructions on page 29 of Form 656-B for offers that are mailed. Individual taxpayers may file offers through Individual Online Account (IOLA). The 24-month period for a deemed acceptance will not begin to run until the correct site receives the offer. I also understand that if any tax debt that is included in the offer is in dispute in any judicial proceeding that tax debt will not be included in determining the expiration of the 24-month period. I instruct the IRS to disregard any period on my Form 656 for court ordered restitution or under the jurisdiction of the Department of Justice.

Section 7 (Continued) Offer Terms**IRS will keep my payments, fees, and some refunds.**

c) I voluntarily submit the payments made on this offer and understand that they will not be returned even if I withdraw the offer or the IRS rejects or returns the offer. Unless I designate how to apply each required payment in Section 5, the IRS will apply my payment in the best interest of the government, choosing which tax years and tax debts to pay off. The IRS will also keep my application fee unless the offer is not accepted for processing.

d) I understand that if I checked the Low-Income Certification in Section 1, then no payments are required. If I qualify for the Low-Income Certification and voluntarily submit payments, all money will be applied to my tax debt and will not be returned to me.

e) Treas. Reg. section 301.7122(e)(5) states, in part, that acceptance of an offer in compromise will conclusively settle the liability for the tax periods specified in the offer. To enforce the regulation as a contract term, I agree that I cannot file an amended return for the tax years listed on Form 656 after the offer is accepted. Further, I agree that I will not file an amended return for the tax years listed on Form 656 after I have submitted my offer and while my offer remains pending [see section 7(j) below] with the Service. The filing of the amended return could be considered grounds for termination. In addition, any refunds related to an amended return filed for a tax year which has an ending date prior to offer acceptance will be offset to the tax liability. If I receive a refund prior to offer acceptance, or based on an amended return for any tax periods extending to the date my offer is accepted, I will return the refund within 30 days of receiving the refund. The IRS will keep any refund, including interest, that I might be due for tax assessed before the date the IRS accepts my offer. Systemic offset of overpayments will continue in accordance with IRC 6402(a) prior to the offer acceptance date. I understand that my tax refund may be offset to the tax liability while the offer is pending, but that assistance could be available for taxpayers (other than businesses) facing an economic hardship.

f) I understand that the amount I am offering may not include part or all of an expected or current tax refund, money already paid, funds attached by any collection action, or anticipated benefits from a capital or net operating loss.

g) The IRS will keep any monies it has collected prior to this offer. Under section 6331(k), the IRS may levy on my property and rights to property up to the time that the IRS official signs and acknowledges my offer as pending. The IRS may keep any proceeds arising from such a levy. No levy will be issued on individual shared responsibility payments. However, if the IRS served a continuous levy on wages, salary, or certain federal payments under sections 6331(e) or (h), then the IRS could choose to either retain or release the levy.

h) The IRS will keep any payments that I make related to this offer. I agree that any funds submitted with this offer will be treated as a payment. I also agree that any funds submitted with periodic payments made after the submission of this offer and prior to the acceptance, rejection, or return of this offer will be treated as payments.

i) If my offer is accepted and my final payment is more than the agreed amount, the IRS will not return the difference, but will apply the entire payment to my tax debt.

Pending status of an offer and right to appeal

j) Once an authorized IRS official signs this form, my offer is considered pending as of that signature date and it remains pending until the IRS accepts, rejects, or returns my offer, or I withdraw my offer. An offer is also considered pending for 30 days after any rejection of my offer by the IRS, and during the time that any rejection of my offer is being considered by the Appeals Office. An offer will be considered withdrawn when the IRS receives my written notification of withdrawal by personal delivery or certified mail or when I inform the IRS of my withdrawal by other means and the IRS acknowledges in writing my intent to withdraw the offer. For joint offers in compromise, if one spouse withdraws the offer, the offer will be considered to be withdrawn.

k) I waive the right to an Appeals hearing if I do not request a hearing in writing within 30 days of the date the IRS notifies me of the decision to reject the offer.

I must comply with my future tax obligations and understand I remain liable for the full amount of my tax debt until all terms and conditions of this offer have been met.

l) As both an express condition and as a contractual promise, I will strictly comply with all provisions of the internal revenue laws, including requirements to timely file tax returns and timely pay taxes for the five year period beginning with the date of acceptance of this offer and ending through the fifth year. I agree to promptly pay any liabilities assessed after acceptance of this offer for tax years ending prior to acceptance of this offer that were not otherwise identified in Section 1 or Section 2 of this agreement. I also understand that during the five year period I cannot request an installment agreement for unpaid taxes incurred before or after the accepted offer. I understand that I cannot request an offer for a tax liability during the five year period. If this is an offer being submitted for joint tax debt, and one of us does not comply with future obligations, only the non-compliant taxpayer will be in default of this agreement. An accepted offer will not be defaulted solely due to the assessment of an individual shared responsibility payment. I understand failure to pay any restitution-based assessments will provide basis for the default of my offer acceptance for administrative tax periods included on this Form 656.

m) I agree that I will remain liable for the full amount of the tax liability, accrued penalties and interest, until I have met all of the terms and conditions of this offer. Penalties and interest will continue to accrue until all payment terms of the offer have been met. If I file for bankruptcy before the terms and conditions of the offer are met, I agree that the IRS may file a claim for the full amount of the tax liability, accrued penalties and interest, and that any claim the IRS files in the bankruptcy proceeding will be a tax claim.

n) Once the IRS accepts my offer in writing, I have no right to challenge the tax debt(s) in court or by filing a refund claim or refund suit for any liability or period listed in Section 1 or Section 2, even if the IRS defaults or rescinds the offer.

Section 7 (Continued) Offer Terms

I understand what will happen if I fail to meet the terms of my offer (e.g., default).	o) If I fail to meet any of the terms of this offer, the IRS may revoke the certificate of release of federal tax lien and file a new notice of federal tax lien; levy or sue me to collect any amount ranging from one or more missed payments to the original amount of the tax debt (less payments made) plus penalties and interest that have accrued from the time the underlying tax liability arose. The IRS will continue to add interest, as required by section 6601 of the Internal Revenue Code, on the amount the IRS determines is due after default. I agree that if I provide false information or documents in conjunction with this offer or conceal my assets or my ability to pay, then the IRS may reopen my offer and exercise its discretion in the further treatment of the offer, including a termination of the offer contract. If the IRS terminates my offer contract, I will be liable for the full amount of the tax liability, accrued penalties and interest.
I agree to waive time limits provided by law.	p) To have my offer considered, I agree to the extension of the time limit provided by law to assess my tax debt (statutory period of assessment). I agree that the date by which the IRS must assess my tax debt will now be the date by which my debt must currently be assessed plus the period of time my offer is pending plus one additional year if the IRS rejects, returns, or terminates my offer or I withdraw it. (Paragraph (j) of this section defines pending and withdrawal.) I understand that I have the right not to waive the statutory period of assessment or to limit the waiver to a certain length or certain periods or issues. I understand, however, that the IRS may not consider my offer if I refuse to waive the statutory period of assessment or if I provide only a limited waiver. I also understand that the statutory period for collecting my tax debt will be suspended during the time my offer is pending with the IRS, for 30 days after any rejection of my offer by the IRS, and during the time that any rejection of my offer is being considered by the Independent Office of Appeals. By submitting this offer I immediately withdraw any pending installment agreement that is on file for all tax periods and I understand a pending installment agreement (an installment agreement that has been accepted for processing but the IRS has not accepted its terms) will not be automatically reinstated after the offer is closed.
I understand the IRS may file a Notice of Federal Tax Lien on my property.	q) The IRS may file a Notice of Federal Tax Lien during consideration of the offer or for offers that will be paid over time. If the offer is accepted, the tax lien(s) for the periods and taxes listed in Section 1 will generally be released within 45 days after the final payment has been received and verified. The time it takes to transfer funds to the IRS from commercial institutions varies based on the form of payment. If I have not finished paying my offer amount, then the IRS may be entitled to any proceeds from the sale of my property. The IRS will not file a Notice of Federal Tax Lien on any individual shared responsibility debt.
Correction Agreement	r) I authorize the IRS to correct any typographical or clerical errors or make minor modifications to my Form 656 that I signed in connection to this offer.
I authorize the IRS to contact relevant third parties in order to process my offer.	s) By authorizing the IRS to contact third parties, I understand that I will not be notified of which third parties the IRS contacts as part of the offer application process, including tax periods that have not been assessed, as stated in §7602 (c) of the Internal Revenue Code. In addition, I authorize the IRS to request a consumer report on me from a credit bureau.
I am submitting an offer as an individual for a joint liability.	t) I understand if the liability sought to be compromised is the joint and individual liability of myself and my co-obligor(s) and I am submitting this offer to compromise my individual liability only, then if this offer is accepted, it does not release or discharge my co-obligor(s) from liability. The United States still reserves all rights of collection against the co-obligor(s).
I understand the IRS Shared Responsibility Payment (SRP).	u) If your offer includes any shared responsibility payment (SRP) amount that you owe for not having minimum essential health coverage for you and, if applicable, your dependents per Internal Revenue Code Section 5000A - Individual shared responsibility payment, it is not subject to penalties (except applicable bad check penalty) or to lien and levy enforcement actions. However, interest will continue to accrue until you pay the total SRP balance due. We may apply your federal tax refunds to the SRP amount that you owe until it is paid in full.
I understand the IRS is required to make certain information public.	v) The IRS is required to make certain information, such as taxpayer name, city/state/zip, liability amount, and offer terms, available for public inspection and review for one year after the date of offer acceptance.
Secure Messaging	w) By sending and receiving encrypted messages through the IRS Secure Messaging platform, I agree to accept offer final determination letters on this platform.
I understand that my joint offer in compromise will remain joint.	x) If I submit a joint offer in compromise, it will remain joint unless both my spouse and I submit amended Forms 656.

Section 8 Signatures

Under penalties of perjury, I declare that I have examined this offer, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Taxpayer/Corporation Name

Phone number

Today's date (mm/dd/yyyy)

09/24/2025

☐ By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

Signature of Spouse/Authorized Corporate Officer

Phone number

Today's date (mm/dd/yyyy)

☐ By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

Section 9 Paid Preparer Use Only

Signature of Preparer

Phone number

Today's date (mm/dd/yyyy)

(213)

8/29/2025

☒ By checking this box you are authorizing the IRS to contact you at the telephone number listed above and leave detailed messages concerning this offer on your voice mail or answering machine.

Name of Paid Preparer

Andrea Coins JD

Preparer's CAF no. or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

18560 Via Princessa # 220
Santa Clarita CA 91387

If you would like to have someone represent you during the offer investigation, attach a valid, signed Form 2848 with this application or a copy of a previously filed form. Form 2848 allows for representation and receipt of confidential information. You should also include the current tax year on the form, in the list of applicable years or periods.

Form 8821 allows a third party to receive confidential information but they cannot represent you before the IRS in a Collection matter. If you would like a third party to receive confidential information on your behalf attach a copy if previously filed and include the current tax year on the form.

IRS Use Only. I accept the waiver of the statutory period of limitations on assessment for the Internal Revenue Service, as described in Section 7(p).		
Signature of Authorized Internal Revenue Service Official	Title	Date (mm/dd/yyyy)

Privacy Act Statement

We ask for the information on this form to carry out the internal revenue laws of the United States. Our authority to request this information is section § 7801 of the Internal Revenue Code.

Our purpose for requesting the information is to determine if it is in the best interests of the IRS to accept an offer. You are not required to make an offer; however, if you choose to do so, you must provide all of the taxpayer information requested. Failure to provide all of the information may prevent us from processing your request.

If you are a paid preparer and you prepared the Form 656 for the taxpayer submitting an offer, we request that you complete and sign Section 9 on Form 656, and provide identifying information. Providing this information is voluntary. This information will be used to administer and enforce the internal revenue laws of the United States and may be used to regulate practice before the Internal Revenue Service for those persons subject to Treasury Department Circular No. 230, Regulations Governing the Practice of Attorneys, Certified Public Accountants, Enrolled Agents, Enrolled Actuaries, and Appraisers before the Internal Revenue Service. Information on this form may be disclosed to the Department of Justice for civil and criminal litigation. We may also disclose this information to cities, states and the District of Columbia for use in administering their tax laws and to combat terrorism. Providing false or fraudulent information on this form may subject you to criminal prosecution and penalties.

Department of the Treasury — Internal Revenue Service
Collection Information Statement for Wage Earners and Self-Employed Individuals

Use this form if you are

- An individual who owes income tax on a Form 1040, U.S. Individual Income Tax Return
- An individual with a personal liability for Excise Tax
- An individual responsible for a Trust Fund Recovery Penalty
- An individual who is self-employed or has self-employment income. You are considered to be self-employed if you are in business for yourself, or operate a trade or business.
- An individual who is personally responsible for a partnership liability (only if the partnership is submitting an offer)
- An individual who is submitting an offer on behalf of the estate of a deceased person

Note: Include attachments if additional space is needed to respond completely to any question. This form should only be used with the Form 556, Offer in Compromise.

Section 1 Personal and Household Information

Last name [REDACTED]	First name [REDACTED]	Date of birth (mm/dd/yyyy) [REDACTED]	Social Security Number or ITIN [REDACTED] [REDACTED] [REDACTED]
Marital status ☒ Unmarried ☐ Married If married, date of marriage (mm/dd/yyyy)	Home physical address (street, city, state, ZIP code) [REDACTED]	Do you ☐ Own your home ☒ Rent ☐ Other (specify e.g., share rent, live with relative, etc.)	
☐ If you were married and lived in AZ, CA, ID, LA, NM, NV, TX, WA or WI within the last ten years check here			
County of residence [REDACTED]	Primary phone [REDACTED]	Home mailing address (if different from above or post office box number)	
Secondary phone	FAX number		

Provide information about your spouse.

Spouse's last name	Spouse's first name	Date of birth (mm/dd/yyyy)	Social Security Number
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Provide information for all other persons in the household or claimed as a dependent.

Name	Age	Relationship	Claimed as a dependent on your Form 1040	Contributes to household income
N/A			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

Section 2 Employment Information for Wage Earners

Complete this section if you or your spouse are wage earners and receive a Form W-2. If you or your spouse have self-employment income (that is 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.

Your employer's name H-E-B. LP	Pay period ☒ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other	Employer's address (street, city, state, ZIP code) [REDACTED]
Do you have an ownership interest in this business ☐ Yes (also complete and submit Form 433-B) ☐ No		
Your occupation	How long with this employer (years) (months)	
Spouse's employer's name N/A	Pay period ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other	Employer's address (street, city, state, ZIP code)
Does your spouse have an ownership interest in this business ☐ Yes (also complete and submit Form 433-B) ☐ No		
Spouse's occupation	How long with this employer (years) (months)	

Section 3 Personal Asset Information (Domestic and Foreign)

Use the most current statement for each type of account, such as checking, savings, money market and online accounts, stored value cards (such as a payroll card from an employer), investment, retirement accounts (IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit) and digital assets, or financial interests in digital assets, such as non-fungible tokens (NFTs) and virtual currencies, such as cryptocurrencies and stablecoins, life insurance policies that have a cash value, or may be sold on a secondary market, a life settlement, and safe deposit boxes including those located in foreign countries or jurisdictions. Asset value is subject to adjustment by IRS based on individual circumstances. Enter the total amount available for each of the following (if additional space is needed include attachments). Ensure you also include assets located in foreign countries or jurisdictions and add attachment(s) if additional space is needed to respond.

Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0".

Cash and Investments (domestic and foreign)

☐ Cash ☒ Checking ☐ Savings ☐ Money Market Account/CD ☐ Online Account ☐ Stored Value Card				
Bank name and country location		Account number		(1a) \$ 15.00
Capital One				
☒ Checking ☐ Savings ☐ Money Market Account/CD ☐ Online Account ☐ Stored Value Card				
Bank name and country location		Account number		(1b) \$ 0.00
Bank of America				
Total of bank accounts from attachment				(1c) \$ 0.00
Add lines (1a) through (1c) minus (\$1,000) =				(1) \$ 0.00
Investment account ☐ Stocks ☐ Bonds ☐ Other				
Name of Financial Institution and country location		Account number		(2a) \$
N/A				
Current market value		Minus loan balance		
\$		- \$ =		
Investment account ☐ Stocks ☐ Bonds ☐ Other				
Name of Financial Institution and country location		Account number		(2b) \$
Current market value		Minus loan balance		
\$		- \$ =		
☐ Digital asset	Number of units	Location of digital asset (exchange account, self-hosted wallet)	Account number for assets held by a custodian or broker	
Description of digital asset				
Digital asset address for self-hosted digital assets		US dollar equivalent of the digital asset as of today		
		\$ = (2c) \$		
Total investment accounts from attachment. [current market value minus loan balance(s)]				(2d) \$ 0.00
Add lines (2a) through (2d) =				(2) \$ 0.00
Retirement account ☐ 401K ☐ IRA ☐ Other				
Name of Financial Institution and country location		Account number		(3a) \$
N/A				
Current market value		Minus loan balance		
\$		X .8 = \$ - \$ =		
Total of retirement accounts from attachment. [current market value X .8 minus loan balance(s)]				(3b) \$ 0.00
Add lines (3a) through (3b) =				(3) \$ 0.00
Note: Your reduction from current market value may be greater than 20% due to potential tax consequences/withdrawal penalties.				
Cash value of Life Insurance Policies				
Name of Insurance Company		Policy number		(4a) \$
Current cash value		Minus loan balance		
\$		- \$ =		
Total cash value of life insurance policies from attachment		Minus loan balance(s)		(4b) \$ 0.00
\$ 0.00		- \$ 0.00 =		
Add lines (4a) through (4b) =				(4) \$ 0.00

Section 3 (Continued) Personal Asset Information (Domestic and Foreign)

Real property – Enter information about any house, condo, co-op, time share, etc. that you own (or have interest in through a life estate), or that your spouse owns if you live in a community property state.

Is your real property currently for sale or do you anticipate selling your real property to fund the offer amount

☐ Yes (listing price) ☒ No

Property description (indicate if personal residence, rental property, vacant, etc.) N/A		Purchase date (mm/dd/yyyy)		
Amount of mortgage payment	Date of final payment	How title is held (joint tenancy, etc.)		
Location (street, city, state, ZIP code, county, and country)		Lender/Contract holder name, address (street, city, state, ZIP code) and phone		
Current market value		Minus loan balance (mortgages, etc.)		
\$ _____ X .8 = \$ _____		– \$ _____ (total value of real estate) =		(5a) \$
Property description (indicate if personal residence, rental property, vacant, etc.)		Purchase date (mm/dd/yyyy)		
Amount of mortgage payment	Date of final payment	How title is held (joint tenancy, etc.)		
Location (street, city, state, ZIP code, county, and country)		Lender/Contract holder name, address (street, city, state, ZIP code) and phone		
Current market value		Minus loan balance (mortgages, etc.)		
\$ _____ X .8 = \$ _____		– \$ _____ (total value of real estate) =		(5b) \$
Total value of property(s) from attachment [current market value X .8 minus any loan balance(s)]				(5c) \$ 0.00
Add lines (5a) through (5c) =				(5) \$ 0.00

Vehicles (enter information about any cars, boats, motorcycles, etc. that you own or lease).

Include those located in foreign countries or jurisdictions. If additional space is needed, list on an attachment.

Vehicle make & model N/A		Year	Date purchased	Mileage	License/Tag number	
☐ Lease	Name of creditor	Date of final payment	Monthly lease/loan amount			
☐ Own			\$			
Current market value		Minus loan balance		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =		
\$ _____ X .8 = \$ _____		– \$ _____				(6a) \$
Subtract \$3,450 from line (6a) (If line (6a) minus \$3,450 is a negative number, enter "0")						(6b) \$
Vehicle make & model		Year	Date purchased	Mileage	License/Tag number	
☐ Lease	Name of creditor	Date of final payment	Monthly lease/loan amount			
☐ Own			\$			
Current market value		Minus loan balance		Total value of vehicle (if the vehicle is leased, enter 0 as the total value) =		
\$ _____ X .8 = \$ _____		– \$ _____				(6c) \$
If you are filing a joint offer, subtract \$3,450 from line (6c) (If line (6c) minus \$3,450 is a negative number, enter "0") If you are not filing a joint offer, enter the amount from line (6c)						(6d) \$
Total value of vehicles listed from attachment [current market value X .8 minus any loan balance(s)]						(6e) \$ 0.00
Total lines (6b), (6d), and (6e) =						(6) \$ 0.00

Section 3 (Continued) Personal Asset Information (Domestic and Foreign)

Other valuable items (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(s) N/A		
Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	- \$ _____	= (7a) \$ _____
Value of remaining furniture and personal effects (not listed above)		
Description of asset		
Current market value	Minus loan balance	
\$ _____ X .8 = \$ _____	- \$ _____	= (7b) \$ _____
Total value of valuable items listed from attachment [current market value X .8 minus any loan balance(s)]		(7c) \$ 0.00
Add lines (7a) through (7c) minus IRS deduction of \$11,710 =		(7) \$ 0.00
Do not include amount on the lines with a letter beside the number. Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line. Add lines (1) through (7) and enter the amount in Box A =		Box A Available Individual Equity in Assets \$ 0.00

NOTE: If you or your spouse are self-employed, Sections 4, 5, and 6 must be completed before continuing with Sections 7 and 8.**Section 4 Self-Employed Information**

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

Is your business a sole proprietorship ☐ Yes ☒ No		Address of business (if other than personal residence)	
Name of business N/A			
Business telephone number	Employer Identification Number	Business website address	Trade name or DBA
Description of business	Total number of employees	Frequency of tax deposits	Average gross monthly payroll \$
Do you or your spouse have any other business interests? Include any interest in an LLC, LLP, corporation, partnership, etc. ☐ Yes (percentage of ownership: _____) Title _____ ☒ No		Business address (street, city, state, ZIP code)	
Business name		Business telephone number	Employer Identification Number
Type of business (select one) ☐ Partnership ☐ LLC ☐ Corporation ☐ Other _____			

Section 5 Business Asset Information (for Self-Employed) (Domestic and Foreign)

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

☐ Cash ☐ Checking ☐ Savings ☐ Money Market/CD ☐ Online Account ☐ Stored Value Card			
Bank name and country location N/A		Account number	
		(8a) \$	
☐ Cash ☐ Checking ☐ Savings ☐ Money Market/CD ☐ Online Account ☐ Stored Value Card			
Bank name and country location		Account number	
		(8b) \$	
☐ Digital asset	Number of units	Location of digital asset (exchange account, self-hosted wallet)	Account number for assets held by a custodian or broker
Description of digital asset			
Digital asset address for self-hosted digital assets		US dollar equivalent of the digital asset as of today	
		\$ _____ = (8c) \$	
		Total bank accounts from attachment (8d) \$ 0.00	
		Add lines (8a) through (8d) = (8) \$ 0.00	

Section 5 (Continued) Business Asset Information (for Self-Employed) (Domestic and Foreign)

Description of asset

N/A

Current market value	Minus loan balance	Total value (if leased or used in the production of income, enter 0 as the total value)	=	(9a) \$
\$ _____ X .8 = \$ _____	- \$ _____			
Description of asset:				
Current market value	Minus Loan Balance	Total value (if leased or used in the production of income, enter 0 as the total value)	=	(9b) \$
\$ _____ X .8 = \$ _____	- \$ _____			
Total value of assets listed from attachment [current market value X .8 minus any loan balance(s)]				(9c) \$ 0.00
Add lines (9a) through (9c) =				(9) \$ 0.00
IRS allowed deduction for professional books and tools of trade for individuals and sole-proprietors -				(10) \$
Enter the value of line (9) minus line (10). If less than zero enter zero. =				(11) \$ 0.00

Notes ReceivableDo you have notes receivable ☐ Yes ☒ No

If yes, attach current listing that includes name(s) and amount of note(s) receivable

Accounts ReceivableDo you have accounts receivable, including e-payment, factoring companies, and any bartering or online auction accounts ☐ Yes ☒ No

If yes, provide a list of your current accounts receivable (include the age and amount)

Do not include amounts from the lines with a letter beside the number [for example: (9c)]. Round to the nearest whole dollar.

Do not enter a negative number. If any line item is a negative, enter "0" on that line.

Add lines (8) and (11) and enter the amount in Box B =**Box B**
Available Business Equity in Assets

\$ 0.00

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 (12) - (16) and (18) - (28). You may use the amounts claimed for income and expenses on your most recent Schedule C; however, if the amount has changed significantly within the past year, a current P&L should be submitted to substantiate the claim.

Period provided beginning through

Round to the nearest whole dollar. Do not enter 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	(12) \$	0.00
Gross rental income	(13) \$	0.00
Interest income	(14) \$	0.00
Dividends	(15) \$	0.00
Other income	(16) \$	0.00
Add lines (12) through (16) =		(17) \$ 0.00

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

Materials purchased (e.g., items directly related to the production of a product or service)	(18) \$	0.00
Inventory purchased (e.g., goods bought for resale)	(19) \$	0.00
Gross wages and salaries	(20) \$	0.00
Rent	(21) \$	0.00
Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	(22) \$	0.00
Utilities/telephones	(23) \$	0.00
Vehicle costs (gas, oil, repairs, maintenance)	(24) \$	0.00
Business insurance	(25) \$	0.00
Current business taxes (e.g., real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	(26) \$	0.00
Secured debts (not credit cards)	(27) \$	0.00
Other business expenses (include a list)	(28) \$	0.00
Add lines (18) through (28) =		(29) \$ 0.00

Round to the nearest whole dollar.

Do not enter a negative number. If any line item is a negative, enter "0" on that line.

Subtract line (29) from line (17) and enter the amount in Box C =**Box C**
Net Business Income

\$ 0.00

Section 7 Monthly Household Income and Expense Information

Enter your household's average gross monthly income. Gross monthly income includes wages, social security, pension, unemployment, and other income. Examples of other income include but are not limited to: agricultural subsidies, gambling income, oil credits, rent subsidies, sharing economy income from providing on-demand work, services or goods (e.g., Uber, Lyft, DoorDash, AirBnB, VRBO), income through digital platforms like an app or website, etc., and recurring capital gains from the sale of securities or other property such as digital assets. Include the below information for yourself, your spouse, and anyone else who contributes to your household's income. This is necessary for the IRS to accurately evaluate your offer.

Monthly Household Income

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

Round to the nearest whole dollar.

Primary taxpayer					
Gross wages	Social Security	Pension(s)	Other income (e.g. unemployment)	Total primary taxpayer income =	
\$ 3,541.65	+ \$ 0.00	+ \$ 323.83	+ \$ 0.00		(30) \$ 3,865.48
Spouse					
Gross wages	Social Security	Pension(s)	Other Income (e.g. unemployment)	Total spouse income =	
\$ 0.00	+ \$ 0.00	+ \$ 0.00	+ \$ 0.00		(31) \$ 0.00
Additional sources of income used to support the household, e.g., non-liaie spouse, or anyone else who may contribute to the household income, etc. List source(s)					(32) \$ 0.00
Interest, dividends, and royalties					(33) \$ 0.00
Distributions (e.g., income from partnerships, sub-S Corporations, etc.)					(34) \$ 0.00
Net rental income					(35) \$ 0.00
Net business income from Box C [Deductions for non-cash expenses on Schedule C (e.g., depreciation, depletion, etc.) are not permitted as an expense for offer purposes and must be added back in to the net income figure]					(36) \$ 0.00
Child support received					(37) \$ 0.00
Alimony received					(38) \$ 0.00
Round to the nearest whole dollar.					Box D
Do not enter a negative number. If any line item is a negative, enter "0" on that line.					Total Household Income
Add lines (30) through (38) and enter the amount in Box D =					\$ 3,865.48

Monthly Household Expenses

Enter your average monthly expenses.

Note: For expenses claimed in boxes (39) and (45) only, you should list the full amount of the allowable standard even if the actual amount you pay is less. For the other boxes input your actual expenses. You may find the allowable standards at [IRS.gov/Businesses/Small-Businesses-&Self-Employed/Collection-Financial-Standards](https://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Collection-Financial-Standards).

Round to the nearest whole dollar.

Food, clothing, and miscellaneous (e.g., housekeeping supplies, personal care products, minimum payment on credit card). A reasonable estimate of these expenses may be used					(39) \$ 839.00
Housing and utilities (e.g., 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) monthly rent payment					(40) \$ 2,089.00
Vehicle loan and/or lease payment(s)					(41) \$ 0.00
Vehicle operating costs (e.g., average monthly cost of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, tolls, etc.). A reasonable estimate of these expenses may be used					(42) \$ 0.00
Public transportation costs (e.g., average monthly cost of fares for mass transit such as bus, train, ferry, etc.). A reasonable estimate of these expenses may be used					(43) \$ 244.00
Health insurance premiums					(44) \$ 215.82
Out-of-pocket health care costs (e.g. average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)					(45) \$ 84.00
Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.)					(46) \$ 0.00
Child/dependent care payments (e.g., daycare, etc.)					(47) \$ 0.00
Life insurance premiums	Life insurance policy amount	Pay Stub			(48) \$ 30.10
Current monthly taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.)					(49) \$ 487.84
Secured debts/Other (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed student loan, employer required retirement or dues) List debt(s)/expense(s) Legal Fees					(50) \$ 1,600.00
Enter the amount of your monthly delinquent state and/or local tax payment(s). Total tax owed					(51) \$ 0.00
Round to the nearest whole dollar.					Box E
Do not enter a negative number. If any line item is a negative, enter "0" on that line.					Total Household Expenses
Add lines (39) through (51) and enter the amount in Box E =					\$ 5,590.00
Round to the nearest whole dollar.					Box F
Do not enter a negative number. If any line item is a negative, enter "0" on that line.					Remaining Monthly Income
Subtract Box E from Box D and enter the amount in Box F =					\$ 0.00

Section 8 Calculate Your Minimum Offer Amount

The next steps calculate your minimum offer amount. The amount of time you take to pay your offer in full will affect your minimum offer amount. Paying over a shorter period of time will result in a smaller minimum offer amount.

Note: The multipliers below (12 and 24) and the calculated offer amount (which included the amount(s) allowed for vehicles and bank accounts) do not apply if the IRS determines you have the ability to pay your tax debt in full within the legal period to collect.

Round to the nearest whole dollar.

If you will pay your offer in 5 or fewer payments within 5 months or less, multiply "Remaining Monthly Income" (Box F) by 12 to get "Future Remaining Income" (Box G). Do not enter a number less than \$0.

Enter the total from Box F \$ 0.00	X 12 =	Box G Future Remaining Income \$ 0.00
--	---------------	---

If you will pay your offer in 6 to 24 months, multiply "Remaining Monthly Income" (Box F) by 24 to get "Future Remaining Income" (Box H). Do not enter a number less than \$0.

Enter the total from Box F \$	X 24 =	Box H Future Remaining Income \$
---	---------------	--

Determine your minimum offer amount by adding the total available assets from Box A and Box B (if applicable) to the amount in either Box G or Box H.

Enter the amount from Box A plus Box B (if applicable) \$ 0.00	+	Enter the amount from either Box G or Box H \$ 0.00	=	Offer Amount Your offer must be more than zero (\$0). Do not leave blank. Use whole dollars only. \$ 20.00
--	----------	---	----------	---

Place the offer amount shown above on the Form 656, Section 4, Payment Terms, unless you cannot pay that amount due to special circumstances. If you cannot pay that amount due to special circumstances, place the amount you can pay on the Form 656, Section 4, Payment Terms, and explain your special circumstances on the Form 656, Section 3, Reason for Offer.

Section 9 Other Information

Additional information IRS needs to consider settlement of your tax debt. If you or your business are currently in a bankruptcy proceeding, you are not eligible to apply for an offer.

Are you a party to or involved in litigation (if yes, answer the following)				☐ Yes ☒ No
☐ Plaintiff	Location of filing	Represented by	Docket/Case number	
☐ Defendant				
Amount of dispute \$	Possible completion date (mmddyyyy)	Subject of litigation		

Have you filed bankruptcy in the past 7 years (if yes, answer the following)					☐ Yes ☒ No
Date filed (mmddyyyy)	Date dismissed (mmddyyyy)	Date discharged (mmddyyyy)	Petition no.	Location filed	

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)	

Are you or have you ever been party to any litigation involving the IRS/United States (including any tax litigation)		☐ Yes ☒ No
If yes and the litigation included tax debt, provide the types of tax and periods involved		

Are you the beneficiary of a trust, estate, or life insurance policy, including those located in foreign countries or jurisdictions (if yes, answer the following)			☐ Yes ☒ No
Place where recorded	Name of the trust, estate, or policy		EIN
	Anticipated amount to be received \$	When will the amount be received	
Are you a trustee, fiduciary, or contributor of a trust			☐ Yes ☒ No
Name of the trust		EIN	
Do you have a safe deposit box (business or personal) including those located in foreign countries or jurisdictions (if yes, answer the following)			
Location (name, address and box number(s))		Contents	Value \$

Section 9 (Continued) Other Information

In the past 10 years, have you transferred any asset with a fair market value of more than \$10,000 including real property, for ☐ Yes ☒ No less than their full value (if yes, answer the following)

List asset(s)	Value at time of transfer \$	Date transferred (mm/dd/yyyy)	To whom or where was it transferred
---------------	---------------------------------	-------------------------------	-------------------------------------

Do you have any assets or own any real property outside the U.S. ☐ Yes ☒ No

If yes, provide description, location, and value

Do you have any funds being held in trust by a third party ☐ Yes ☒ No

If yes, how much \$ Where

Section 10 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) 09/24/2025
Signature of Spouse	Date (mm/dd/yyyy)

Remember to include all applicable attachments listed below.

- ☒ Copies of the most recent pay stub, earnings statement, etc., from each employer.
- ☐ Copies of the most recent statement for each investment and retirement account.
- ☐ Copies of all documents and records showing currently held digital assets.
- ☒ Copies of the most recent statement, etc., from all other sources of income such as pensions, Social Security, rental income, interest and dividends (including any received from a related partnership, corporation, LLC, LLP, etc.), court order for child support, alimony, royalties, agricultural subsidies, gambling income, oil credits, rent subsidies, sharing economy income from providing on-demand work, services or goods (e.g., Uber, Lyft, Airbnb, VRBO), income through digital platforms like an app or website, etc., and recurring capital gains from the sale of securities or other property such as digital assets.
- ☒ Copies of individual complete bank statements for the three most recent months. If you operate a business, copies of the six most recent complete statements for each business bank account.
- ☐ Completed Form 433-B (Collection Information Statement for Businesses) if you or your spouse have an interest in a business entity other than a sole-proprietorship.
- ☐ Copies of the most recent statement from lender(s) on loans such as mortgages, second mortgages, vehicles, etc., showing monthly payments, loan payoffs, and balances.
- ☐ List of Accounts Receivable or Notes Receivable, if applicable.
- ☐ Verification of delinquent State/Local Tax Liability showing total delinquent state/local taxes and amount of monthly payments, if applicable.
- ☐ Copies of court orders for child support/alimony payments claimed in monthly expense section.
- ☐ Copies of Trust documents if applicable per Section 9.
- ☐ Documentation to support any special circumstances described in the "Explanation of Circumstances" on Form 656, if applicable.
- ☒ Attach a Form 2848, *Power of Attorney and Declaration of Representative*, if you would like your attorney, CPA, or enrolled agent to represent you and you do not have a current form on file with the IRS. Ensure all years and forms involved in your offer are listed on Form 2848 and include the current tax year.
- ☒ Completed and signed current Form 656.

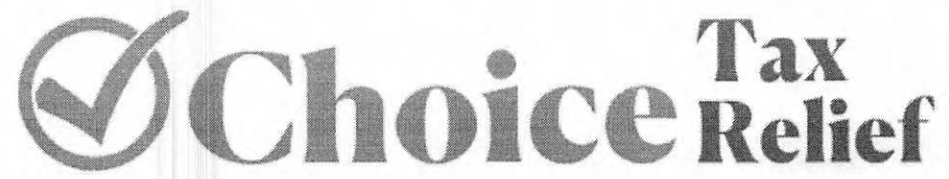
Privacy Act Statement

We ask for the information on this form to carry out the internal revenue laws of the United States. Our authority to request this information is section § 7801 of the Internal Revenue Code.

Our purpose for requesting the information is to determine if it is in the best interests of the IRS to accept an offer. You are not required to make an offer; however, if you choose to do so, you must provide all of the taxpayer information requested. Failure to provide all of the information may prevent us from processing your request.

If you are a paid preparer and you prepared the Form 656 for the taxpayer submitting an offer, we request that you complete and sign Section 9 on Form 656, and provide identifying information. Providing this information is voluntary. This information will be used to administer and enforce the internal revenue laws of the United States and may be used to regulate practice before the Internal Revenue Service for those persons subject to Treasury Department Circular No. 230, Regulations Governing the Practice of Attorneys, Certified Public Accountants, Enrolled Agents, Enrolled Actuaries, and Appraisers before the Internal Revenue Service. Information on this form may be disclosed to the Department of Justice for civil and criminal litigation.

We may also disclose this information to cities, states and the District of Columbia for use in administering their tax laws and to combat terrorism. Providing false or fraudulent information on this form may subject you to criminal prosecution and penalties.



INCOME

H-E-B, LP		Pay Group:		Business Unit:	
		Pay Begin Date:	08-11-2025	Advice #:	0000000
		Pay End Date:	08-17-2025	Advice Date:	08-21-2025
		Employee ID:		TAX DATA:	Federal
		Department:		Marital Status:	Single
		Location:		Allowances:	N/A
		Job Title:		Addl. Percent:	N/A
		Pay Rate:	\$21.250000	Addl. Amount:	

HOURS AND EARNINGS						TAXES		
		Current		YTD				
Description	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Company Holiday	21.250000	2.00	42.50	32.60	685.61	Fed Withholding	54.03	1,849.17
Night Premium	1.000000	0.63	0.63	8.67	8.67	Fed MED/EE	11.26	384.50
Regular	21.250000	36.73	780.51	1,162.33	24,380.97	Fed OASDI/EE	48.16	1,644.07
Disaster Pay to Schedule				1.87	39.19			
Premium Pay				0.13	1.36			
Holiday Overtime				25.25	264.61			
Medbank				26.25	550.77			
Partner Holiday				24.00	503.03			
Vacation				79.77	1,671.93			
TOTAL:		39.36	823.64	1,360.87	28,106.14	Total:	113.45	3,877.74

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			YTD ENTITLEMENTS				
Description	Current	YTD	Description	Current	YTD	Description	Available			
Cancer	6.26	212.84	United Way	5.00	170.00	Carryover	Earned	Taken	Adjustments	Balance
Dental	5.94	201.96	Roth 401k	20.59	702.65	Vacation				
Medical	35.14	1,194.76	Uniform		54.95	0.00	79.98	79.77	0.00	0.2
Voluntary ADD	1.77	60.18	Roth Catchup		700.00	Medbank				1.8
Vision	2.85	96.90	Basic Life	5.23	177.82	Partner Holiday				
						0.00	24.00	24.00	0.00	0.0
						Company Holiday				
						0.00	24.00	24.00	0.00	0.0
						Emergency Medbank				
						0.00	0.00	0.00	0.00	0.0
Total:	51.96	1,766.64	Total:	30.82	1,805.42					

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	823.64	776.91	113.45	77.55	632.64
YTD	28,106.14	26,517.32	3,877.74	3,394.24	20,834.16

NET PAY DISTRIBUTION	
Advice #0000000	5.00
	627.64
Total:	632.64



Welcome!

Our records indicate that you are currently receiving a benefit from the Salaried Employee Pension Plan for KAPL Employees and Retirees.

In addition to being able to make changes below, if you have any questions or need to make changes to your address, direct deposit, tax withholding or any other information, call the NNL Retirement Bridge Service Center at 1-833-728-6677. Representatives are available Monday through Friday (excluding most New York Stock Exchange holidays) between 8:30 a.m. and 8:30 p.m., Eastern time.

Salaried Employee Pension Plan for KAPL Employees and Retirees

Current Pension Benefit Information

Form of Payment: Social Security Leveling - 62

Gross Benefit Amount: \$323.83 / month

Benefit Commencement Date: September 1, 2018

Change Your Payment Method

If you would like to begin receiving your payment via a direct deposit to a bank account, or if you would like to adjust your current direct deposit election, you can click here to make the change online.

[CLICK HERE](#)

Change Your Tax Elections

If you would like to change your Federal or State tax withholding elections, you can print and fill out this form and then upload the form or return it to:

[CLICK HERE](#)

The NNL Retirement Bridge Service Center

PO Box 770003

Cincinnati, OH

45277-0069

Check Reissue

Do you need to request to stop and reissue a check?

[CLICK HERE](#)

Request a copy of your 1099R

Do you want to request a copy of your most recent tax form?

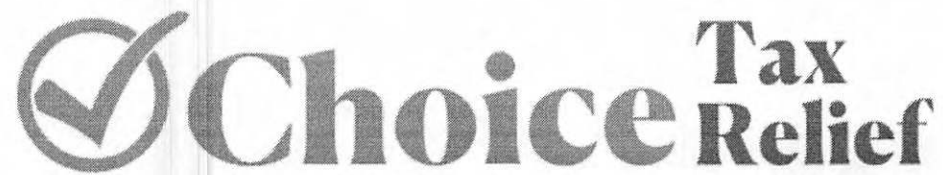
[CLICK HERE](#)

Plan Information and News

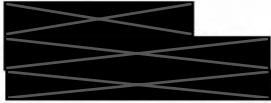
Your Benefit from the Salaried Employee Pension Plan for KAPL Employees and Retirees

The Plan is fully paid by Fluor Marine Propulsion, LLC and provides a benefit to eligible employees who meet certain age and service requirements. You can choose from various payment options and provide benefits to your surviving spouse or other beneficiary in the event of your death. In addition to benefits from this Plan, you may also receive benefits from Social Security and the savings plan. Take the time to understand what the company offers and how to prepare for your future financial security.

The content in this Plan Information and News section is provided by Fluor Marine Propulsion, LLC.



BANK STATEMENTS



Thanks for saving with Capital One 360®

Here's your **May 2025** bank statement.

STATEMENT PERIOD
May 1 - May 31, 2025

\$30.00

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	May 1	May 31
360 Checking -	\$25.02	\$30.00
All Accounts	\$25.02	\$30.00

Cashflow Summary

+ \$0.00	INTEREST EARNED THIS PERIOD
- \$0.00	OVERDRAFT AND RETURN ITEM FEES THIS PERIOD
- \$0.00	FINANCE CHARGES THIS PERIOD

360 Checking -

0.00%

ANNUAL PERCENTAGE YIELD
(APY) EARNED

\$0.02

YTD INTEREST AND BONUSES

31

DAYS IN STATEMENT
CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
May 1	Opening Balance			\$25.02



STATEMENT PERIOD
May 1 - May 31, 2025

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
May 7	Deposit from H-E-B, LP PAYROLL	Credit	+ \$10.00	\$35.02
May 12	Withdrawal from CAPITAL ONE MOBILE PMT	Debit	- \$16.90	\$18.12
May 14	Deposit from H-E-B, LP PAYROLL	Credit	+ \$10.00	\$28.12
May 16	Withdrawal from CAPITAL ONE MOBILE PMT	Debit	- \$18.12	\$10.00
May 21	Deposit from H-E-B, LP PAYROLL	Credit	+ \$10.00	\$20.00
May 28	Deposit from H-E-B, LP PAYROLL	Credit	+ \$10.00	\$30.00
May 31	Closing Balance			\$30.00

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	\$0.00	\$0.00
Total Return Item Fees	\$0.00	\$0.00



STATEMENT PERIOD
May 1 - May 31, 2025

If anything in your statement looks incorrect, please let us know immediately.

In case of error or questions about your electronic transfers, we can be reached by telephone at 1-888-464-0727, or mail at P.O. Box 85123, Richmond, VA 23285. Or, log in to your account at capitalone.com and click on the transaction. If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, you must let us know within 60 days after we sent you the FIRST statement on which the error appeared.

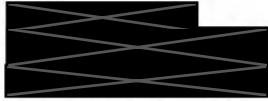
(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about, and provide an explanation of why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.





Thanks for saving with Capital One 360®

Here's your **June 2025** bank statement.

STATEMENT PERIOD
Jun 1 - Jun 30, 2025

\$20.00

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	Jun 1	Jun 30
360 Checking..	\$30.00	\$20.00
All Accounts	\$30.00	\$20.00

Cashflow Summary

+ \$0.00	INTEREST EARNED THIS PERIOD
- \$0.00	OVERDRAFT AND RETURN ITEM FEES THIS PERIOD
- \$0.00	FINANCE CHARGES THIS PERIOD

360 Checking -

0.00%

ANNUAL PERCENTAGE YIELD
(APY) EARNED

\$0.02

YTD INTEREST AND BONUSES

30

DAYS IN STATEMENT
CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Jun 1	Opening Balance			\$30.00

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Jun 4	Deposit from H-E-B, LP PAYROLL	Credit	+ \$10.00	\$40.00
Jun 11	Deposit from H-E-B, LP PAYROLL	Credit	+ \$10.00	\$50.00
Jun 17	Deposit from H-E-B, LP PAYROLL	Credit	+ \$10.00	\$60.00
Jun 17	Withdrawal from CAPITAL ONE MOBILE PMT	Debit	- \$40.00	\$20.00
Jun 18	ATM Cash Deposit - HEB STORE #0- TX	Credit	+ \$1,000.00	\$1,020.00
Jun 18	ATM Cash Deposit - HEB STORE #0- TX	Credit	+ \$200.00	\$1,220.00
Jun 18	Withdrawal from CAPITAL ONE MOBILE PMT	Debit	- \$1,210.00	\$10.00
Jun 25	Deposit from H-E-B, LP PAYROLL	Credit	+ \$10.00	\$20.00
Jun 30	Closing Balance			\$20.00

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	\$0.00	\$0.00
Total Return Item Fees	\$0.00	\$0.00



STATEMENT PERIOD
Jun 1 - Jun 30, 2025

If anything in your statement looks incorrect, please let us know immediately.

In case of error or questions about your electronic transfers, we can be reached by telephone at 1-888-464-0727, or mail at P.O. Box 85123, Richmond, VA 23285. Or, log in to your account at capitalone.com and click on the transaction. If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, you must let us know within 60 days after we sent you the FIRST statement on which the error appeared.

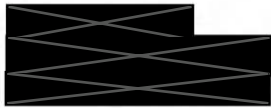
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(3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.





Thanks for saving with Capital One 360®

Here's your **July 2025** bank statement.

STATEMENT PERIOD
Jul 1 - Jul 31, 2025

\$15.00

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	Jul 1	Jul 31
360 Checking..	\$20.00	\$15.00
All Accounts	\$20.00	\$15.00

Cashflow Summary

+	\$0.00	INTEREST EARNED THIS PERIOD
-	\$0.00	OVERDRAFT AND RETURN ITEM FEES THIS PERIOD
-	\$0.00	FINANCE CHARGES THIS PERIOD

360 Checking -

0.00%

ANNUAL PERCENTAGE YIELD
(APY) EARNED

\$0.02

YTD INTEREST AND BONUSES

31

DAYS IN STATEMENT
CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Jul 1	Opening Balance			\$20.00

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Jul 2	Deposit from H-E-B, LP PAYROLL	Credit	+ \$10.00	\$30.00
Jul 7	Withdrawal from CAPITAL ONE MOBILE PMT	Debit	- \$20.00	\$10.00
Jul 9	Deposit from H-E-B, LP PAYROLL	Credit	+ \$10.00	\$20.00
Jul 16	Deposit from H-E-B, LP PAYROLL	Credit	+ \$5.00	\$25.00
Jul 18	ATM Cash Deposit - HEB STORE # [REDACTED]	Credit	+ \$600.00	\$625.00
Jul 18	Withdrawal from CAPITAL ONE MOBILE PMT	Debit	- \$620.00	\$5.00
Jul 23	Deposit from H-E-B, LP PAYROLL	Credit	+ \$5.00	\$10.00
Jul 30	Deposit from H-E-B, LP PAYROLL	Credit	+ \$5.00	\$15.00
Jul 31	Closing Balance			\$15.00

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	\$0.00	\$0.00
Total Return Item Fees	\$0.00	\$0.00



Note: The last four digits of your external accounts may not match your actual account numbers. This is because some banks may issue a virtual or tokenized number for security. To learn more about tokenized account numbers, contact your external bank.

If anything in your statement looks incorrect, please let us know immediately.

In case of error or questions about your electronic transfers, we can be reached by telephone at 1-888-464-0727, or mail at P.O. Box 85123, Richmond, VA 23285. Or, log in to your account at capitalone.com and click on the transaction. If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, you must let us know within 60 days after we sent you the FIRST statement on which the error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about, and provide an explanation of why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.



P.O. Box 15284
Wilmington, DE 19850

Customer service information

- Customer service: 1.800.432.1000
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Adv Plus Banking

for May 16, 2025 to June 13, 2025

Account number:

Account summary

Beginning balance on May 16, 2025	\$2,418.09
Deposits and other additions	3,480.63
ATM and debit card subtractions	-153.24
Other subtractions	-4,291.01
Checks	-0.00
Service fees	-0.00
Ending balance on June 13, 2025	\$1,454.47

Important information about payment scams

We will never

- call and ask you to send money using Zelle® to yourself or anyone else.
- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it is likely a scam.

Treat Zelle® payments like cash – once you send money, you are unlikely to get it back.

Learn more about trending scams at bofa.com/helpprotectyourself

Zelle® and the Zelle® related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

SSM-07-24-0374.B | 6798566

IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

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Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
05/22/25	H-E-B, LP DES:PAYROLL [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] PPD	634.06
05/22/25	BOFA FIN CTR 05/22 #00000 DEPOSIT 1 [REDACTED]	600.00
05/29/25	H-E-B, LP DES:PAYROLL [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] PPD	630.75
06/02/25	BENEFIT PAYMENTS DES:DEPOSIT ID:000000 [REDACTED] \$ INDN: [REDACTED] CO ID: [REDACTED] PPD	323.83
06/05/25	H-E-B, LP DES:PAYROLL [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] PPD	660.36
06/12/25	H-E-B, LP DES:PAYROLL [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] PPD	631.63
Total deposits and other additions		\$3,480.63

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
05/19/25	CHECKCARD [REDACTED] GA [REDACTED]	-153.24
Total ATM and debit card subtractions		-\$153.24

Other subtractions

Date	Description	Amount
05/16/25	CAPITAL ONE DES:MOBILE PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-1,600.00
05/16/25	AMERICAN EXPRESS DES:ACH PMT ID:M8684 INDN: [REDACTED] CO ID: [REDACTED] WEB	-120.34
05/21/25	AMERICAN EXPRESS DES:ACH PMT ID:M5572 INDN: [REDACTED] CO ID: [REDACTED] WEB	-63.77
05/21/25	CAPITAL ONE DES:MOBILE PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-40.20

continued on the next page



Security tips

Tips to help protect yourself from trending scams:

- Hang up if you receive a suspicious call from someone saying they are from the bank. Instead, call the number on your statement or card.
- Neither Bank of America nor the U.S. government will request that you transfer money or share codes to resolve fraud.

Learn more about trending scams.

Scan the code or visit bofa.com/HelpProtectYourself.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.



Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
05/27/25	Zelle payment to [REDACTED] for "Rent - May 2025"; Conf# [REDACTED]	-1,458.49
05/27/25	CAPITAL ONE DES:MOBILE PMT ID: [REDACTED] INDN: [REDACTED] CO [REDACTED] ID: [REDACTED] WEB	-10.81
05/29/25	AMERICAN EXPRESS DES:ACH PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-155.14
05/29/25	CAPITAL ONE DES:MOBILE PMT ID: [REDACTED] INDN: [REDACTED] CO [REDACTED] ID: [REDACTED] WEB	-4.34
06/02/25	VENMO DES:PAYMENT ID: [REDACTED] INDN: [REDACTED] CO [REDACTED] ID: [REDACTED] WEB	-5.00
06/09/25	AMERICAN EXPRESS DES:ACH PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-730.11
06/13/25	AMERICAN EXPRESS DES:ACH PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-102.81
Total other subtractions		-\$4,291.01

Service fees

Date	Transaction description	Amount
05/22/25	HEB STORE # 05/22 # [REDACTED] BAL INQ 3501 [REDACTED] C FEE	-0.00
Total service fees		-\$0.00

Note your Ending Balance already reflects the subtraction of Service Fees.

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

- Customer service: 1.800.432.1000
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Adv Plus Banking

for June 14, 2025 to July 17, 2025

Account number:

Account summary

Beginning balance on June 14, 2025	\$1,454.47
Deposits and other additions	4,036.55
ATM and debit card subtractions	-153.24
Other subtractions	-3,301.47
Checks	-0.00
Service fees	-0.00
Ending balance on July 17, 2025	\$2,036.31

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* SmartAsset.com 2025

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IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
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Deposits and other additions

Date	Description	Amount
06/17/25	H-E-B SAV & RET DES:PAYMENT ID: PPD	320.00
06/17/25	H-E-B SAV & RET DES:PAYMENT ID: PPD	250.00
06/18/25	H-E-B, LP DES:PAYROLL ID: INDN: CO ID: PPD	531.12
06/26/25	H-E-B, LP DES:PAYROLL ID: INDN: CO ID: PPD	631.16
06/30/25	Online Banking transfer from CHK Confirmation#	150.00
07/01/25	BENEFIT PAYMENTS DES:DEPOSIT ID:0000005 INDN: CO	323.83
07/03/25	H-E-B, LP DES:PAYROLL ID: INDN: CO ID: PPD	610.28
07/10/25	H-E-B, LP DES:PAYROLL ID: INDN: CO ID: PPD	701.84
07/10/25	Wellby DES:ACCTVERIFY ID: INDN: CO	0.29
07/10/25	Wellby DES:ACCTVERIFY ID: INDN: CO	0.10
07/17/25	H-E-B, LP DES:PAYROLL ID: INDN: CO ID: PPD	517.93
Total deposits and other additions		\$4,036.55

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
06/18/25	CHECKCARD 0617 Lending Point GA	-153.24
Total ATM and debit card subtractions		-\$153.24

continued on the next page

Your goals are waiting. Let us make a plan.

The enhanced Bank of America Life Plan® is a streamlined experience to help you track your goals, whether you are improving your credit or planning for retirement.

Scan the QR code or go to bankofamerica.com/LifePlan.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. To be eligible for Bank of America Life Plan, a client must have a Bank of America consumer account and login credentials for the Bank of America website or mobile app.



Withdrawals and other subtractions - continued

Other subtractions

Date	Description	Amount
06/17/25	AMERICAN EXPRESS DES:ACH PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-68.54
06/20/25	CAPITAL ONE DES:MOBILE PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-393.88
06/23/25	CAPITAL ONE DES:MOBILE PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-38.85
06/24/25	AMERICAN EXPRESS DES:ACH PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-44.61
06/25/25	Zelle payment to [REDACTED] for "Rent - June 2025"; Conf# [REDACTED]	-1,553.35
06/27/25	AMERICAN EXPRESS DES:ACH PMT ID:M4302 INDN: [REDACTED] CO ID: [REDACTED] WEB	-317.23
06/27/25	CAPITAL ONE DES:MOBILE PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-10.81
06/30/25	Zelle payment to [REDACTED] for "Water Bill - July 2025"; Conf# [REDACTED]	-43.38
07/01/25	AMERICAN EXPRESS DES:ACH PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-204.54
07/07/25	AMERICAN EXPRESS DES:ACH PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-295.78
07/10/25	Wellby DES:ACCTVERIFY ID: [REDACTED] INDN: [REDACTED] ACH,DO NOT ID: [REDACTED] WEB	-0.39
07/11/25	Wellby DES:ACH ORIG ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-10.00
07/14/25	CAPITAL ONE DES:MOBILE PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-198.91
07/17/25	AMERICAN EXPRESS DES:ACH PMT ID: [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] WEB	-121.20

Total other subtractions

-\$3,301.47

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

- Customer service: 1.800.432.1000
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Adv Plus Banking

for July 18, 2025 to August 15, 2025

Account number:

Account summary

Beginning balance on July 18, 2025	\$2,036.31
Deposits and other additions	1,323.83
ATM and debit card subtractions	-153.24
Other subtractions	-2,454.22
Checks	-0.00
Service fees	-0.00
Ending balance on August 15, 2025	\$752.68

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* SmartAsset.com 2025

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IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

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Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

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Deposits and other additions

Date	Description	Amount
07/24/25	H-E-B, LP DES:PAYROLL ID: INDN: CO ID: PPD	250.00
07/31/25	H-E-B, LP DES:PAYROLL ID: INDN: CO ID: PPD	250.00
08/01/25	BENEFIT PAYMENTS DES:DEPOSIT ID:000000 INDN: CO	323.83
08/07/25	H-E-B, LP DES:PAYROLL ID: INDN: CO ID: PPD	250.00
08/14/25	H-E-B, LP DES:PAYROLL ID: INDN: CO ID: PPD	250.00
Total deposits and other additions		\$1,323.83

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
07/18/25	CHECKCARD Lending Point GA	-153.24
Total ATM and debit card subtractions		-\$153.24

Other subtractions

Date	Description	Amount
07/21/25	CAPITAL ONE DES:MOBILE PMT ID: INDN: CO	-832.72
07/25/25	Zelle payment to for "Rent - Partial - July 2025"; Conf#	-1,033.85
07/28/25	AMERICAN EXPRESS DES:ACH PMT ID: INDN: CO ID:	-78.53
07/28/25	CAPITAL ONE DES:MOBILE PMT ID: INDN: CO	-52.56

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Help prevent check fraud

Consider writing fewer checks and paying bills in our Mobile app, Online Banking, or setting up automatic payments directly on utility sites.

Scan the code to learn more or visit: bofa.com/HelpPreventFraud

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.



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Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
08/04/25	AMERICAN EXPRESS DES:ACH PMT WEB ID INDN: CO ID:	-56.56
08/05/25	Wellby DES:ACH ORIG ID INDN: CO ID:	-400.00
Total other subtractions		-\$2,454.22

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

Statement Period: January 1, 2024 – December 31, 2024

This statement provides you with information about how much monthly income you could collect at retirement based on your current account balance. The estimated monthly payments in this statement are for illustrative purposes only; they are not a guarantee. Having this information now may help you plan how much money to save for your retirement.

Your account balance is \$5,173.07 as of December 31, 2024. Below are estimates of how much money you could receive each month if you were to receive payments in one of the following two payment forms:

1. A **single life annuity** is an arrangement that pays you a fixed amount of money each month for the rest of your life. Following your death, no further payments would be made to your spouse or heirs.

If you were to receive payments in this form, we estimate you would receive \$34.19 per month starting at retirement.

2. A **qualified joint and 100% survivor annuity** is an arrangement that pays you and your spouse a fixed monthly payment for the rest of your joint lives. In addition, after your death, this type of annuity would continue to provide the same fixed monthly payment to your surviving spouse for their life.

If you were to receive payments in this form, we estimate you would receive \$29.33 per month starting at retirement and, after your death, your surviving spouse would receive \$29.33 per month.

If you were to receive an annuity with a lower survivor percentage, reducing the survivor percentage (below 100%) would increase monthly payments during your lifetime, but would decrease what your surviving spouse would receive after your death.

Please note that these forms of payment are not offered under the PSP.

Account Balance: \$5,173.07

Single Life Annuity Amount	Qualified Joint and Survivor Amount
\$34.19	\$29.33

The following information is to help you understand these estimated monthly payments.

- The estimated monthly payments in this statement assume that your account balance is 100% vested and, if you have taken a loan from the plan and you are not in default, the loan has been fully repaid.
- The estimated monthly payments in this statement assume that payments begin February 28, 2025, and that you are 67 on this date. Monthly payments beginning at a younger age would be lower than shown since payments would be made over more years. Monthly payments beginning at an older age would be higher than shown since they would be made over fewer years.
- The estimated monthly payments for a qualified joint and 100% survivor annuity in this statement assume that you are married with a spouse who is the same age as you (even if you do not currently have a spouse, or if you have a spouse who is a different age). If your spouse is younger, monthly payments would be lower than shown since they would be expected to be paid over more years. If your spouse is older, monthly payments would be higher than shown since they would be expected to be paid over fewer years.
- The estimated monthly payments in this statement are based on an interest rate of 4.54%, which is the 10-year constant maturity U.S. Treasury securities yield rate as of February 3, 2025, as required by federal regulations. This rate fluctuates based on market conditions. The lower the interest rate, the smaller your monthly payment will be, and the higher the interest rate, the larger your monthly payment will be.
- The estimated monthly payments in this statement are based on how long you and a spouse, who is assumed to be your age, are expected to live. For this purpose, federal regulations require that your life expectancy be estimated using gender neutral mortality assumptions established by the Internal Revenue Service.
- The estimated monthly payments in this statement are the same whether you are male or female. However, the same amount paid for an annuity available outside of an employer's plan may provide a larger monthly payment for males than for females since females are expected to live longer.
- The estimated monthly payments in this statement are based on prevailing market conditions and other assumptions required under federal regulations. If you decide to purchase an annuity, the actual payments you receive will depend on a number of factors and may vary substantially from the estimated monthly payments in this statement. For example, your actual age at retirement, your actual account balance (reflecting future investment gains and losses, contributions, distributions, and fees), and the market conditions at the time of purchase will affect your actual payment amounts.
- Unlike Social Security payments, the estimated monthly payments in this statement do not increase each year with a cost-of-living adjustment. Therefore, as prices increase over time, the fixed monthly payments will buy fewer goods and services.



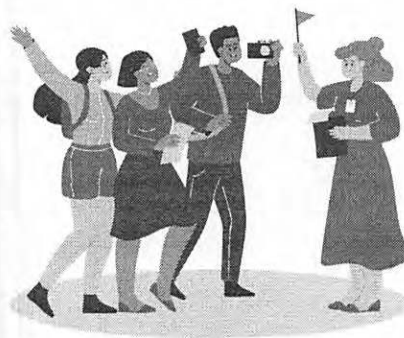
Good Afternoon,



Snapshot of Your Accounts

Total Balance	<u>\$5,481.09</u>
H-E-B Savings & Retirement Plan	<u>\$308.02</u>
H-E-B Partner Stock Plan	<u>\$5,173.07</u>

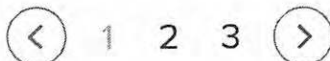
Take A Tour



Tour Your Dashboard

Explore the information and tools we provide to help you manage your financial health.

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Accounts ⓘ

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