
Low-Income Taxpayer Adjusted Gross Income Guidance

Size of Family Unit	48 Contiguous States and D.C., and U.S. Territories	Alaska	Hawaii
1	\$30,150	\$37,650	\$34,650
2	\$40,600	\$50,725	\$46,675
3	\$51,050	\$63,800	\$58,700
4	\$61,500	\$76,875	\$70,725
5	\$71,950	\$89,950	\$82,750
6	\$82,400	\$103,025	\$94,775
7	\$92,850	\$116,100	\$106,800
8	\$103,330	\$129,175	\$118,825
For each additional person, add	\$10,450	\$13,075	\$12,025

Source: Based on 2017 US Dept of Health & Human Services Poverty Guidelines, Federal Register, Document Citation 82 FR 8831, January 26, 2017, pp. 8831-8832.

Your name (<i>Last, First, Middle Initial</i>) (<i>print</i>)	Social Security Number (SSN) or Taxpayer Identification Number (TIN)
Spouse's name (<i>Last, First, Middle Initial</i>) (<i>print</i>)	Social Security Number (SSN) or Taxpayer Identification Number (TIN)

Certification: I certify under penalty of perjury that I am eligible for status as a low-income taxpayer for installment agreement purposes based on my family unit size and adjusted gross income.

Your signature	Date
Spouse's signature (<i>if it is a joint liability</i>)	Date