

Note. If you need more room to write your answer for any question, attach more pages. Be sure to write your name and social security number on the top of all pages you attach.

Part VI Additional Information

30 Please provide any other information you want us to consider in determining whether it would be unfair to hold you liable for the tax.

Lined area for providing additional information.

Part VII Tell us if you would like a refund

31 By checking this box and signing this form, you are indicating that you would like a refund if you qualify for relief and if you already paid the tax. See instructions

Caution
By signing this form, you understand that, by law, we must contact the person on line 5. See instructions for details.

Sign Here Under penalties of perjury, I declare that I have examined this form and any accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy for your records. Your signature _____ Date _____

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|-------------------------------|----------------------------|------------------|---|--------------|
| Paid Preparer Use Only | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Print/Type preparer's name | | | |
| | Firm's name ▶ | Firm's address ▶ | | Firm's EIN ▶ |
| | Phone no. | | | |