

Low-Income Taxpayer Adjusted Gross Income Guidance

| Size of Family Unit | 48 Contiguous States and D.C., and U.S. Territories | Alaska | Hawaii |
|---------------------------------|---|-----------|-----------|
| 1 | \$30,350 | \$37,950 | \$34,900 |
| 2 | \$41,150 | \$51,450 | \$47,325 |
| 3 | \$51,950 | \$64,950 | \$59,750 |
| 4 | \$62,750 | \$78,450 | \$72,175 |
| 5 | \$73,550 | \$91,950 | \$84,600 |
| 6 | \$84,350 | \$105,450 | \$97,025 |
| 7 | \$95,150 | \$118,950 | \$109,450 |
| 8 | \$105,950 | \$132,450 | \$121,875 |
| For each additional person, add | \$10,800 | \$13,500 | \$12,425 |

Source: Based on 2018 US Dept of Health & Human Services Poverty Guidelines, January 13, 2018.

| | |
|---|--|
| 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 |