

Low-Income Taxpayer Adjusted Gross Income Guidance

Size of Family Unit	48 Contiguous States and D.C., and U.S. Territories	Alaska	Hawaii
1	\$32,200	\$40,225	\$37,050
2	\$43,550	\$54,425	\$50,100
3	\$54,900	\$68,625	\$63,150
4	\$66,250	\$82,825	\$76,200
5	\$77,600	\$97,025	\$89,250
6	\$88,950	\$111,225	\$102,300
7	\$100,300	\$125,425	\$115,350
8	\$111,650	\$139,625	\$128,400
For each additional person, add	\$11,350	\$14,200	\$13,050

Source: Based on 2021 US Department of Health & Human Services Poverty Guidelines, January 13, 2021.

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