

## OFFER IN COMPROMISE FINANCIAL STATEMENT

NOTE: Complete all blocks except shaded areas. Write "N/A" (not applicable) in those blocks that do not apply.

Account No.:	Business Name:	Phone:
--------------	----------------	--------

### Personal Information

Applicant's Name and Address	Married/Registered Domestic Partner Yes      No	If Yes, Spouse's Name:
	<b>Applicant</b>	<b>Spouse</b>
	Last 4 Digits of Social Security Number	Last 4 Digits of Social Security Number
Name, address, and phone number of next of kin	Driver License Number	Driver License Number
	Date of Birth	Date of Birth

Name, age, and relationship of dependents living in your household (exclude yourself and spouse)

### Current Assets

Cash	\$
------	----

**Bank Accounts** (Include Savings and Loans, Credit Unions, IRA and Retirement Plans, Union Vacation Trust Funds, etc.)

Name of Institution	Address	Type of Account	Account Number	Balance
				\$

#### Accounts/Notes Receivable

Name	Address	Payment or Due Date	Amount
			\$

**Available Credit Sources: Credit Unions, Lines of Credit, or Charge Cards with cash advance feature, etc.**

Type of Account or Card	Name and Address of Financial Institution	Amount Owed	Minimum Monthly Payment	Business or Personal	Available Credit
		\$	\$		\$

**Securities: Stocks, Bonds, Mutual Funds, Money Market Funds, Government Securities, etc.**

Kind	Quantity or Denomination	Where Located	Value
			\$

#### Life Insurance

Name of Company	Policy Number	Type	Face Amount	Loan Value
			\$	\$

<b>Department Use Only</b>	<b>Section A</b>	
----------------------------	------------------	--

**Personal Assets: Vehicles, Boats, RVs, Motorcycles, etc.**

Make	Year	License Number	Market Value	Balance Due	Payoff Date	Equity
			\$	\$		\$

**Department Use Only    Section B** \_\_\_\_\_

**Real Property Assets (Include Partnerships and Investments)**

Ownership	Physical Address	County	Market Value	Monthly Payment	Mortgage Balance	Equity
			\$	\$	\$	\$

**Department Use Only    Section C** \_\_\_\_\_

**Monthly Income and Expense Information**

Income	
<b>Applicant</b> Gross Wages/Salaries (Attach last six months pay stubs)	\$
<b>Spouse</b> Gross Wages/Salaries (Attach last six months pay stubs)	
Net Business Income	
Commissions	
Net Rental Income	
Interest and Dividends	
Pension/Retirement	
Income from Estate or Trust	
Alimony (Name and address)	
Other Income (Identify)	

**Department Use Only    Section D** \_\_\_\_\_

Necessary Living Expenses	
Mandatory Payroll Deductions	\$
Medical Expenses	
Insurance	
Court Ordered Payments	
Child/Spousal Support (Name and age)	
Vehicle Expenses	
Other Expenses (List)	

**Department Use Only    Section E** \_\_\_\_\_

Current Liabilities		
	Balance	Monthly Payment
Internal Revenue Service		
Other Tax Agencies (List)		
General Creditors (List)		

**Department Use Only    Section F** \_\_\_\_\_

### Employment Information

Taxpayer's employer or business Name: Address:	Date Employed	Business Phone	Occupation
	Wage Earner	Sole Proprietor	Partner/Corp. Officer
Spouse's employer or business Name: Address:	Date Employed	Business Phone	Occupation
	Wage Earner	Sole Proprietor	Partner/Corp. Officer

**Other information relating to your financial condition.** If you check the "Yes" box, please give dates and explain below.

Court Proceedings	Yes	No	Bankruptcies	Yes	No
Repossessions	Yes	No	Participation or beneficiary to trust, estate, etc.	Yes	No
Health considerations that will affect earning potential			Yes	No	

Explanation:

Anticipated increase in income	Yes	No	If answer is "Yes", give the following information:		
Source			Date increase is expected and frequency	Amount of increase expected \$	
Recent transfer of assets of any kind	Yes	No	If answer is "Yes", give the following information:		
Description	Date of Transfer	Relationship of Transferee to Applicant	Fair Market Value \$	Consideration Received \$	

**CERTIFICATION** Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete. I also understand any costs incurred to verify questionable information submitted will be my responsibility.

Applicant Signature:	Phone Number: Date:
Spouse Signature:	Phone Number: Date: