

## OFFER IN COMPROMISE FINANCIAL STATEMENT

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

Acct. #:	Bus. Name:	Telephone: (    )
----------	------------	-------------------

### Personal Information

Applicant's Name and Address	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Spouse's Name:
	<b>Applicant</b>	<b>Spouse</b>
	Social Security Number	Social Security Number
Name, address and telephone number of next of kin	Driver's License Number	Driver's 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 & 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>Dept. Use Only</b>	<b>Section A</b>	
-----------------------	------------------	--

**Personal Assets: Vehicles, Boats, RVs, Motor Cycles, etc.**

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

**Dept. Use Only      Section B**      \_\_\_\_\_

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

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

**Dept. Use Only      Section C**      \_\_\_\_\_

**Monthly Income and Expense Information**

Income	
<b>Applicant</b> Gross Wages/Salaries (Attach last 6 months pay stubs)	\$
<b>Spouse</b> Gross Wages/Salaries (Attach last 6 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)	

**Dept. 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)	

**Dept. Use Only      Section E**      \_\_\_\_\_

**Current Liabilities**

	Balance	Mo. Payment
Internal Revenue Service		
Other Tax Agencies (List)		
General Creditors (List)		

**Dept. Use Only      Section F**      \_\_\_\_\_

## Employment Information

Taxpayer's employer or business Name: Address:	Date Employed	Bus. Phone (    )	Occupation
	<input type="checkbox"/> Wage Earner	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner/Corp. Officer
Spouse's employer or business Name: Address:	Date Employed	Bus. Phone (    )	Occupation
	<input type="checkbox"/> Wage Earner	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner/Corp. Officer

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

Court Proceedings <input type="checkbox"/> Yes <input type="checkbox"/> No	Bankruptcies <input type="checkbox"/> Yes <input type="checkbox"/> No
Repossessions <input type="checkbox"/> Yes <input type="checkbox"/> No	Participation or beneficiary to trust, estate, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No
Health considerations that will affect earning potential <input type="checkbox"/> Yes <input type="checkbox"/> No	

Explanation:

Anticipated increase in income <input type="checkbox"/> Yes <input type="checkbox"/> No	If answer is "YES" give following information:
Source	Date increase is expected and frequency
Amount of increase expected	

Recent transfer of assets of any kind <input type="checkbox"/> Yes <input type="checkbox"/> No	If answer is "YES" give following information:			
Description	Date of Transfer	Relationship of <b>Transferee</b> 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.

Your Signature:

Date: