

# Request for Appeal of Offer in Compromise

**Please provide the information required in the spaces below. Be sure to sign and date this form.**

Taxpayer name(s)			Taxpayer Identification Number(s)
Taxpayer name(s)			Taxpayer Identification Number(s)
Mailing address			Tax form number
City	State	ZIP Code	Tax period(s) ended
Taxpayer's current daytime phone number			Tax period(s) ended

**Identify the specific item(s) you don't agree with as shown on the Income and Expense Table and Asset and Equity Table you received with your rejection letter. In the space next to the disagreed item, provide a brief statement indicating why you don't agree with our determination (for example: incorrect valuation of real estate, omitted mileage from vehicle deduction, etc.). Attach supporting documents and indicate on the document which issue they apply to. Additional pages may be attached. If you do not agree with the Service's analysis of economic hardship or Effective Tax Administration, please provide an explanation with documentation.**

Disagreed item	Reason for disagreement	Supporting documentation attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Taxpayer(s)	Date signed
Signature of Taxpayer(s)	Date signed

**If this application was prepared by someone other than the taxpayer, please fill in that person's name and address**

Name \_\_\_\_\_

Mailing address	City	State	ZIP Code

**Name and signature of authorized representative (If a representative is signing this form, please attach a copy of your completed Form 2848, Power of Attorney and Declaration of Representative.)**

Name of authorized representative \_\_\_\_\_

Signature of authorized representative	Date signed
Telephone number of authorized representative	Best time to call

Service employee - Staple taxpayer's envelope here