

OFFER IN COMPROMISE

1) Name and Address of Taxpayer(s)

Name	Date
Trading As	Account ID
Address	SSN/FEIN
City	State
	Zip Code

2) Outstanding Liability

Mark an "X" in the box for the correct tax type. Fill in the corresponding tax period(s) and amount(s) due.

<u>Tax Type</u>	<u>Period (s)</u>	<u>Amount of Liability*</u>
<input type="checkbox"/> Individual Income		
<input type="checkbox"/> Sales & Use		
<input type="checkbox"/> Withholding		
<input type="checkbox"/> Other (specify)		

* Include tax, penalty, and interest.

TOTAL \$

3) Basis For Compromise: (G.S. 105-237.1 authorizes compromises in the following situations. Mark an "X" in the appropriate box(es).)

- There is reasonable doubt as to the amount of the liability of the taxpayer under the law and the facts.
- The taxpayer is insolvent and the Secretary probably could not otherwise collect an amount equal to or in excess of the amount offered in compromise.
- Collection of a greater amount than that offered in compromise is improbable, and the funds or a substantial portion of the funds offered in the settlement come from sources from which the Secretary could not otherwise collect.
- A federal tax assessment arising out of the same facts has been compromised with the federal government on the same or a similar basis as that proposed to the State and the Secretary probably could not collect an amount equal to or in excess of that offered in compromise.

4) Has any period listed above been compromised with the Internal Revenue Service? If yes, attach a copy of the agreement.

5) Amount of Offer:

6) Sources of Funds:

7) Explanation of Circumstances

I am requesting an offer in compromise for the reason(s) listed below:

Note: If you are requesting a compromise based on doubt as to liability, explain why you do not believe you owe the tax. If you think you have special circumstances affecting your ability to fully pay the amount due, explain your situation. You may attach additional sheets if necessary.

* I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete.

Signature _____

Date _____

Telephone No. _____