

NORTH CAROLINA DEPARTMENT OF REVENUE  
**Third Party Affirmation of Offered Amount**

Taxpayer Name: \_\_\_\_\_

Taxpayer SSN/FEIN: \_\_\_\_\_

Amount Offered: \_\_\_\_\_

I, \_\_\_\_\_ (third party name), will provide \$ \_\_\_\_\_  
(amount of offer) in certified funds for \_\_\_\_\_ (taxpayer name) payable to the  
North Carolina Department of Revenue within 30 days after acceptance of the offer in compromise.

Printed Third Party Name: \_\_\_\_\_

Third Party Address: \_\_\_\_\_

Third Party Signature: \_\_\_\_\_

Date: \_\_\_\_\_

North Carolina  
\_\_\_\_\_ County

"I \_\_\_\_\_, a Notary Public for said County and State, do hereby certify  
that \_\_\_\_\_ personally appeared before me this day and acknowledged  
the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20 \_\_\_\_.

An Equal Opportunity Employer