

# OFFER-IN-COMPROMISE • STATEMENT OF OFFER

Arizona Department Of Revenue

TAXPAYER NAME(S), DBA, OR CORPORATE NAME
STREET ADDRESS
CITY, STATE, ZIP CODE
MAIL ADDRESS (if different from above)
CITY, STATE, ZIP CODE

## Individual Income Tax

YOUR SOCIAL SECURITY NUMBER	AMOUNT OWED \$
SPOUSE'S SOCIAL SECURITY NUMBER	

## Transaction Privilege Tax

LICENSE NUMBER	AMOUNT OWED \$
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## Withholding Tax

LICENSE NUMBER	AMOUNT OWED \$
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## Corporate Income Tax

LICENSE NUMBER	AMOUNT OWED \$
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## Waste Tire Tax

LICENSE NUMBER	AMOUNT OWED \$
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If you are submitting an Offer-in-Compromise for a business liability, please indicate the type of your organization:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Corporation:  
Is charter still active? ☐ Yes ☐ No
- ☐ LLC
- ☐ Other: \_\_\_\_\_

## Offer

I/We offer to pay \$\_\_\_\_\_ in lieu of the above-mentioned liability. I/We acknowledge that the above liability is due and owing to the Arizona Department of Revenue and request that the department abate the remaining balance due pursuant to ARS §42-1004.B. By submitting this Offer-in-Compromise, I/we understand and agree to the terms and conditions on the reverse side of this form.

## Payment Terms

- ☐ Payment in full enclosed with this offer.
- ☐ Payment in full within:  
☐ 30, ☐ 60, or ☐ 90 days  
from the date of acceptance of this offer.
- ☐ Payment in full to exceed 90 days from the date of acceptance of this offer.

AMOUNT OF MONTHLY PAYMENT \$	MONTHLY PAYMENT DUE DATE MM / DD / YYYY
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What is the source of funds for your offer?

## Reason for Offer

Briefly state your reason for making this offer. Include any information that you feel is pertinent to this offer:

## Federal Tax Information

TAX LIABILITY OWED TO THE INTERNAL REVENUE SERVICE (IRS) \$
HAVE YOU SUBMITTED AN OFFER TO THE IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU MAKING PAYMENTS TO THE IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, AMOUNT OF MONTHLY PAYMENT \$

## Signature(s)

I/We agree with the terms and conditions set forth in this form. I/We have fully examined this offer and to the best of my/our knowledge and belief, it is true, correct and complete.

SIGNATURE OF TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_