

New Jersey Treasury Department – Division of Taxation

**CLOSING AGREEMENT AS TO FINAL DETERMINATION
COVERING SPECIFIC TAX MATTERS**

NJ Form 906

A request for a Closing Agreement to be made between

(Name of Taxpayer)

(Social Security #)

(Address)

(and/or Corporation)

(Federal ID #)

(If Corporation please provide a current financial statement)

(Address)

for

(Type of Tax or Taxes and Outstanding Years/Periods)

and the Director of the Division of Taxation.

Please state below the reasons why the taxpayer feels they should not have to pay the total outstanding tax liabilities due the Division of Taxation.

(If additional space is required you may attach an additional sheet)

Amount Offered as Payment in Full: \$ _____

How will payment be made? _____

Source of Funds for Offer: _____

Signature of Taxpayer/Officer

Date

**State of New Jersey Division of Taxation
Financial Statement of Debtor**

Section I – Employment Data

1. _____ 2. _____ 3. _____
Name (Debtor) Birth Date Social Security #
4. _____
Home Address Phone Number
5. _____ 6. _____ 7. _____
Name (Spouse) Birth Date Social Security #
(Provide address if different from yours)

DEBTOR EMPLOYMENT DATA

8. Occupation: _____ 9. How Long in Present Employment? _____
10. Present Employer's Name: _____
Address: _____ Phone Number _____
11. Present Monthly Income Total: \$ _____ (Provide breakdown on line below)
Salary or Wages \$ _____ Commissions \$ _____ Other (State Source) \$ _____
12. Other Employment – Within the last three years:
- | Employer's Name | Address | Phone Number | Employment Dates |
|-----------------|---------|--------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SPOUSE'S EMPLOYMENT DATA

13. Occupation: _____ 14. How Long in Present Employment? _____
15. Present Employer's Name: _____
Address: _____ Phone Number _____
16. Present Monthly Income Total: \$ _____ (Provide breakdown on line below)
Salary or Wages \$ _____ Commissions \$ _____ Other (State Source) \$ _____
17. Other Employment – Within the last three years:
- | Employer's Name | Address | Phone Number | Employment Dates |
|-----------------|---------|--------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DEPENDENTS

18. Total Number: _____
- Relationship _____ Age ____ Relationship _____ Age ____ Relationship _____ Age ____
19. Total Monthly Income of Dependents (except spouse): \$ _____

Section II – Financial Data

20. For what period did you last file a Federal tax return? _____

21. For what period did you last file a New Jersey Income tax return? _____

22. Amount of **Gross Income** reported on last Federal tax return filed? \$_____

Monthly Income and Expense Analysis

Total Income	Gross	Necessary Living Expenses	Claimed
23. Wages/Salaries (Taxpayer)	\$	34. National Standard Expenses (1)	\$
24. Wages/Salaries (Spouse)		35. Rent/ Mortgage	
25. Interest / Dividends		36. Utilities	
26. Net Business Income		37. Health Care	
27. Rental Income		38. Taxes (Income) - Federal	
28. Pension (Taxpayer)		39. Taxes (Income) – State	
29. Pension (Spouse)		40. Property Taxes (If not included with mortgage)	
30. Child Support		41. Court Ordered Payments	
31. Alimony		42. Child/Dependent Care	
32. Other Income (Specify)		43. Other Expenses (Specify)	
33. Total Income	\$	44. Total Expenses	\$

(1) Select value from National Standard Expenses Table on last page of this application

Section III – Assets and Liabilities

Assets

45.	Cash	\$ _____
46.	Checking Account	_____
47.	Savings Account	_____
48.	Stocks, Bonds & Other Securities	_____
49.	Cash or Loan Value of Insurance	_____
50.	Motor Vehicles (Model and Year)	
	a. Owned Vehicles	
	1. _____	_____
	2. _____	_____
	3. _____	_____
	b. Leased Vehicles	
	1. _____	_____
	2. _____	_____
	3. _____	_____
51.	Debts Owed to You	_____
52.	Household Furniture and Goods	_____
53.	Items Used in Trade or Business	_____
54.	Real Estate	
	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____
55.	Any Other Assets - Specify	
	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____
	Total Assets	\$ _____

Section III – Assets and Liabilities Continued

Liabilities

56.	Bills Owed (Doctors, Lawyers, etc.)	
	1. _____	\$ _____
	2. _____	_____
	3. _____	_____
57.	Installment Debt (Car, Credit Card, etc.)	
	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____
	5. _____	_____
58.	Federal Taxes Owed	_____
	Has Federal lien been filed? _____	
	(If yes please supply copy)	
59.	State Taxes Owed	_____
60.	Real Estate Mortgages (2)	
	1. _____	_____
	2. _____	_____
	3. _____	_____
61.	Loans Payable (To Banks, Finance Co., etc.) (2)	
	1. _____	_____
	2. _____	_____
	3. _____	_____
62.	Judgments Owed (Other Than Federal or State)	
	(Please supply copy)	
	1. _____	_____
	2. _____	_____
	3. _____	_____
63.	Other Debts (Itemize)	
	1. _____	_____
	2. _____	_____
	3. _____	_____
	Total Liabilities	\$ _____

(2) Note: Please include your current statement from lender with monthly payment amount and current balance due.

Section IV – General Financial Information

64. Real Property (Brief description and type of ownership)

Physical Address	Date Acquired	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

65. Bank Accounts (Include Savings and Loans, Credit Unions, IRAs & Retirement Plans, Certificate of Deposit, etc.)

Name of Institution	Address	Type	Acct #	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total \$				_____

66. Securities (Stocks, bonds, mutual funds, money market funds, government securities, etc.)

Kind	Quantity	Owner of Record	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total \$			_____

67. Charge Cards and lines of credit from banks, credit unions and savings and loans

Type of Account or Card	Financial Institution	Credit Limit	Amount Owed	Monthly Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total \$				_____

68. Life Insurance

Name of Company	Policy Number	Type Whole/Term	Face Amount	Available Loan Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total \$				_____

Section V – General Information

69. Are you a party in any lawsuit now pending? ____ Yes ____ No

If yes please explain: _____

70. Are you a trustee, executor or administrator? ____ Yes ____ No

If yes please explain: _____

71. Is anyone holding any monies on your behalf? ____ Yes ____ No

If yes please explain: _____

72. Is there any likelihood you would receive an inheritance? ____ Yes ____ No

If yes please explain: _____

73. Do you receive or under any circumstances expect to receive benefits from an established trust from a claim for compensation or damages from a contingent or future interest in property of any kind? ____ Yes ____ No

If yes please explain: _____

With knowledge of the penalties for false statements provided by 2C:21-4(b) (\$7,500 fine and /or 3-5 years imprisonment) and with the knowledge that this financial statement is submitted by me to affect action by the Division of Taxation, I certify that I believe the above statements are true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other.

Date

Signature