

PETITION FOR COMPROMISE OF TAXES BASED ON INABILITY TO PAY

This form should only be used to petition the Wisconsin Department of Revenue for the compromise of taxes based on an inability to pay in full in accordance with secs. 71.92(3), 73.13 and 77.62(5) Wis. Stats. The completed form and all supporting documentation should be submitted to the office listed on your Statement of Account. Corporations must also complete and submit Form A-213 Corporation Schedule A with this petition. **NOTE:** If your offer is accepted, you must pay that amount within ten (10) days from the date the offer is accepted or pay in accordance with an approved payment schedule.

1. Name of Petitioner	Social Security Number	Seller's Permit Number	Withholding Number
Business Address			Business Telephone ()
Home Address			Home Telephone ()

2. Record of Taxes Due		
Type of Tax	Taxable Period	Unpaid Liability

3. Failure to pay the taxes listed above is due to the following causes:

4. Source of funds for offer (list):

5. If the outstanding taxes were incurred in the operation of a business, has the business been discontinued? ☐ Yes ☐ No
If discontinued, when?
What disposition was made of the assets?

6. Family Information		
Name of spouse	Petitioner, Date of Birth	Spouse, Date of Birth
Name(s) of dependent(s) - list	Relationship	Date of Birth

7. Employment Information	Petitioner	Spouse
Present employer		
Gross salary per week		
Take home pay per week		
If unemployed, give date last employed and gross salary per week		

8. List names of banks and other financial institutions you have done business with any time during the past 3 years.	
Name and Address	Name and Address

Do you rent a safety deposit box in your name or in any other name? ☐ Yes ☐ No If yes, give name and address of bank where the box is located.

9. Statement of Assets and Liabilities

The following is a true and complete statement of petitioner's financial condition as of _____, _____. If this statement is not sufficient for your purpose, please attach a schedule. If explanatory comments are necessary, please attach a letter to the petition.

Assets (show at fair market value)		Liabilities	
Cash on hand and in banks		*Bonds or mortgage indebtedness (see below)	
Cash surrender value of life insurance		*Bills and accounts payable (see below)	
(Total from section 10 below)		Taxes payable	
Real estate (Total from section 11 below)		Property	
Assets listed in section 12 below		Income (U.S.)	
Bills and accounts receivable		Other liabilities	
Inventories			
Machinery			
Other equipment (autos, etc.)			
Furniture and fixtures			
Securities, stocks, bonds, etc.			
All other assets (specify)			
		Total liabilities	
Total assets		Net worth (total assets less total liabilities)	

***If these liabilities (other than mortgages) exceed \$2,000, attach schedule listing each creditor and amount owed.**

NOTE: no depreciation reserve should be shown above since the assets are listed at fair market value.

10. Life Insurance Policies

Company	Beneficiary	Amount	Cash Surrender Value	Balance on Loan	Have Premiums Been Paid to Date? (Yes or No)

Is this insurance pledged with banks or other creditors? ☐ Yes ☐ No

11. Real Estate (include personal residence)

Description	Cost	Fair Market Value	Balance Due on Mortgage*	Date Mortgage Recorded	Unpaid Interest and Taxes*

***Proof by documentation must accompany this petition. Copy of property tax bills to verify value and lender's statement to verify mortgage balance are required. Back Property tax must also be verified.**

12. Receivables, inventories, machinery and equipment, trucks and automobiles (for personal or business use), stocks and bonds, etc.

[illegible]

** Submit written verification of the amount due.

☐ Yes ☐ No☐ Yes ☐ No

☐ Yes ☐ No (If yes, complete the schedule appearing below. Attach separate statement if necessary.)

Description of Asset	Date of Transfer	Fair Market Value When Transferred	Consideration Received	Relationship of Transferee To Taxpayer

16. If individual, give an analysis of income and expenses as follows:

Income		Monthly		Expenses		Monthly	
Wages (gross)				Food, clothing and misc.			
Spouse wages (gross)				Housing and utilities			
Interest and dividends				Transportation			
Net income from business				Healthcare			
Net rental income				Taxes (income & FICA)			
Pension / social security (yourself)				Court ordered payments			
Pension / social security (spouse)				Child / dependent care			
Child support				Life insurance			
Alimony				Other secured debt			
Other income (specify)				Unsecured debt			
				Other (list and specify)			
Total				Total			

17. Prospect of increase in value of assets or in present income (describe and explain)

☐ Yes ☐ No

19. Judgments

Name of Creditor	Amount of Judgment	Date Recorded or Docketed	Recorded in (District, County or State)

20.

PETITIONER'S OFFER IN COMPROMISE

In accordance with secs. 71.92(3), 73.13 and 77.62(5) of the Wisconsin Statutes, this petition is submitted by the undersigned who declares under penalties of perjury that this petition, including accompanying schedules and statements, is true, correct and complete to the best of his/her knowledge. The sum of \$ _____ is being offered to compromise the tax liability set forth in this petition.

It is understood that this offer in compromise only includes those taxes and taxable periods specifically identified on the petition.

It is understood that this offer does not provide relief from said liability until the offer is accepted in writing by the Department of Revenue and paid within ten days from the date of such acceptance, or by installment schedule approved by the department.

It is mutually agreed that if within three years from the date this offer is accepted, the petitioner has income or property sufficient to enable him/her to pay the remainder of the tax including penalty and interest, the department may reopen this matter and order payment in full, or in part, of such tax, penalty and interest.

As a part of the consideration for this offer, the petitioner waives any claims to overpayments of taxes to which he/she may be entitled for any of the years prior to and including those involved in this compromise settlement when the overpayments are not in excess of the difference between the liability sought to be compromised and the amount offered. This waiver is withdrawn if the total amount of tax set forth in this petition is paid in full within three years from the date the offer is accepted.

The petitioner also agrees that, as part of the consideration for this offer, they will withdraw or stipulate to dismiss any pending administrative or other appeals against the department within 15 days of acceptance of this offer by the department. This includes, but is not limited to, petitions for redetermination, appeals to the Tax Appeals Commission, and appeals to any state or federal court which relate to the tax liability set forth in this petition. Petitioner further agrees to waive and release all claims against the department which relate to the tax liability set forth in this petition.

Signature of petitioner (or corporate officer)

Title

Date

21.

COMPROMISE ORDER

On the basis of the sworn statement of the above-named petitioner, the Wisconsin Department of Revenue by its duly authorized undersigned hereby determines:

- ☐ That the petition for compromise is rejected.
- ☐ That the petition for compromise offering the sum of \$ _____ in compromise of the petitioner's liability which amounts to \$ _____ is accepted. Therefore, the petitioner's liability as set forth in this petition is reduced to \$ _____ provided this sum is paid in the form of certified funds (cashiers check or money order) and received by the Department of Revenue within 10 days from the date this offer was accepted.
- ☐ That the department proposes a counter offer in the amount of \$ _____ in compromise of the petitioner's liability which amounts to \$ _____. Therefore, the petitioner's liability as set forth in this petition is reduced to \$ _____ provided this sum is paid in the form of certified funds (cashiers check or money order) and received by the Department of Revenue within 20 days from the date this counter offer was made.
- ☐ Correspondence dated _____ and enclosed with this petition contains additional conditions of your compromise. No compromise adjustment to your account, including the satisfaction of tax warrants, will be made until all conditions have been met unless the enclosed correspondence so states.

Signature

Date

22.

LOCATIONS OF DISTRICT OFFICES

Appleton	Eau Claire	Madison	Milwaukee
265 W. Northland Ave. 54911 (920) 832-2727	718 Clairemont Ave. 54701 (715) 836-2811	PO Box 8901 2135 Rimrock Rd. 53708 (608) 266-7879	819 N. Sixth St. Rm. 408 53203 (414) 227-4000