



Tennessee Department of Revenue Offer in Compromise Application

1. Applicant(s) Name and Street Address	SS #	
	SS #	
	FEI #	
	County	
	Daytime Phone # ()	
2. Applicant(s) Mailing Address (If different from above)	3. Applicant(s) Legal Structure	
	<input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Corp. Officer(s)	
<p>4. I/We Offer to pay the amount of \$_____ to compromise and settle the tax liabilities listed in Section 6 below and will pay this amount in the following manner: (Check One Only)</p> <p><input type="checkbox"/> Paid in full with this offer. (Make check payable to the "Tennessee Department of Revenue")</p> <p><input type="checkbox"/> A deposit of \$ _____ is attached, the balance to be paid within 30 days from acceptance.</p> <p><input type="checkbox"/> Offer will be paid in _____ monthly payments of _____ .</p>		
<p>5. The Tennessee Department of Revenue will immediately deposit any payment made with this offer. The deposit of this payment constitutes neither a waiver of any of the Department's rights, nor acceptance of the offer.</p>		
6. Description of Tax Liabilities To Be Compromised		
Tax Type	Account Number	Period(s)
<input type="checkbox"/> Individual Income Tax		
<input type="checkbox"/> Sales & Use Tax		
<input type="checkbox"/> Corporate Income Tax		
<input type="checkbox"/> Other (Specify)		
7. Reason for Offer:		

8. If any or all of the amount offered is from a loan or gift, provide the name of the lender or donor.

9. If any or all of the amount offered is from a source other than a loan or gift, provide the name of the source.

10. Summary Statement Supporting Reason for Offer (Required)

11. If you are represented by an attorney, accountant or agent, please provide the following contact information:

Name

Firm

Mailing Address

Phone Number ()

(Attach Power of Attorney - Use Department of Revenue Form RV-F0103801 Only)

12. TERMS AND CONDITIONS

By submitting this offer and signing below, I/we understand and agree to the Department's Offer in Compromise TERMS AND CONDITIONS as follows:

- a) I/we voluntarily submit any payment made with this offer.
- b) The Department will apply any payment made under the terms of this offer according to the best interests of the State.
- c) If the Department rejects the offer or if the offer is withdrawn, the Department will treat any amount paid with the offer as payment toward the outstanding tax liability.
- d) I/we will remain in compliance with all tax return filing provisions of the Tennessee Revenue Code while this offer is pending. I/we will comply with these provisions for a period of five (5) years from the date of notification of acceptance of this offer.
- e) The offer becomes officially acknowledged once written notification of receipt has been made by an authorized Department official. The offer remains pending until an authorized Department official issues notification of acceptance or rejection, or until the offer is withdrawn by me/us.
- f) I/we understand that collection activity is normally suspended while an offer is pending; however, such suspension is not required by law. I/we further understand that collection activity may continue if it is determined to be in the State's best interests, or if it is otherwise determined that the filing of the offer has not been made in good faith.
- g) The Department will retain and apply any payment(s) toward the liability for which this offer is made, if such payment was made prior to receipt of the offer by the Department. The Department will retain and apply all credits due to refund offset when such credits are received prior to the full payment of an accepted offer.
- h) I/we understand that the tax I/we owe is, and will remain, a tax liability until I/we meet all the terms and conditions of the offer. If I/we file bankruptcy before the terms and conditions of the offer are completed, any claim the Department files in a bankruptcy proceeding will be a tax claim.
- i) If I/we fail to meet the terms and conditions of an accepted offer, the compromise will be considered null and void. The Department will continue to add applicable interest and penalty on the total unpaid balance until paid in full. In addition, the Department may:
 - 1) Immediately issue and record any tax liens necessary to protect the State's legal interest;
 - 2) Proceed with enforced collection of the total outstanding liability;
 - 3) Apply amounts already paid under the offer to the total liability.

I/WE HAVE EXAMINED THIS OFFER, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND HEREBY AFFIRM THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

POWER OF ATTORNEY SIGNATURE

DATE

NOTE: Department Forms TED-14B (Statement of Financial Condition for Individuals) and/or TED-14C (Statement of Financial Condition for Businesses) must be completed, signed and attached in order for this offer to be complete. Department personnel may request verification of the financial information provided on these forms and may request additional information.

13. DISCLOSURE AGREEMENT

This section is to be completed only if an Offer In Compromise is currently pending or has been recently acted upon by the IRS for the applicant. Separate signature(s) are required for this section.

<input type="checkbox"/> Completed (Date _____)	<input type="checkbox"/> Accepted (Amount \$ _____) or <input type="checkbox"/> Declined	
<input type="checkbox"/> Pending (Date _____)	IRS Agent Assigned	
<input type="checkbox"/> To be Filed (Date _____)	Phone Number	
Tax Period(s) Covered	Amount Owed \$	SS # or FEI #

By my/our signature(s) below, I/we authorize the Tennessee Department of Revenue and the Internal Revenue Service to exchange information from their respective files regarding my/our pending or completed Offer in Compromise.

_____ APPLICANT'S SIGNATURE	_____ DATE
_____ APPLICANT'S SIGNATURE	_____ DATE
_____ ATTORNEY'S OR ACCOUNTANT'S SIGNATURE	_____ DATE

For information or assistance, contact one of the following TED Regional Offices:

Memphis
3150 N. Appling Road
Bartlett, TN 38133
(901) 213-1451

Chattanooga
1301 Riverfront Parkway, Suite 203.
Chattanooga, TN 37402
(423) 634-6288

Jackson
Suite 301 Box 44
State Office Building
225 Martin Luther King Jr. Dr.
Jackson, TN 38301
(901) 423-5745

Knoxville
7175 Strawberry Plains Pike, Suite 300
Knoxville, TN 37914
(865) 594-6081

Columbia
2486 Park Plus Drive
Columbia, TN 38401
(931) 380-2523

Johnson City
204 High Point Dr.
Johnson City, TN 37601
(423) 854-5364

Nashville
Andrew Jackson State Office Bldg., 10th Floor
500 Deaderick St.
Nashville, TN 37242
(615) 360-0401

Mail this application and all attachments to the following address:

SECTION I - PERSONAL INFORMATION					
1. Taxpayer's Name(s) and Residence Address		2. Daytime Phone Number		3. Marital Status (Check One) [] Single [] Married [] Separated [] Divorced	
		4. Social Security Number		5. Date of Birth	
		Taxpayer		Taxpayer	
County () Do you own [] or rent []?		Spouse		Spouse	
6. Previous Address If At Current Address Less Than 2 Years		7. Income Tax Return Information			
		A. Year of Last Filed Federal Income Tax Return _____			
		B. Federal Adjusted Gross Income From Last Return \$ _____			
		C. Year of Last Filed Tennessee Income Tax Return _____			
SECTION II - EMPLOYMENT INFORMATION					
8. Taxpayer's Employer or Business - Name and Address		9. Employer Phone Number		10. Occupation	
		11. Length of Employment		12. Work Relationship	
		Years ____ Mo. ____		[] Employee [] Proprietor [] Partner [] Officer	
13. Spouse's Employer or Business - Name and Address		14. Employer Phone Number		15. Occupation	
		16. Length of Employment		17. Work Relationship	
		Years ____ Mo. ____		[] Employee [] Proprietor [] Partner [] Officer	
18. Taxpayer's Part-time or Previous Employment in Last Three Years		19. Spouse's Part-time or Previous Employment in Last Three Years			
Employer's Name		Employment Dates		Employer's Name	
		To		Employment Dates	
		To		To	
		To		To	
		To		To	
20. Taxpayer's Part-time or Previous Employment in Last Three Years?		Taxpayer [] Yes [] No Spouse [] Yes [] No			
SECTION III - DEPENDENT INFORMATION					
21. Dependent Name (Other Than Spouse)		Date of Birth		Relationship	
				Monthly Income	
				\$	

SECTION IV - ASSETS

22. Cash		TOTAL (Enter also on Page 3, Item 30-A)		\$			
23. Bank or Credit Union Accounts (Checking, Savings, Certificate of Deposit, etc.)							
Name of Institution	Account Number	Type of Account	Balance				
			\$				
TOTAL (Enter also on Page 3, Item 30-B)				\$			
24. Bank Credit Cards (i.e., Visa, Mastercard, Discover, American Express, etc.)							
Name of Issuer	Account Number	Credit Limit	Amount Owed	Credit Available			
				\$			
TOTAL (Enter also on Page 3, Item 30-C)				\$			
25. Securities (Stocks, Bonds, Mutual Funds, IRA, Government Securities, Money Market Funds, etc.)							
Type	Issuer	Quantity or Denomination	Current Value				
			\$				
TOTAL (Enter also on Page 3, Item 30-D)				\$			
26. Real Property (Personal Residence, Vacation or Second Home, Investment Property, Unimproved Land, etc.)							
Description	Address	Current Market Value	Amount Owed	Equity In Property			
				\$			
TOTAL (Enter also on Page 3, Item 30-E)				\$			
27. Vehicles - Excluding Leased Vehicles (Including Motorhomes, Campers, Motorcycles, Boats, Trailers, etc.)							
Description	Make	Model	Year	Tag Number	Current Market Value	Amount Owed	Equity In Vehicle
							\$
TOTAL (Enter also on Page 3, Item 30-F)							\$
28. Other Assets							
	Current Appraised Value		Current Appraised Value				
Notes Receivable	\$	Timber, Mineral or Drilling Rights	\$				
Cash Surrender Value of Life Insurance		Patents or Copyrights					
Judgments or Settlements Receivable		Other (Specify)					
Vested Retirement Account							
Collectables, Antiques or Artwork							
TOTAL (Enter also on Page 3, Item 30-G)			\$				

SECTION V - LIABILITIES

29. Liabilities (Do Not Include Any Mortgages or Vehicle Loans)

Description	Total Amount Owed	Description	Total Amount Owed
Notes Payable	\$	Past Due Other Taxes	\$
Installment or Personal Loans		Vehicle Leases	
Education or Student Loans		Other Liabilities:	
Bank Revolving Credit			
Judgments Payable			
Past Due Federal Taxes			
Past Due State Taxes			
TOTAL (Enter also on Page 3, Item 31)			\$

SECTION VI - NET WORTH CALCULATION

30. Assets

A. Cash	\$
B. Bank or Credit Union Accounts	
C. Bank Credit Cards	
D. Securities	
E. Real Property	
F. Vehicles	
G. Other Assets	
Total Assets	\$
31. Liabilities	\$
32. Net Worth ("Total Assets" Minus "Liabilities")	\$

SECTION VII - OTHER INFORMATION

33. Are you currently in filing compliance with all Tennessee taxes?

☐ Yes ☐ No If "No", identify tax type and period: _____

34. If the tax liability was incurred in the operation of a business, has the business been discontinued?

☐ Yes ☐ No Date discontinued: _____

35. Have you disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?

☐ Yes ☐ No If "Yes", identify: _____

36. Is a foreclosure proceeding pending on any real estate that you own or have an interest in?

☐ Yes ☐ No

37. Is anyone holding any assets on your behalf?

☐ Yes ☐ No If "Yes", identify: _____ Relationship: _____

38. Are you a party to any lawsuit now pending?

☐ Yes ☐ No

39. Is there a likelihood that you will receive an inheritance within the next four years?

☐ Yes ☐ No If "Yes", from whom? _____ Relationship: _____

40. Have you previously petitioned the Department of Revenue for an offer in compromise for any tax liability?

☐ Yes ☐ No

41. Are you or any business that you own currently under bankruptcy court jurisdiction?

☐ Yes ☐ No Bankruptcy Case No.: _____

SECTION VIII - INCOME & EXPENSE ANALYSIS

42. Monthly Household Disposable Income

Gross Monthly Income			Monthly Living Expenses	
Source	Taxpayer	Spouse	Source	Amount
Salary, Wages, Commissions, Tips	\$	\$	House or Rent Payment	\$
Self-Employment Income			Income Taxes (Federal, State, FICA)	
Pensions, Disability & Social Security			Estimated Tax (If Applicable)	
Dividends & Interest			Groceries	
Gift or Loan Proceeds			Medical Expenses & Prescriptions	
Rental Income			Utilities:	
Estate, Trust & Royalty Income			Electric \$ + Gas \$ +	
Workers' Comp. & Unemployment			Water \$ + Phone \$ =	
Alimony & Child Support			Insurance:	
Other (Specify)			Life \$ + Health \$ +	
			Auto \$ + Home \$ =	
			Court Ordered Payment	
			Personal Loan Payment	
			Religious & Charitable Donations	
			Clothing & Personal Grooming	
			Entertainment & Recreation	
			Legal Fees	
			Transportation Expense	
			Vehicle Loan Payment	
			Vehicle Lease Payment	
			Property & Ad Valorem Taxes	
			Child Care	
			Installment & Credit Card Payments	
			Tuition Payment	
			Other (Specify)	
Subtotal	\$	\$		
Combined Monthly Income		\$	Total Monthly Living Expenses	\$

43. Net Monthly Household Disposable Income ("Combined Monthly Income" Minus "Total Monthly Living Expenses")

\$

I/we have examined this Statement of Financial Condition for Individuals and hereby affirm that to the best of my/our knowledge and belief, it is true, correct and complete.

Taxpayer's Signature _____ Date _____

Taxpayer's Signature _____ Date _____

POA Signature _____ Date _____

(Attach Power of Attorney - Use Department of Revenue Form RV-F0103801)

State of Tennessee
Department of Revenue

STATEMENT OF FINANCIAL CONDITION FOR BUSINESSES

(If additional space is needed,
attach separate sheet)

SECTION I - BUSINESS IDENTIFICATION

1. Business Name and Address		2. Mailing Address (If Different From Street Address)	
County			
3. Type of Business		4. Daytime Phone Number	5. Number of Employees
6. Type of Ownership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____		7. Tennessee Entity ID:	
8. Beginning Date of Business		9. Ending Date of Business (If Closed)	
10. Last Franchise Excise Return Filed	Form	Tax Year Ended	Net Income \$

11. Information About Owner, Partners, Officers, Major Shareholders, etc.

Name	Social Security Number	Title	Effective Date	Monthly Salary or Wages	Total Shares or Interest
				\$	

SECTION II - ASSETS

12. Cash On Hand			TOTAL (Enter also on Page 3, Item 24-A)		\$
13. Bank Accounts (General Operating, Payroll, Savings, Certificate of Deposit, etc.)					
Name of Institution	Account Number	Type of Account		Balance	
				\$	
TOTAL (Enter also on Page 3, Item 24-B)					\$
14. Bank Credit Available (Line of Credit, Credit Cards, etc.)					
Name of Institution	Account Number	Credit Limit	Amount Owed	Credit Available	
		\$	\$	\$	
TOTAL (Enter also on Page 3, Item 24-C)					\$

SECTION II - ASSETS (continued)

15. Real Property (including Investment Property, Unimproved Land, etc.)

Description	Address	Current Market Value	Amount Owed	Equity In Property
		\$	\$	\$
Total (Enter also on Page 3, Item 24-D)				\$

16. Vehicles (Excluding Leased Vehicles)

Description	Make	Model	Year	Tag Number	Current Market Value	Amount Owed	Equity In Vehicle
					\$	\$	\$
Total (Enter also on Page 3, Item 24-E)							\$

17. Accounts Receivable

Name	Date Due	Status	Amount Due
			\$
Total (Enter also on Page 3, Item 24-F)			\$

18. Loans From Business To Proprietor, Partners, Officers, Shareholders or Others

Name	Relationship	Payoff Date	Status	Amount Due
				\$
Total (Enter also on Page 3, Item 24-G)				\$

19. Machinery and Equipment (Including Furniture, Fixtures, Business Machines, etc.)

Description	Current Market Value	Amount Owed	Equity In Mach. & Equip.
	\$	\$	\$
Total (Enter also on Page 3, Item 24-H)			\$

20. Merchandise Inventory (Goods Held for Sales and/or Raw Materials Used in Manufacture Fabrication or Production)

Description	Current Market Value	Amount Owed	Equity In Mach. & Equip.
	\$	\$	\$
Total (Enter also on Page 3, Item 24-I)			\$

SECTION II - ASSETS (continued)

21. Securities (Stocks, Bonds, Mutual Funds, Government Securities, Money Market Funds, etc.)

Type	Issuer	Quantity or Denomination	Current Value
			\$
TOTAL (Enter also on Page 3, Item 24K)			\$

22. Other Assets

Type	Current or Appraised Value	Description	Current or Appraised Value
			\$
TOTAL (Enter also on Page 3, Item 24K)			\$

SECTION III - LIABILITIES

23. Liabilities

Description	Total Amount Owed	Description	Total Amount Owed
Notes Payable	\$	Past Due Federal Taxes	\$
Loans Payable		Past Due State Taxes	
Vehicle Leases		Past Due Other Taxes	
Equipment Leases		Other Liabilities:	
Bank Revolving Credit			
Judgments Payable			
TOTAL (Enter also on Page 3, Item 25)			\$

SECTION IV - NET WORTH CALCULATION

24. Assets

A. Cash On Hand	\$
B. Bank Accounts	
C. Bank Credit Available	
D. Real Property	
E. Vehicles	
F. Accounts Receivable	
G. Loans From Business to Proprietor, Partners, Officers, Shareholders or Others	
H. Machinery and Equipment	
I. Merchandise Inventory	
J. Securities	
K. Other Assets	
Total Assets	\$
25. Liabilities	\$
26. Net Worth ("Total Assets" Minus "Liabilities")	\$

SECTION V - INCOME & EXPENSE ANALYSIS

27. Business Income and Expenses For: (Check One) ☐ Fiscal Year Ending _____ OR ☐ Period _____ to _____

Accounting Method: (Check One) ☐ Cash ☐ Accrual Other: _____

Income	Amount	Expenses	Amount
Gross Receipts From Sales, Services, etc.	\$	Materials Purchased	\$
Gross Rental Income		Net Wages & Salaries	
Interest Income		Rent or Mortgage Expenses	
Dividends & Capital Gain Distribution		Installment & Lease Payments	
Royalty Income		Supplies & Office Expenses	
Commissions		Utilities	
Other Income (Specify)		Transportation Expenses	
		Repairs & Maintenance	
		Insurance	
		Current Taxes	
		Bad Debts	
		Travel & Entertainment	
		Advertising	
		Other Expenses (Specify)	
Total Income	\$	Total Expenses	\$
28. Net Income ("Total Income" Minus "Total Expenses")			\$

SECTION VI - OTHER INFORMATION

29. Is this business currently in filing compliance with all Tennessee taxes?

☐ Yes ☐ No If "No", identify tax type(s) and period(s): _____

30. Has this business disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?

☐ Yes ☐ No If "Yes", receiving party: _____

31. Is a foreclosure proceeding pending on any real estate, equipment or other property that this business owns or has an interest in?

☐ Yes ☐ No

32. Is another party holding any assets on behalf of this business?

☐ Yes ☐ No If "Yes", identify: _____

33. Is this business a party to any lawsuit now pending?

☐ Yes ☐ No

34. Is this business currently under bankruptcy court jurisdiction?

☐ Yes ☐ No If "Yes", Bankruptcy Case No.: _____

I/we have examined this Statement of Financial Condition for Businesses and hereby affirm that to the best of my/our knowledge and belief it is true, correct and complete.

Taxpayer's Signature _____ Date _____

Taxpayer's Signature _____ Date _____

POA Signature _____ Date _____



**STATE OF TENNESSEE
DEPARTMENT OF REVENUE
ANDREW JACKSON STATE OFFICE BUILDING
NASHVILLE, TENNESSEE 37242**

TO WHOM IT MAY CONCERN:

You have my authorization to release any financial data that pertains to me or my company to the Tennessee Department of Revenue.

Signature _____

Date _____

SOCIAL SECURITY # _____

Sworn to and sibscribed before me on the date of first above written.

(Notary Public)

My commission expires: