

The following facts and reasons are submitted as grounds for acceptance of this offer

[illegible]

If any or all of the amount being offered is from a loan, please provide the following:

LENDER'S NAME	TELEPHONE NUMBER ()	TOTAL AMOUNT OF THE LOAN \$
LENDER'S ADDRESS (<i>city, state, zip code</i>)		TOTAL AMOUNT FROM OTHER SOURCES \$
DESCRIBE SOURCES OF OFFERED FUNDS OTHER THAN A LOAN		

IF THIS OIC IS DENIED, THE BOE IS TO:

- ☐ Retain OIC deposit and credit it to the current tax liability ☐ Return the amount deposited

SECTION 3. OFFER AMOUNT

(You are not required to send the offer amount with the application.)

SELLER'S PERMIT OR BOE ACCOUNT NUMBER(S)	PERIOD(S) OF LIABILITY
AMOUNT OWED TO THE BOE \$	TOTAL AMOUNT OF THE OFFER \$

It is understood that this offer will be considered and acted upon as quickly as possible. It does not relieve the taxpayer or feepayer of the liability sought to be compromised until the BOE accepts the offer and there has been full compliance with all agreements. The BOE may continue collection activities at its discretion.

Except for any amount deposited in connection with this offer, it is agreed that the BOE will retain all payments and credits made to the account for the periods covered by this offer. In addition, the BOE will retain any and all amounts to which the tax or feepayer(s) may be entitled under the California law, due through overpayments of tax or fees, penalty, or interest, prior to the offer being accepted, not to exceed the liability.

It is further agreed that upon notice to the taxpayer or feepayer of the acceptance of the offer, the taxpayer or feepayer shall have no right to contest in court or otherwise the amount of the liability sought to be compromised. No liability will be compromised until all obligations of each taxpayer or feepayer under the compromise agreement are completely performed.

Under penalty of perjury, I declare that I have examined the information given in this statement and all other documents included with this offer and to the best of my knowledge and belief, they are true, correct, and complete.

SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE

PROCESSING ACCEPTED OFFERS

Generally, an offer will not be forwarded for approval until the offer is funded. Once the offer is approved and funded, the OIC Section will process all the necessary adjustments to your account balance. Releases of liens (if applicable) will be mailed directly to the county in which they were recorded. The taxpayer or feepayer making the offer will receive copies of the lien release documents and a statement of balance with the acceptance letter.

Please note that the OIC covers only the final liabilities requested in the OIC application. Any future liabilities that may be assessed or become final after the date of the compromise are not covered.

PROCESSING DENIED OFFERS

If we reject or deny the offer, the deposit will be refunded or applied to the liability at the request of the tax or fee payer with an effective date of the date the funds were received. No interest will be granted on returned deposits. If a third party has posted the deposited amount, staff must get written permission from the third party to apply the deposit. The case will be returned to the local district office or headquarters office with a recommendation for case handling based on information analyzed during the offer process.

Please note: If you choose to make installment payments and the offered amount is not paid within twelve months, your offer will be denied and all funds received through the offer will be retained.

SECTION 4. BUSINESS ENTITY INFORMATION *(attach additional pages as needed)*

NAME OF BUSINESS ENTITY	STATUS	CALIFORNIA BUSINESS NUMBER	DATE INCORPORATED
ADDRESS	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)		TELEPHONE NUMBER ()
CORPORATE OFFICER/DIRECTOR/SHAREHOLDER'S NAME AND ADDRESS			
TITLE			TELEPHONE NUMBER ()
AUTHORIZED REPRESENTATIVE'S ADDRESS <i>(attach power of attorney)</i>			TELEPHONE NUMBER ()

List of entity officers, general partners, managing members.

NAME OF OWNER(S)	BUSINESS ADDRESS	TELEPHONE NUMBER	TITLE

Other related businesses. List any of the business' parent or subsidiary corporation relationships.

TRADE OR BUSINESS NAME	BUSINESS ADDRESSES OR CORP. NUMBER	TELEPHONE NUMBER	FEIN

SECTION 5. GENERAL FINANCIAL INFORMATION *(attach additional pages as needed)***Bank Accounts** *(payroll, general, savings, certificates of deposit, etc.)* List accounts held during the past 3 years.

NAME OF INSTITUTION	ADDRESS	TYPE	DATE OPENED	ACCOUNT NUMBER	BALANCE
TOTAL <i>[Enter this amount on line 2, Section 6 (Asset and Liability Analysis)]</i>					

Bank credit available *(lines of credit, etc.)*

NAME OF INSTITUTION	ADDRESS	CREDIT LIMIT	CREDIT AVAILABLE	AMOUNT OWED	MO. PAYMENT
TOTAL					
TOTAL [Enter this amount on line 19, Section 6 (Asset and Liability Analysis)]					

Vehicles

YEAR, MAKE, MODEL, LICENSE NUMBER	LENDER/PINK SLIPHOLDER	CURRENT MARKET VALUE	CURRENT PAYOFF	AVAILABLE EQUITY
TOTAL [Enter this amount on line 3, Section 6 (Asset and Liability Analysis)]				

List any vehicles, equipment, or property sold, given away, or repossessed during the past three years.

YEAR, MAKE, MODEL OF VEHICLE, DESCRIPTION, OR PROPERTY ADDRESS	WHO TOOK TITLE OR POSSESSION	VALUE

Securities (stocks, stock options, bonds, mutual funds, money market funds, other securities, etc.)

TYPE	BROKERAGE NAME	OWNER OF RECORD	QUANTITY OF DENOMINATION	CURRENT VALUE
TOTAL [Enter this amount on line 5, Section 6 (Asset and Liability Analysis)]				

Judgments

NAME	CASE NUMBER	DATE RECORDED	WHERE RECORDED	PAYABLE OR RECEIVABLE?	AMOUNT
TOTAL [Enter receivable amount on line 10, Section 6 (Asset and Liability Analysis)]					
TOTAL [Enter receivable amount on line 24, Section 6 (Asset and Liability Analysis)]					

REAL PROPERTY (include a copy of the deed)

PHYSICAL ADDRESS AND DESCRIPTION (single family dwelling, multi family dwelling, lot, etc.)		PARCEL NUMBER
MORTGAGE LENDER'S NAME	ADDRESS (city, state, zip code)	
HOW IS TITLE HELD?	PURCHASE PRICE \$	PURCHASE DATE
PHYSICAL ADDRESS AND DESCRIPTION (single family dwelling, multi family dwelling, lot, etc.)		PARCEL NUMBER
MORTGAGE LENDER'S NAME	ADDRESS (city, state, zip code)	
HOW IS TITLE HELD?	PURCHASE PRICE \$	PURCHASE DATE
PHYSICAL ADDRESS AND DESCRIPTION (single family dwelling, multi family dwelling, lot, etc.)		PARCEL NUMBER
MORTGAGE LENDER'S NAME	ADDRESS (city, state, zip code)	
HOW IS TITLE HELD?	PURCHASE PRICE \$	PURCHASE DATE

Accounts and notes receivable (loans to shareholders, officers, partners, members, etc.)

NAME	ADDRESS	STATUS	DATE DUE	AMOUNT DUE
TOTAL [Enter this amount on line 9, Section 6 (Asset and Liability Analysis)]				

Machinery and equipment

DESCRIPTION (manufacturer, model number, etc.)	NAME AND ADDRESS OF LIEN/NOTE HOLDER	BALANCE DUE	FAIR MARKET VALUE
TOTAL [Enter this amount on line 11, Section 6 (Asset and Liability Analysis)]			

Merchandise inventory

DESCRIPTION	COST	BALANCE DUE	LIQUIDATION VALUE	CURRENT MARKET VALUE
TOTAL [Enter this amount on line 12, Section 6 (Asset and Liability Analysis)]				

SECTION 5. GENERAL FINANCIAL INFORMATION (Continued)

Please provide additional information relating to the financial condition of the corporation, LLC, partnership, or trust. If yes is checked, please provide dates, explanation, and documentation. Documentation should cover the last three years.

DIVIDEND DISTRIBUTIONS *(If yes, please list dates and amounts of 3 most recent distributions.)*

☐ Yes ☐ No

PENDING LITIGATION OR JUDGMENTS *(If yes, please provide case number and court location.)*

☐ Yes ☐ No

REPOSSESSIONS

☐ Yes ☐ No

ANTICIPATED INCREASE IN INCOME

☐ Yes ☐ No

BANKRUPTCIES/RECEIVERSHIPS *(If yes, please include chapter, case number, and date filed.)*

☐ Yes ☐ No

RECENT TRANSFER OF ASSETS *(If yes, please include details on disbursements of entity's assets.)*

☐ Yes ☐ No

BUSINESS SOLD *(If yes, please provide a copy of the sales contract.)*

☐ Yes ☐ No

ENTITY OFFICIALLY DISSOLVED *(If yes, please include details on disbursements of entity's assets. List **all** disbursements during the last 6 months on a separate page.)*

☐ Yes ☐ No

BENEFICIARY TO TRUST, ESTATE, ETC.

☐ Yes ☐ No

ARE FORECLOSURE PROCEEDINGS PENDING ON ANY REAL ESTATE THAT THE ENTITY OWNS OR HAS AN INTEREST IN? *(If yes, please give the location of the real estate.)*

☐ Yes ☐ No

SECTION 6. ASSET AND LIABILITY ANALYSIS**Current assets**

1. Cash	
2. Bank accounts/balance <i>(from Section 5)</i>	
3. Vehicles/available equity <i>(from Section 5)</i>	
4. Loan <i>(from Section 5)</i>	
5. Securities <i>(from Section 5)</i>	
TOTAL CURRENT ASSETS	

Real property *(from Section 5)*

ADDRESS OR LOCATION	A CURRENT MARKET VALUE	B MORTGAGE PAYOFF VALUE	C EQUITY
6.			
7.			
8.			
<i>(Column A minus Column B equals Column C)</i> TOTAL EQUITY			

SECTION 6. ASSET AND LIABILITY ANALYSIS (Continued)

Other assets	Value
9. Notes/accounts receivable <i>(from Section 5)</i>	
10. Judgments/settlements receivable <i>(from Section 5)</i>	
11. Machinery and equipment <i>(from Section 5)</i>	
12. Merchandise inventory <i>(from Section 5)</i>	
13. Aircraft, watercraft <i>(please list CF number or Hull ID number)</i>	
14. Interest in partnerships	
15. Interest in trusts	
16. Other assets <i>(include description)</i>	
17. Other assets	
TOTAL OTHER ASSETS	
18. Subtotal of assets <i>(current, equity, and other)</i>	

Current liabilities *(attach additional pages as needed)*

19. Lines of credit <i>(amount owed from Section 5)</i>	
20. Notes/accounts payable <i>(include description)</i>	
21. Taxes owed to IRS <i>(provide a copy of recent notices)</i>	
22. Taxes owed to FTB <i>(provide a copy of recent notices)</i>	
23. Taxes owed to EDD <i>(provide a copy of recent notices)</i>	
24. Judgments <i>(provide a copy)</i>	
25. Other liabilities <i>(include description)</i>	
TOTAL LIABILITIES	

SECTION 7. MONTHLY INCOME AND EXPENSE ANALYSIS**Income** *(Please furnish the information requested below from income tax returns, as adjusted, for the past three years.)*

	YEAR _____	YEAR _____	YEAR _____
26. Gross receipts from sales, services, etc.			
27. Gross rental income			
28. Interest			
29. Dividends			
30. Royalties			
31. Other income <i>(include description)</i>			

SECTION 7. MONTHLY INCOME AND EXPENSE ANALYSIS *(Continued)***Income** *(continued)*

	YEAR _____	YEAR _____	YEAR _____
32. Other income			
33. Other Income			
34. Other Income			
35. Other Income			
36. Other Income			
37. Other Income			
TOTAL INCOME			

Expenses

	YEAR _____	YEAR _____	YEAR _____
38. Compensation of officers <i>(attach detailed list)</i>			
39. Net wages and salaries <i>(including stock options, bonuses, loan payments, and cash pay-outs)</i>			
40. Materials purchased			
41. Rents			
42. Installment payments			
43. Supplies			
44. Utilities/telephone			
45. Gasoline/oil			
46. Repairs and maintenance			
47. Insurance			
48. Taxes			
49. Other expenses <i>(include description)</i>			
50. Other expenses			
51. Other expenses			
52. Other expenses			
53. Other expenses			
54. Other expenses			
TOTAL EXPENSES			
Net difference (total income less expenses)			