

OFFER IN COMPROMISE FINANCIAL STATEMENT

NOTE: Complete all blocks except shaded areas. Write "N/A" (not applicable) in those blocks that do not apply.

Account No.:	Business Name:	Phone: ()
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Personal Information

Applicant's Name and Address	Married/Registered Domestic Partner <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Spouse's Name:
	Applicant	Spouse
	Social Security Number	Social Security Number
Name, address, and phone number of next of kin	Driver's License Number	Driver's License Number
	Date of Birth	Date of Birth

Name, age, and relationship of dependents living in your household (exclude yourself and spouse)

Current Assets

Cash	\$
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Bank Accounts (Include Savings and Loans, Credit Unions, IRA and Retirement Plans, Union Vacation Trust Funds, etc.)

Name of Institution	Address	Type of Account	Account Number	Balance
				\$

Accounts/Notes Receivable

Name	Address	Payment or Due Date	Amount
			\$

Available Credit Sources: Credit Unions, Lines of Credit, or Charge Cards with cash advance feature, etc.

Type of Account or Card	Name and Address of Financial Institution	Amount Owed	Minimum Monthly Payment	Business or Personal	Available Credit
		\$	\$		\$

Securities: Stocks, Bonds, Mutual Funds, Money Market Funds, Government Securities, etc.

Kind	Quantity or Denomination	Where Located	Value
			\$

Life Insurance

Name of Company	Policy Number	Type	Face Amount	Loan Value
			\$	\$

Department Use Only	Section A	
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Personal Assets: Vehicles, Boats, RVs, Motorcycles, etc.

Make	Year	License Number	Market Value	Balance Due	Payoff Date	Equity
			\$	\$		\$

Department Use Only Section B _____

Real Property Assets (Include Partnerships and Investments)

Ownership	Physical Address	County	Market Value	Monthly Payment	Mortgage Balance	Equity
			\$	\$	\$	\$

Department Use Only Section C _____

Monthly Income and Expense Information

Income	
Applicant Gross Wages/Salaries (Attach last six months pay stubs)	\$
Spouse Gross Wages/Salaries (Attach last six months pay stubs)	
Net Business Income	
Commissions	
Net Rental Income	
Interest and Dividends	
Pension/Retirement	
Income from Estate or Trust	
Alimony (Name and Address)	
Other Income (Identify)	

Department Use Only Section D _____

Necessary Living Expenses	
Mandatory Payroll Deductions	\$
Medical Expenses	
Insurance	
Court Ordered Payments	
Child/Spousal Support (Name and Age)	
Vehicle Expenses	
Other Expenses (List)	

Department Use Only Section E _____

Current Liabilities		
	Balance	Mo. Payment
Internal Revenue Service		
Other Tax Agencies (List)		
General Creditors (List)		

Department Use Only Section F _____

