

Compromise Application

Before we will consider accepting less than the full amount due, you must send the information requested below.

Your documentation will be reviewed and verified. A Revenue Collection Officer may need to contact you to discuss the information you submitted. You will be notified in writing when a decision is made. Allow at least 90 days for a response.

Note: If you are seeking a compromise for a jointly filed debt, either:

1. Both joint filers seek the compromise together. Both complete the financial statement C58C, and the application, and we use the assets and income from both filers when determining the ability to pay. OR
2. The filer seeking the compromise must first request a Separation of Liability. If the liability is separated, the compromise you seek will be for only those debts remaining in your name, and we will continue collection efforts for the debts of the other joint filer.

Compromise Questionnaire (see next page)

Non-refundable deposit

Make check payable to the Commissioner of Revenue. The deposit will be included in the compromise amount if the compromise is accepted. If your compromise request is rejected, the \$250 deposit will be applied to your account.

Loan applications and credit denials from at least two financial institutions

If you are unable to borrow the full amount of the debt, provide statements from two financial institutions indicating the maximum amount they are willing to lend you.

Completed financial statement (Form C58C)

Verification of income

Attach income verification (two most current pay stubs).

Verification of expenses

Attach copies of billing statements for the last two months (mortgage, utilities, vehicles, insurance, court ordered payments, child care, other).

Bank information

Attach bank statements for savings and checking accounts for the last three months.

Current lease or rental agreements

Attach all lease agreements, including property where you are the lessor or lessee.

Investments

Attach copies of your most current statements (stocks, bonds, mutual funds, IRAs, government securities, money market funds, etc.).

Medical documentation

Attach physician's letters or other documents to show any medical condition that should be considered and documentation of medical expenses/prescriptions not covered by insurance.

Power of Attorney

Attach a power of attorney form (REV184) if this offer is submitted by a designated representative.

Real property information

Attach your most current property tax statements and homeowners insurance policy (personal residence, vacation or second home, investment property, land, etc.).

Send all the required information and a \$250 deposit to the address below. Keep a copy of all the information you provide us for your records.

**Minnesota Revenue
PO Box 64447-CMP
St. Paul, MN 55164-0447**

m DEPARTMENT OF REVENUE
Compromise Questionnaire

Your name: _____ Your Social Security number: _____

The following information will be used to evaluate your ability to pay and to determine if a compromise is in the best interest of the State of Minnesota. This information may be used for collection purposes. You are not legally required to provide the information requested; however, if no information is provided or if the information is insufficient to make a determination, your request will be denied. (If you need more room to answer any of the questions, please use the back of this questionnaire.)

1. What is the maximum amount you can pay for a lump-sum settlement of your debt? \$ _____
 Where will you obtain the funds?

2. Have you sold, transferred, or gifted any real estate during the past two years? Yes No
 If yes, list property address, include the property identification numbers, and attach documentation.

3. Do you plan to buy, sell or refinance real estate in the next three years? Yes No
 If yes, explain:

4. What caused your large tax liability? (Example: cashing of 401k or stocks, claiming the wrong number of exemptions, etc.)

Do you foresee having problems meeting future tax obligations? Yes No
 If no, what has changed or been corrected?

5. If you are currently unemployed, what are your long-term job prospects?

Do you have any health issues that prevent you from working? Explain and attach the most current documentation.

6. If business taxes are owed, what is the status of your business? Open Closed

If closed, what date did it close? _____

Minnesota Tax Identification Number _____

7. Is anyone holding assets on your behalf (e.g., trust fund, property)? Yes No
 If yes, identify type of assets and value:

Relationship to asset holder: _____

8. Is a foreclosure pending on any real estate you own or have an interest in? Yes No
 If yes, explain:

9. Is there a likelihood that you will receive assets or income from an estate in probate? Yes No
 If yes, from whom?

Relationship: _____

10. Do you anticipate any increase in household income in the next two years? Yes No
 If yes, explain:

11. Why do you believe it is in the State's best interest to settle your account for less than the full amount due?

 your signature date daytime phone

 spouse's signature date daytime phone

Individual Financial Statement for Offer in Compromise

This information may be used for collection purposes. We are allowed to require Social Security numbers under 42 USC 405 (c) (2) (C) (i). You are not legally required to provide the information requested. However, if you do not provide enough information your request may be denied. Include all household income and expenses even if only one person is liable for the tax.

Section 1—General Information

Your Name				Spouse's Name			
Your Social Security Number		Your Date of Birth		Spouse's Social Security Number		Spouse's Date of Birth	
Your Address <input type="checkbox"/> Own <input type="checkbox"/> Rent				Spouse's Address (if different) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
City	County	State	ZIP Code	City	County	State	ZIP Code
Home Phone Number		Work Phone Number		Spouse's Home Phone Number		Spouse's Work Phone Number	

You Full-Time Part-Time Employee Sole Proprietor Partner Officer

Spouse Full-Time Part-Time Employee Sole Proprietor Partner Officer

Your Employer or Business Name			Occupation			Spouse's Employer or Business Name			Occupation		
Address						Address					
City		State		Zip Code		City		State		ZIP Code	
Length of employment (years/months) _____						Length of employment (years/months) _____					
Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly						Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly					
Highest level of education attained?						Highest level of education attained?					
Professional License			Renewal Dates			Spouse's Professional Licenses			Renewal Dates		

Year of Last Filed Income Tax Return			Federal			State			Year of Last Filed Income Tax Return			Federal			State		
Allowances Claimed on W4						Allowances Claimed on W4											
Personal Representative/Tax Preparer (Attach Power of Attorney Form REV184)						Personal Representative/Tax Preparer (Attach Power of Attorney Form REV184)											
Address						Address											
City		State		ZIP Code		Phone Number		City		State		ZIP Code		Phone Number			

Section 2—Asset Information

Bank and Credit Union Accounts (checking, savings, CDs, etc.) Attach copies of savings and checking account bank statements for the last three months.

Name of Institution	Address	Type of Account	Account Number	Balance
Total bank assets				\$

Section 2—Asset Information, Continued

Investments (stocks, bonds, mutual funds, retirement accounts, government securities, money market funds, etc.) Attach copies of most current statements.

Type of Investment	Issuer	Quantity	Current Value
Total Investments			\$ _____

Real estate (personal residence, vacation or second home, investment property, land, etc.) Attach most current property tax statements and home owners insurance policy.

Description	Address	City	State	Current Market Value	Amount Owed	Equity in Property
Total Real Estate Equity						\$ _____

Motor Vehicles (cars, trucks, RVs, campers, motorcycles, boats, trailers, snowmobiles, ATVs, etc.) Attach additional sheets if necessary.

Make	Model	Year	Amount Owed	Payoff Date	Minimum Monthly Payment	Equity in Vehicle
Total Vehicle Equity						\$ _____

Other Assets

	Current Value
Cash surrender value of life insurance	
Judgments or settlements receivable	
Notes receivable	
Other (specify)	
Total Other Assets	\$ _____

Section 3—Liability Information (not included in assets previously listed). Attach copies of most current billing statements.

Credit Cards (Visa, MasterCard, American Express, Discover, etc.)

Card Name	Credit Limit	Current Balance	Minimum Monthly Payment
Total Credit Payments			\$

Other Liabilities

Personal Loans, Judgments or Notes Payable

Type of Liability	Current Balance	Minimum Monthly Payment

Bank Line of Credit

Federal Tax Debts

Total Liability Payments		\$

If you owe past due federal tax, is this debt currently under levy by IRS?

Yes No If yes, what amount? _____

Do you have an offer in compromise pending with the IRS?

Yes No If yes, what amount? _____

Household information (you are not legally required to provide the information requested; however, if no information is provided or the information is insufficient to make a determination, your request may be denied). List all people living in household (other than spouse information from Section 1).

Name	Relationship to you (partner, roommate, parent, etc.)	Age	Income Contributed
Total Number in Household			
Total Household Income (add to "Household income" on pg. 4)			\$

