



# TENNESSEE DEPARTMENT OF REVENUE



## OFFER IN COMPROMISE APPLICATION

The Following Pages Contain:

- ◆ Offer in Compromise: General Information
- ◆ Worksheet To Help Calculate An Offer Amount
- ◆ Instructions For Completing The Offer In Compromise Application
- ◆ Offer In Compromise Application - Form OIC-1
- ◆ Statement of Financial Condition for Individuals - Form CS-14B
- ◆ Statement of Financial Condition for Businesses - Form CS-14C

## OFFERS IN COMPROMISE: GENERAL INFORMATION

The Tennessee Department of Revenue's Offer in Compromise program allows a taxpayer to settle a tax liability for less than the total amount owed. Generally, the Department will accept an offer in compromise only if the amount offered represents the most the Department can expect to collect over a 3-5 year time frame. The Attorney General and Reporter and the Comptroller of the Treasury must approve compromises over a certain amount.

**Minimum Requirements.** The Department will process an offer in compromise application only if the taxpayer:

- Is not the subject of an open or active bankruptcy case
- Has filed all required tax returns and reports
- Has fully completed the offer in compromise application
- Has provided all supporting documentation
- Has responded fully to all requests for additional information and documentation

**Factors Considered.** Although the Department evaluates each case based on its own unique set of facts and circumstances, the Department gives the following factors strong consideration:

- The taxpayer's ability to pay, both immediately and over time
- The amount of equity in the taxpayer's assets
- The taxpayer's income and allowable expenses
- The potential for changed circumstances
- The likelihood the taxpayer will comply with tax laws in the future
- Whether a compromise is in the best interest of the state

**The Offer.** Generally, the amount the taxpayer offers must represent the maximum amount the taxpayer can pay, either immediately or over a 3-5 year time frame.

- The offer in compromise application includes a worksheet to assist taxpayers in determining an acceptable offer.
- Not all expenses are allowed. The Department utilizes federal guidelines for Tennessee to determine allowable household and personal expenses. The Department will not allow excessive expenses or expenses related to debts that would not have priority over the State's tax lien in a bankruptcy proceeding.
- The Department recognizes that each taxpayer's circumstances are unique. The taxpayer can ask the Department to consider special circumstances that might affect the taxpayer's ability to pay (for example, a serious long-term illness).
- The Department will give the taxpayer an opportunity to complete, supplement, or correct an application where it appears the taxpayer made a good faith effort to provide all required information and documentation.

- If the Department believes the taxpayer can pay the full liability over time, the Department will decline to compromise the liability but will generally work with the taxpayer to set up an installment payment agreement.

While the Offer is Pending.

- Unless the taxpayer is experiencing extraordinary financial difficulties, submission of an offer in compromise application does not halt collection activity or alter the payment requirements of any current installment payment agreement.
- To avoid levies and other collection action, the taxpayer may request a short-term installment payment agreement while the application is under review. The Department will allow reasonable requests unless it determines there is an immediate collection risk.
- Any payment made with the offer, or while it is being reviewed, will be applied to the liability and credited toward the compromised amount in the case of acceptance.
- Payments will not be refunded if the offer is declined or withdrawn.
- The Department may file a state tax lien on the taxpayer's property while the application is under review.

Reasons for Rejecting an Offer. The Department generally will not accept an offer if:

- The Department's financial analysis indicates that the taxpayer can pay an amount greater than that offered OR the taxpayer has the ability to pay the entire tax liability, either immediately or on an installment payment agreement
- The taxpayer omitted or undervalued income, assets, or other items of significance on the application
- The taxpayer has a history of regular or willful noncompliance with Tennessee's tax laws
- The tax liability is based on taxes that the taxpayer collected from customers but did not remit to the Department
- The taxpayer has a history of criminal tax fraud (conviction, guilty plea, or "nolo contendere" plea)

Offer in Compromise Application.

- All information and statements provided by the applicant are subject to verification and are submitted under penalty of perjury.
- The taxpayer's application must include the required financial disclosure form(s). Depending upon the legal structure of the applicant, the following financial disclosure forms are required:
  - Individual applicants must submit Form CS-14B (Statement of Financial Condition for Individuals)
  - Self-employed individuals and business owners must submit both forms CS-14B (Statement of Financial Condition for Individuals) and CS-14C (Statement of Financial Condition for Businesses)
  - Business entities must submit Form CS-14C (Statement of Financial Condition for Businesses)

**HOW TO CALCULATE AN OFFER**

A statement of Financial Condition should be completed in order to determine the amount of the offer. Form CS-14-B for individuals or Form CS-14C for businesses should be used for this purpose. The applicant’s net worth and disposable income as determined by the financial statement should form the basis for the offer because these amounts are otherwise available to the Department as sources of collection. Please use the worksheet below to assist in calculating the value of financial resources upon which the offer may be based.

“DOUBT AS TO COLLECTABILITY” OFFER

Individual

- 1) Net Worth [Item 32, from Form CS 14B] \$ \_\_\_\_\_
- 2) Net Monthly Household Disposable Income x 60 [Item 42, from Form CS-14B] \$ \_\_\_\_\_
- 3) Total Value [Combine Items 1 and 2] \$ \_\_\_\_\_

Business

- 1) Net Worth [Item 26, from Form CS 14C] \$ \_\_\_\_\_
- 2) Net Monthly Income x 60 [Item 28, from Form CS-14C] \$ \_\_\_\_\_
- 3) Total Value [Combine Items 1 and 2] \$ \_\_\_\_\_

The total of Net Worth plus Net Household Disposable Income (Net Worth plus Net Income if a business) is a factor that the Department will take into consideration when evaluating whether the taxpayer can pay the liability in full. If the Total Value is greater than the total tax liability then it should be considered that the applicant has financial resources sufficient to pay in full and should not apply for an offer. (Note: If the applicant is self-employed, combine the Total Value amounts for individual and business to determine a reasonable offer amount.)

**INSTRUCTIONS FOR COMPLETING FORM OIC-1**

Item 1 Enter the applicant's full name, street address, social security, and/or FEI number as applicable, and daytime phone number. If the tax liability is owed by more than one person, identify each person or business for which the offer is made.

Item 2 Enter the mailing address, if different from the street address.

Item 3 Place an "X" in the box next to the term or terms that identifies the applicant's legal structure.

Item 4 Enter the offer amount. (Refer to page 3 of these instructions, "How To Calculate An Offer".) Place an "X" in the box next to the method of payment, and indicate the preferred payment terms.

Item 6 Place an "X" to identify the involved tax type(s). Specify the account number and the period for which the offer is made. Please contact the Department if you need to confirm any periods of liability.

Item 7 Identify the source of the amount offered if from a loan or gift.

Item 8 Identify the source of the amount offered if not from yourself.

Item 9 Provide a detailed statement explaining the reason for the offer. You may attach any documents that support the statement.

Item 10 A completed and signed Power of Attorney Form (Department of Revenue Form RV-F0103801) must be attached if an attorney, accountant, or other agent represents you.

Item 11 It is important that the Terms and Conditions listed in this section are understood. Pay particular attention to Items "d" and "g", as they address future compliance provisions and refund offers. All persons submitting the offer must sign and date the application.

Item 12 The applicant may at his discretion, allow the Department to exchange information regarding a pending or completed offer with the IRS. All information in this section must be provided including applicant signature(s) and date.

**Tennessee Department of Revenue**  
**Offer in Compromise**  
**DOCUMENT CHECKLIST**

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Documentation must be provided for your and your domestic partner, spouse, or anyone sharing bills within your home.

Documentation should be for the most recent three to six months, unless otherwise indicated. Any items listed in the packet should have supporting documentation.

Supporting documentation should be in order of appearance within the booklet. The booklet should be complete, signed and notarized where designated.

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Current and complete statements should be provided for all the following information, if applicable:

- Federal income tax returns for the most recent two years
  - Bank statements for all bank accounts (checking, savings, money market, CD, etc.)
  - Credit card statements
  - Merchant card services processors
  - Utility statements (electric, phone, water, cable, internet, gas, etc.)
  - Proof of employment, income, commissions, fee's, pensions, etc. for you and your domestic partner. Check stubs are acceptable.
  - Insurance statements (life, health, auto, medical, etc.)
  - Statement of retirement, investment, pensions, profit sharing plans, etc.
  - Life insurance policies showing the current cash loan value, accumulated dividends and interest, loans against those proceeds and the dates and amounts for each policy.
  - Mortgage statements of all real estate that you own or have interest in. If appraisals have been performed recently, please provide those. If properties are rented, please provide income per month from rent.
  - Statements for all lending institutions and other creditors indicating the balances owed, payment schedule and maturity date (i.e., vehicle loans, short-term loans)
  - Statements of all assets.
  - List of accounts receivables, showing payor, amount due maturity date and status of each account.
  - Profit and loss statement for at minimum six months.
  - Current and complete credit report
  - Documentation of all liens and judgements against you personally and against the business
  - Statement detailing all outstanding balances to the IRS and showing proof of any payment agreements or payments being made.
  - Statement detailing how the balances due to the Department of Revenue were derived and specific, information concerning the need for a compromise.
- 

I have completed each check-off item from the above document list. I have checked each item that is applicable. Any item not checked has been noted, **"NA"**.

Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
Signature



## Tennessee Department of Revenue Offer in Compromise Application

|  |  |           |
|--|--|-----------|
| 1. Applicant(s) Name and Street Address  | SS #   |           |
|  | SS #   |           |
|  | FEI #  |           |
|  | Email Address :  |           |
|  | Daytime Phone # (    )   |           |
| 2. Applicant(s) Mailing Address (If different from above)  | 3. Applicant(s) Legal Structure  |           |
|  | <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship<br><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation<br><input type="checkbox"/> LLC <input type="checkbox"/> Corp. Officer(s) |           |
| <p>4. <b>REQUIRED:</b> 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: <b>(Check One Only)</b></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"/> Franchise & Excise Tax  |  |           |
| <input type="checkbox"/> Business Tax  |  |           |
| <input type="checkbox"/> Other (Specify)   |  |           |
| <p>Please provide a description of the business (type of business, operations, etc.)</p>   |  |           |

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

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

9. Summary Statement Supporting Reason for Offer (Required)

10. 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)



11. 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.
- 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 continued while an offer is pending.
- 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.

I/WE HAVE EXAMINED THIS OFFER, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND HEREBY DECLARE UNDER PENALTY OF PERJURY 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 CS-14B (Statement of Financial Condition for Individuals) and/or CS-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.

**12. 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 <small>(mm/dd/yyyy)</small> )   | <input type="checkbox"/> Accepted (Amount \$ _____ ) or <input type="checkbox"/> Declined |               |
| <input type="checkbox"/> Pending (Date <small>(mm/dd/yyyy)</small> )     | IRS Agent Assigned  |               |
| <input type="checkbox"/> To be Filed (Date <small>(mm/dd/yyyy)</small> ) | Phone Number  |               |
| Tax Period(s) Covered  | Amount Owed<br>\$   | 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  |
| _____                         | _____ |
| POWER OF ATTORNEY'S SIGNATURE | DATE  |

**For information or assistance, contact your Revenue Collection Officer directly or reach the Collection Services Division at (615) 741-7074 or [Revenue.Collection@tn.gov](mailto:Revenue.Collection@tn.gov).**

**STATEMENT OF FINANCIAL CONDITION  
 FOR INDIVIDUALS**

The information requested in this statement should include all household income and expense.  
 Spouse and dependent information are required although only one person may be liable for the tax.

| <b>SECTION I - PERSONAL INFORMATION</b>  |                       |                            |  |  |   |                            |                |
|--|-----------------------|----------------------------|--|--|---|----------------------------|----------------|
| 1. Taxpayer's Name(s) and Residence Address  |                       |                            | 2. Daytime Phone Number  |  | 3. Marital Status (Check One)<br><input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Separated <input type="checkbox"/> Divorced |                            |                |
|  |                       |                            | 4. Social Security Number  |  | 5. Date of Birth (mm/dd/yyyy)   |                            |                |
|  |                       |                            | Taxpayer   |  | Taxpayer  |                            |                |
| County (                      ) Do you own <input type="checkbox"/> or rent <input type="checkbox"/> ?   |                       |                            | 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            _____ |  |   |                            |                |
| <b>SECTION II - EMPLOYMENT INFORMATION</b>   |                       |                            |  |  |   |                            |                |
| 8. Taxpayer's Employer or Business - Name and Address  |                       |                            | 9. Employer Phone Number   |  | 10. Occupation  |                            |                |
|  |                       |                            | 11. Length of Employment   |  | 12. Work Relationship   |                            |                |
|  |                       |                            | Years    ____    Mo.    ____                                       |  | <input type="checkbox"/> Employee <input type="checkbox"/> Proprietor<br><input type="checkbox"/> Partner <input type="checkbox"/> 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.    ____                                       |  | <input type="checkbox"/> Employee <input type="checkbox"/> Proprietor<br><input type="checkbox"/> Partner <input type="checkbox"/> Officer                                |                            |                |
| 18. Taxpayer's Current Additional or Part-time Employer(s)   |                       |                            |  | 19. Spouse's Current Additional or Part-time Employer(s) |   |                            |                |
| Employer's Name  | Employer Phone Number | Length of Employment       |  | Employer's Name  | Employer Phone Number   | Length of Employment       |                |
|  |                       | Yr.    ____    Mo.    ____ |  |  |   | Yr.    ____    Mo.    ____ |                |
|  |                       | Yr.    ____    Mo.    ____ |  |  |   | Yr.    ____    Mo.    ____ |                |
|  |                       | Yr.    ____    Mo.    ____ |  |  |   | Yr.    ____    Mo.    ____ |                |
| 20. Part-time or Other Employment in Last Three Years?<br>Taxpayer <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                            |  |  |   |                            |                |
| <b>SECTION III - DEPENDENT INFORMATION</b>   |                       |                            |  |  |   |                            |                |
| 21. Dependent Name (Other Than Spouse)   |                       |                            | Date of Birth<br>(mm/dd/yyyy)                                      |  | 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. Merchant Card Services |                |
|----------------------------|----------------|
| Name of Processor          | Account Number |
|                            |                |
|                            |                |
|                            |                |

| 25. 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)                                     |                |              |             | \$               |

| 26. 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)  |        |                          | \$            |

| 27. 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)   |         |                      |             | \$                 |

| 28. Vehicles - Excluding Leased Vehicles (Including Motor homes, 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)   |      |       |      |            |                      |             | \$                |

| 29. Other Assets                        |                         |                                    |                         |
|---|-------------------------|------------------------------------|-------------------------|
|   | Current Appraised Value |                                    | Current Appraised Value |
| Notes Receivable                        | \$                      | Timber, Mineral or Drilling Rights | \$                      |
| Cash Surrender Value of Life Insurance  |                         | Patents or Copyrights              |                         |
| Judgements or Settlements Receivable    |                         | Other (Specify)                    |                         |
| Vested Retirement Account               |                         |                                    |                         |
| Collectables, Antiques or Artwork       |                         |                                    |                         |
| TOTAL (Enter also on Page 3, Item 30-G) |                         |                                    | \$                      |

**SECTION V - OBLIGATIONS**

30. Obligations (Do not include any mortgages or vehicle loans)

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

**SECTION VI - NET WORTH CALCULATION**

31. 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                                       | \$ |
| 32. Obligations                                    | \$ |
| 33. Net Worth ("Total Assets" Minus "Liabilities") | \$ |

**SECTION VII - OTHER INFORMATION**

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

Yes  No If "No", identify tax type and period: \_\_\_\_\_

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

Yes  No Date discontinued: \_\_\_\_\_

36. 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: \_\_\_\_\_

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

Yes  No

38. Is anyone holding any assets on your behalf?

Yes  No If "Yes", identify: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Yes  No

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

Yes  No If "Yes", from whom: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Yes  No

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

Yes  No Bankruptcy Case No.: \_\_\_\_\_

| <b>SECTION VIII - INCOME &amp; EXPENSE ANALYSIS</b>                                     |          |           |
|---|----------|-----------|
| 43. Monthly Household Disposable Income   |          |           |
| Source  | Taxpayer | Spouse    |
| <b>1. Gross Monthly Income</b>  |          |           |
| Salary, Wages, Commissions, Tips  | \$       | \$        |
| Self-Employment Income  | \$       | \$        |
| Pensions, Disability & Social Security  | \$       | \$        |
| Dividends & Interest  | \$       | \$        |
| Gift or Loan Proceeds   | \$       | \$        |
| Rental Income   | \$       | \$        |
| Estate, Trust & Royalty Income  | \$       | \$        |
| Workers' Compensation & Unemployment  | \$       | \$        |
| Alimony & Child Support   | \$       | \$        |
| Other (Specify)   | \$       | \$        |
| Other (Specify)   | \$       | \$        |
| Other (Specify)   | \$       | \$        |
| Other (Specify)   | \$       | \$        |
| <b>Total Gross Monthly Income:</b>  |          | <b>\$</b> |
| <b>2. Withholdings</b>  |          |           |
| <b>Total Monthly Taxes Withheld:</b>  |          | <b>\$</b> |
| <b>Individual Net Monthly Incomes</b>   |          |           |
| ("Total Gross Monthly Income" Minus "Total Monthly Taxes Withheld"):                    |          | <b>\$</b> |
| <b>Net Monthly Household Disposable Income</b> (Combine Individual Net Monthly Incomes) |          | <b>\$</b> |

**44. Claimed Monthly Living Expenses**

This section is designed to provide a complete picture of the applicant’s expenses. Not all expenses will qualify as allowable when analyzing an applicant’s ability to pay. In calculating an applicant’s ability to pay, the Department will use the lesser of the actual expense or standard allowance, unless there are extenuating circumstances that justify an amount higher than the standard allowance. Use the “Extraordinary Expenses” section to explain and provide supporting documentation if you have extraordinary expenses you wish the Department to consider.

***Applicant must provide documentation for every expense claimed below.***

**1. Housing and Utilities**

*The total standard average for Tennessee housing and utilities allowed is shown below.  
It is recommended that you use the standard for your [county of residence](#) to complete this document.*

*The standard included mortgage or rent, property taxes, interest, insurance, maintenance, repairs, gas, electric, water, heating oil/gas, garbage collection, residential telephone, cell phone, cable television, and internet service.*

| Family Size         | Allowance  |
|---------------------|------------|
| Family of 1         | \$1,167.64 |
| Family of 2         | \$1,371.37 |
| Family of 3         | \$1,549.27 |
| Family of 4         | \$1,611.31 |
| Family of 5 or more | \$1,637.33 |

|   |           |
|---|-----------|
| House or Rent Payment(s)                    | \$        |
| Electric                                    | \$        |
| Gas   | \$        |
| Water                                       | \$        |
| Phone                                       | \$        |
| Internet                                    | \$        |
| Property & Ad Valorem Taxes                 | \$        |
| Homeowners or Renters Insurance             | \$        |
| Other                                       | \$        |
| <b>Total Monthly Housing and Utilities:</b> | <b>\$</b> |

**2. Food, Clothing, and Personal Care**

*The standard household allowances for food, clothing, and personal care are as follows:*

| Expense      | One Person | Two Persons | Three Persons | Four Persons | More Than Four Persons               |
|--------------|------------|-------------|---------------|--------------|--------------------------------------|
|              |            |             |               |              |                                      |
| <b>Total</b> | \$723      | \$1,292     | \$1,473       | \$1,740      | Add \$341 for each additional person |

|   |           |
|---|-----------|
| Food  | \$        |
| Housekeeping Supplies                                   | \$        |
| Clothing  | \$        |
| Personal Care Products                                  | \$        |
| Miscellaneous   | \$        |
| <b>Total Monthly Food, Clothing, and Personal Care:</b> | <b>\$</b> |

**3. Transportation**

*The standard household allowances for transportation are as follows:*

| <b>Expense</b>                | <b>Allowance</b>                    |
|-------------------------------|-------------------------------------|
| Public Transportation         | \$217                               |
| Vehicle Loan or Lease Payment | One Car: \$533<br>Two Cars: \$1,066 |
| Fuel and Operating Costs      | One Car: \$224<br>Two Cars: \$448   |

|  |           |
|--|-----------|
| Public Transportation  | \$        |
| Vehicle Loan Payment(s)  | \$        |
| Vehicle Lease Payment(s)                                       | \$        |
| Fuel and Vehicle Operating Costs (including vehicle insurance) | \$        |
| <b>Total Monthly Transportation:</b>                           | <b>\$</b> |

**4. Medical and Insurance**

*The standard household allowances for out-of-pocket medical expenses and prescriptions are as follows on a per person basis for taxpayers and their dependents:*

| <b>Age</b>         | <b>Allowance</b> |
|--------------------|------------------|
| Person under 65    | \$68             |
| Person 65 or older | \$142            |

|  |           |
|--|-----------|
| Out-of-Pocket Medical Expenses and Prescriptions | \$        |
| Health Insurance                                 | \$        |
| Life Insurance                                   | \$        |
| Other  | \$        |
| <b>Total Monthly Medical and Insurance:</b>      | <b>\$</b> |

**5. Priority Payments**

|  |           |
|--|-----------|
| Secured Loan With Priority Over State Tax Lien | \$        |
| Court-Ordered Payment (e.g. child support)     | \$        |
| Other  | \$        |
| <b>Total Monthly Priority Payments:</b>        | <b>\$</b> |



|  |    |
|--|----|
| <b>6. Other Expenses (Allowed only in extraordinary circumstances)</b> |    |
| Entertainment & Recreation (cable television, vacations, dining, etc.) | \$ |
| Past Due Taxes (not including the TN tax you wish to compromise)       | \$ |
| Installment & Credit Card Payments                                     | \$ |
| Legal Fees   | \$ |
| Personal Loan Payments   |    |
| - Unsecured Loans  | \$ |
| - Secured Loans Without Priority Over State Tax Lien                   | \$ |
| Tuition Payment(s)   | \$ |
| Other ( <i>please specify</i> )  | \$ |
| Other ( <i>please specify</i> )  | \$ |
| Other ( <i>please specify</i> )  | \$ |
| Other ( <i>please specify</i> )  | \$ |
| Other ( <i>please specify</i> )  | \$ |
| <b>Total Monthly Other Expenses:</b>                                   |    |
|  | \$ |
| <b>Total Claimed Monthly Living Expenses:</b>                          |    |
| (Combine all Totals in This Section)                                   |    |
|  | \$ |

**45. Extraordinary Expenses**

*If the standards in Item 43 are inadequate to provide for basic living expenses, the Department may allow for a larger Reported Amount to be included in Item 43. Applicants must explain the need below and provide supporting documentation.*

| <b>Expense Referenced</b> | <b>Explanation of Need</b> |
|---------------------------|----------------------------|
|                           |                            |
|                           |                            |
|                           |                            |
|                           |                            |

**46. Net Monthly Household Disposable Income:**  
 ("Monthly Household Disposable Income" Minus "Total Claimed 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Power of Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_

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<br><input type="checkbox"/> LLC<br><input type="checkbox"/> Proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Other (Specify) _____ |      | 7. Tennessee Entity ID:                               |                        |
| 8. Beginning Date of Business (mm/dd/yyyy)  |      | 9. Ending Date of Business (If Closed) (mm/dd/yyyy)   |                        |
| 10. Last Franchise Excise Return Filed  | Form | Tax Year Ended  | Net Income<br>\$       |

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

| Name | Social Security Number | Title | Effective Date (mm/yy) | 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 (mm/dd/yy) | 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 (mm/dd/yy) | 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 - OBLIGATIONS**

23. Obligations

| Description                           | Total Amount Owed | Description            | Total Amount Owed |
|---------------------------------------|-------------------|------------------------|-------------------|
| Notes Payable                         | \$                | Past Due Federal Taxes | \$                |
| Loans Payable                         |                   | Past Due Other Taxes   |                   |
| Vehicle Leases                        |                   | Other Obligations:     |                   |
| Equipment Leases                      |                   |                        |                   |
| 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. Obligations  | \$ |
| 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 \_\_\_\_\_  
(mm/yyyy) (mm/yyyy) (mm/yyyy)  
 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 subscribed before me on the date of first above written.

\_\_\_\_\_  
(Notary Public)

My commission expires:



TENNESSEE DEPARTMENT OF REVENUE  
POWER OF ATTORNEY

**PART 1** Power of Attorney (Please type or print.)

**1. Taxpayer Information** (Taxpayer must sign and date this form on line 6.)

|                           |                                 |
|---------------------------|---------------------------------|
| Taxpayer name and address | Account number(s)               |
|                           | Daytime telephone number<br>( ) |

hereby appoints the following representative as attorney-in-fact:

**2. Representative** (Representative must sign and date this form on page 2, Part II.)

|                  |                         |
|------------------|-------------------------|
| Name and address | Telephone No. ( ) _____ |
|                  | Fax No. ( ) _____       |
|                  | Email Address _____     |

to represent the taxpayer before the Tennessee Department of Revenue for the following tax matters:

**3. Tax Matters**

| Type of Tax (Sales and Use, Franchise, Excise, etc.) | Year(s) or Period(s) |
|--|----------------------|
|  |                      |

**4. Acts Authorized.** --The representative is authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks.

**5. Notices and Communication.** --Notices and other written communications will be sent to the first representative listed in line 2.

**6. Signature of Taxpayer.** - If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Print Name



**PART II Declaration of Representative**

**Under penalties of perjury, I declare that:**

- I am authorized to represent the taxpayer(s) identified in Part 1 for the tax matter(s) specified there; and
- I am one of the following:
  - a. Attorney or Certified Public Accountant
  - b. Officer or full-time employee taxpayer organization
  - c. Other \_\_\_\_\_

➤ **If this declaration of representative is not signed and dated, the power of attorney will be returned.**

| Designation -- Insert above letter (a-c) | Jurisdiction (state) | Signature | Date |
|--|----------------------|-----------|------|
|  |                      |           |      |
|  |                      |           |      |
|  |                      |           |      |