



— DEPARTMENT OF —  
**REVENUE**  
— STATE OF MISSISSIPPI —

## Offer in Compromise Agreement

*For individuals who are self-employed.*

An Offer in Compromise is an agreement to settle a tax debt for less than the full amount owed. The goal of the Offer in Compromise program is to achieve a compromise that is in the best interest of both the taxpayer and the State of Mississippi. To be considered, you must make an appropriate offer based on what the Department of Revenue considers your ability to pay.

Submitting this application does not ensure that your offer will be accepted. If your offer is not accepted, the initial payment sent with this application will be applied to your tax debt. **You cannot appeal this decision.**

### Eligibility:

- Before your offer may be considered, you must file all tax returns that you are legally required to file. After you file your offer, you must continue to timely file and pay all required tax returns.
- You are not eligible to apply if you or your business are in an open bankruptcy proceeding.
- An offer will not be accepted if you can pay your tax debt in full or through a payment plan or equity in assets.
- An offer will not be accepted for any tax debt less than 4 years old or for debt that is less than \$3,000.
- You are not eligible for consideration if you or your business collected, but did not pay, Trust Fund taxes.
- An offer will not be accepted if your debt is the result of criminal activity.
- A history of regular or willful noncompliance with Mississippi's state tax laws may constitute grounds for rejection of your offer.
- Your offer will be declined if you do not provide sufficient documentation to support income, expenses, and other items claimed.
- Your offer will be rejected if you omit income, assets or other items of significance.
- Persons with a previous offer in compromise for another tax liability with the State are not eligible for a second compromise.
- The offer will be declined in any instance where the Commissioner or the Governor determines that acceptance is not in the best interest of the State.
- **Incomplete applications will not be accepted. If the application form is not complete, the Commissioner may disregard your application.**

### Instructions for completing form:

- Clearly print or type your response for each item requested.
- Complete all lines. If a question does not apply, you may write "n/a" or zero on the line to indicate that the question is non-applicable.
- Attach additional sheets if more space is needed to fully answer any question.
- Mail your completed application to the address below. In lieu of mailing, you may hand-deliver the completed application to the Department of Revenue District Office closest to you. Office addresses are found on the DOR website under the "contact" section. [www.dor.ms.gov](http://www.dor.ms.gov)

**Office of Tax Enforcement**

**P. O. Box 23338**

**Jackson, MS 39225-3338**

- A non-refundable payment of \$100, or 20% of the offer, whichever is greater, is required to accompany the application for an Offer in Compromise. This payment will be applied toward your liability regardless of whether the Offer in Compromise is accepted. Other payments made prior to an acceptance of the Offer in Compromise will not be considered as payments made toward the compromised amount.

The Department will notify you in writing if your offer is accepted or denied. Payment of the accepted offer must be made by the payment due date indicated on the acceptance letter. Tax liens will be released only after an offer is accepted and the amount offered is paid in full.

## General Information

### **Legal Authority for Offer in Compromise.**

The Governor, on the advice of the Commissioner of Revenue, may settle any doubtful claim of the State of Mississippi for taxes collected by the Department of Revenue after application by the debtor proposing a compromise of the debt. *See Miss. Code Ann. Section 31-19-29.* A doubtful claim includes finally determined tax liabilities enrolled as a lien on the Mississippi Uniform State Tax Lien Registry and the collection of which has not occurred through the ordinary collection process. *See Miss. Code Ann. Section 31-19-27.*

### **Commissioner's Responsibility.**

The Commissioner of Revenue is charged with determining and collecting the actual amount of tax due from Mississippi taxpayers, and accepting an amount less than the liability will only occur in extraordinary circumstances. An offer must be based on the taxpayer's true ability to pay. Any offer below what the taxpayer can actually pay will be rejected. To keep this process as open and transparent as possible, a waiver will be required eliminating the protection of the confidentiality provisions of the Mississippi Code for all documents reviewed in determining whether or not to recommend compromise to the Governor.

### **Down Payment with Application.**

Payment of twenty percent (20%) of the offer or one hundred dollars (\$100.00), whichever is greater, is required to accompany any application for an Offer in Compromise. This payment will be applied toward the taxpayer's liability regardless of whether the Offer in Compromise is accepted.

### **Confidentiality.**

An approved Offer in Compromise is not protected by the confidentiality provisions of Mississippi Tax Law. In order for the Governor to settle a doubtful claim, the Department must provide the Governor and/or Governor's Staff with sufficient information to demonstrate that the Offer is in the best interest of the State. The Department will redact any social security or employer identification numbers before providing such information; however, this documentation will include your financial information and other personally identifying information. For this reason, a signed "Waiver and Authorization to Release Confidential Taxpayer Information" must be included with the completed Offer in Compromise application form.

### **Trust Fund Taxes.**

Your offer may be rejected if your debt is based on taxes collected from others, but not remitted to the Department as required by law. Trust Fund taxes include sales tax charged and collected from your customers and income taxes withheld from your employee's wages.

### **Criminal Violations.**

An offer cannot be accepted for liabilities that resulted from criminal activity including, but not limited to, tax evasion and tax fraud. The State cannot compromise any restitution amount ordered by a court.

### **Documentation.**

You are required to provide reasonable documentation of your financial condition and ability to pay with your request for an offer. A complete review of your current financial situation will be conducted as a part of the offer process so it is incumbent that you include all supporting documentation with your application. A checklist is found on page 7 and notes are included with certain questions. You should make copies of all documents submitted to the Department for your records. Do not send original copies with your offer in compromise to the Department since they will not be returned.

### **Offer Submission Does Not Delay Collection Activities.**

Collection efforts are not suspended upon the making of an Offer in Compromise. State tax liens are not released until the Offer is accepted and the amount offered is paid in full. Interest and penalty continue to accrue on any unpaid tax debt while the offer is being considered. Any install-

ment payment arrangement already in effect will be continued while the offer is considered. The Department will keep any refund, including interest, that might be due for tax periods extending through the calendar year of the offer. The refund may not be applied to estimated tax payments for the following year or the accepted offer amount.

#### **Review.**

In determining the amount acceptable to compromise your tax liability, the Commissioner will conduct a thorough examination to ensure that you accurately included all assets and income and that you claimed only the necessary expenses allowable for the health and welfare of you and your family, or to provide for production of income. It is important that you fully complete the application form accurately and honestly. Your request may be denied if the information is not complete or if you did not disclose all assets or income. To be sure that no allowable expenses are missed, taxpayers should include current information about all of their expenses in the application. The Department will review the information to verify that the taxpayer is being given credit for all allowable expenses

#### **Amount of Offer.**

The minimum offer amount should be your monthly disposable income multiplied by twelve (12), plus the market value of your assets. Monthly disposable income is calculated by subtracting monthly allowable expense from monthly total income. Total monthly income includes salaries, monthly pensions, social security, dividends, profit from business, alimony, child support, commissions and any other income sources. Your current market value of assets is the reasonable amount that you expect to be paid for the asset if you sold it, less the current balance due on loan(s) or mortgage(s).

#### **Assets Not Included in Computation.**

All assets must be listed on the Offer In Compromise application; but, the following assets are not required to be included in the calculation for the Offer In Compromise.

- Homestead of up to \$75,000 in equity.
- Vehicle, not to exceed \$10,000 in equity per vehicle per taxpayer.
- Personal Property not to exceed \$10,000 in value including clothing; furniture and Appliances; 1 Television and 1 Radio; 1 Firearm; 1 Lawn mower; linens, china, and kitchenware; wedding rings; health aids or any single item of personal property worth less than \$100.

#### **Personal Expense.**

Allowed expenses are those needed to provide for you and your family's health and well-being. Necessary living expenses include, but are not limited to, rent or mortgage payments; heat or air conditioning; transportation necessary for work or required travel; medical expenses; reasonable food expenses. Expenses related to luxury items such as private school tuition, boat payments and insurance, luxury car payments and insurance, etc. will not be allowed.

#### **Excessive Household Expense.**

Excessive expenses for food, housekeeping supplies, apparel & services, etc. will not be allowed. The taxpayer should provide documentation to substantiate any unusual expenses explaining why such are necessary living expenses.

**Responsible Person Sales or Withholding.** In some cases an individual taxpayer may have a personal liability as a "responsible person" for the tax debts of a corporation, partnership or other business entity. A person who has purchased a business that owes state withholding and sales taxes may also be responsible for some or all of those taxes if the buyer has failed to set aside money from the purchase price.

An individual who is jointly responsible for a business liability will not be relieved of the joint liability unless the business entity no longer exists. If the business entity is still in existence, then such entity must also apply for an Offer in Compromise.

## Instructions

### Completing the Application.

Complete all applicable sections.

Type or print clearly.

All applicants must complete the Confidentiality Waiver included with this application form.

Attach additional pages for any question needing additional space or to provide additional information.

Make copies of all documents submitted to the Department for your records. Do not send original copies with your offer in compromise to the Department since they will not be returned.

Before mailing, review your application to make sure it's complete and includes all supporting documentation and payment.

**Before proceeding with the completion of this application, review the listing on page 1 of these instructions to determine whether you are eligible for an Offer in Compromise.**

**Page 2.** Complete this application if you are an individual who is self-employed. On pages 4-7, report your personal and family income and expenses; and, report your business income and expenses on pages 8-10. Include attachments if additional space is needed.

You and your spouse should file this application together if you have a joint tax debt, such as a joint liability for income tax. If you and an ex-spouse have a joint tax debt, then both you and the ex-spouse should submit separate applications.

- Enter your (the applicant's) full name, street address, date of birth, and Social Security Number.
- Enter the physical street address of your place of residence. Do not enter a mailing address such as a Post Office Box. This address should be the actual location of your home.
- Check the appropriate box and complete the information concerning whether you own or rent your home. Include documentation for outstanding mortgage and loan balances or the the loan balances can not be considered. If leasing, attach lease agreement.
- Provide the name, age, and relationship of all persons currently living in your household, and all persons you currently claim as a dependent on your income tax return. Enter n/a on any line that is not applicable.
- Mark "yes" for anyone that contributes financially (such as paying rent) to the household income. List the amount contributed each month.

**Page 3.** Mark the tax type and list the amount and tax period of the debt that you are requesting compromise. "Tax liability" means all of the tax, interest, and penalties owed by the taxpayer. In some cases, it may also include certain fees and costs. List all unpaid tax liabilities you wish to compromise. You may not submit an offer for a tax year or period less than 4 years old. Your total liabilities must be more than \$3,000. You may review your unpaid liabilities on your TAP (*Taxpayer Access Point*) online account or on a Statement of Accounts.

1. Mark "yes" if you are able to repay this debt through an extended installment plan. Along with your application, provide an outline of payments you are able to pay.
2. Mark "yes" if you can borrow the funds to pay this debt or any part of this debt. Provide the amount you are able to pay with this application. If you mark "no," include at least two denials of loan applications from financial institutions. The loan applications must be for the purpose of paying this tax debt and not for another purpose (such as an auto loan.)
3. Mark "yes" if you have funds in bank accounts, retirement accounts, or the cash value of a life insurance policy that could pay this debt. Provide the balance information on Page 7 for each.
4. Mark "yes" if you can repay this debt by eliminating payments or expenses for non-essential items. Non-essential items include most things not necessary to meet needs or obligations.

5. Mark "yes" if you have assets (valuable personal property) that could be sold to repay the debt, or a portion of the debt.
6. Mark "yes" if you also owe the IRS back taxes. Attach details of the debt to this application.
7. Mark "yes" if you have an offer in compromise pending with IRS for that debt.
8. If you mark "yes," include a medical statement from your physician detailing the diagnosis and prognosis for you or your family member's medical condition(s). The Department will consider the medical condition of yourself or the medical condition of a spouse, parent, or child if you provide full-time medical care or living assistance for that person.
9. Write an explanation as to why you need an offer in compromise. Explain what prevented you from paying the taxes when they were due and what is currently preventing you from entering into a payment plan agreement with the Department. Attach additional sheets if needed.
10. You may use the Offer Calculation Worksheet on page 10 of the application form to assist you in determining the offer amount. The Department will use a worksheet similar to this when reviewing your offer amount. All offer amounts must exceed zero. The amount must not include any amount which has already been paid or collected on the liability. Your disposable income is determined by subtracting expenses from total income. Your current market value of assets is the reasonable amount that you expect to be paid for the asset if you sold it, less the current balance due on loan(s) or mortgage(s).
11. Mark "yes" if you are borrowing the money to pay this amount. If you check "no," explain how you will pay the offer. Explain where you will obtain the money to pay your offer.
12. Explain how you determined the amount of the offer.

**Page 4.** List all sources of income for both you and your spouse, if married, even if your spouse is not liable for the obligations that you seek to compromise. It is necessary to see where all household income comes from and who is paying the expenses in order to assess your ability to pay. This includes members of the household who may not be liable for the tax debt.

- ☐ Mark "yes" if you or your spouse receive other income, including alimony and/or child support. Include copies of the order for any court-ordered payments.
- ☐ Complete the "Vehicles" section by including any and all types of vehicles including, but not limited to, automobiles, boats, trucks, tractors, campers, motor homes, ATVs, jet skis, trailers and motorcycles. Vehicle value is calculated using the NADA value less any loan balance. Include a copy of the recent statement for any loans on these vehicles. If the vehicle is paid for, enter "paid" on monthly payment line. Attach additional pages if needed.

**Page 5.** List all debts and monthly expenses. For credit cards, bank loans etc., List the type of account, credit limit and credit available along with the current balance.

- ☐ Food includes food at home and food away from home. Food at home refers to the total expenditures for food from grocery stores or other food stores. It excludes the purchase of nonfood items. Food away from home includes all meals and snacks, including tips, at fast-food, take-out, delivery and full-service restaurants, etc.
- ☐ Clothing and shoes includes clothing, footwear, material, patterns and notions for making clothes, alterations and repairs, clothing rental, clothing storage, dry cleaning and sent-out laundry, watches, jewelry and repairs to watches and jewelry.
- ☐ Personal care items includes products for the hair, oral hygiene products, shaving needs, cosmetics and bath products, electric personal care appliances, and other personal care products.
- ☐ Medical services includes medical, dental and vision care. Do not include medical care expenses where you received reimbursements, such as from your health insurance.
- ☐ Housekeeping supplies includes laundry and cleaning supplies, stationery supplies, postage, delivery services, miscellaneous household products, and lawn and garden supplies.

**Page 6.** Enter the total amount available for each type of account using the most current statement(s). For any bank accounts with negative balances, enter -0-. Attach copies of bank statements for the last 12 months, as well as any other financial institution statements for which you have signatory authority. If applicable, include a listing of all stocks, bonds, and/or securities owned, along with the current market value of each.

**Page 7.** List all real estate owned in and outside the State of Mississippi. Include documentation of loans/mortgages that show the monthly payment amount and balance due.

Provide a listing of all valuable items that you own. If you are making payment on any of the items, provide documentation that provide the monthly payment amount and balance due.

**Page 8.** Provide all information as requested.

Enter the total amount available for each type of account using the most current statement(s). For any bank accounts with negative balances, enter -0-. Attach copies of statements from all financial institutions for the last 12 months. If applicable, include a listing of all stocks, bonds, and/or securities owned, along with the current market value of each.

**Page 9.** Complete the "Vehicles" section by including any and all types of vehicles including, but not limited to, automobiles, boats, trucks, tractors, campers, motor homes, ATVs, jet skis, trailers and motorcycles. Vehicle value is calculated using the NADA value minus any outstanding loan balance. Include a copy of the recent statement for any loans on these vehicles. If the vehicle is paid for, enter "paid" on monthly payment line. Attach additional pages if needed.

List all real estate owned in or outside the State of Mississippi. Include documentation of loans/mortgages that show the monthly payment amount and balance due. Provide a listing of all valuable items that you own. If you are making payment on any of the items, provide documentation that provides the monthly payment amount and balance due.

**Page 10.** List all sources of income, debts and monthly expenses for the business. Provide the ending balance for inventory as of the close of the most recent financial reporting period.

**Page 11.** Complete all questions and sign the application. If you paid a preparer to complete the form on your behalf, the preparer should also sign and date the application.

**Sign the Waiver of Confidentiality in the presence of a notary. Applications lacking a signed Waiver will not be accepted.**

**Page 13 & 14.** The Offer Calculation Worksheet is provided to assist you in determining your offer amount. You are not required to complete this form.

**Please review the checklist on the following page to ensure that all required information is provided. If your application form is not complete, the Commissioner may disregard your application.**

## Required Information and Documentation

Review this listing to ensure that you include all required documentation with your application. It is advisable that you make copies of all documents submitted to the Department for your records. Do not send original copies with your offer in compromise to the Department since they will not be returned. Include the following with this application:

- ☐ A completed Offer in Compromise form.
- ☐ In lieu of completing this form, you may submit a completed IRS form 433A and/or 433B. Form 433A is completed for an individual and/or sole proprietor. Form 433B is completed for a business.
- ☐ Down-payment of \$100 or 20% of the offer, whichever is greater.
- ☐ A copy of IRS or another state's Offer in Compromise and acceptance or denial, if applicable.
- ☐ A copy of a credit report detailing credit history prepared by any consumer reporting agency within the last 30 days.
- ☐ A signed waiver eliminating the protection of the confidentiality provisions of the Mississippi Code for all documents reviewed in determining whether or not to recommend compromise to the Governor.
- ☐ Copies of the 3 most recent pay stub or earnings statement from each employer for both you and your spouse.
- ☐ Copies of bank statements (checking and savings) for the 12 most recent months. Include business accounts if applicable.
- ☐ A recent statement from lenders for mortgage and vehicles that show monthly payments, loan payoffs, and balances.
- ☐ Copies of the most recent statement for each investment and retirement account. Include a listing of all stocks, bonds and securities owned.
- ☐ Copies of the most recent statement for any other source of income such as pensions, social security, rental income, interest and dividends.
- ☐ Copies of the court order for child support and/or alimony.
- ☐ A recent statement from lending institutions and other creditors that indicates current balances owed and payment schedule.
- ☐ A complete inventory of assets, including fair market values of each item.
- ☐ Copies of any judgements or legal decrees, excluding bankruptcy as covered below, for the past six years.
- ☐ A list of all accounts receivable (business), showing the payor, amount due, age, and status of each account.
- ☐ A list of all business equipment, office furniture, and other business assets, including the current fair market value of each.
- ☐ Affidavit concerning real and personal property transfers within last 3 years.
- ☐ Copy of most recent real property and personal property tax assessments.
- ☐ Denials of loan application, for tax debt amount or payoff amount, by 2 or more financial institutions.
- ☐ Petition, schedules, and Order of Discharge from Bankruptcy, if applicable.



—DEPARTMENT OF—  
**REVENUE**  
STATE OF MISSISSIPPI

## Offer in Compromise Agreement

**This form is for use by individuals who are self-employed.**

**Incomplete applications will not be accepted. If the form is not complete, the Commissioner may disregard your application.**



## Personal Information

Complete this application if you are an individual who is self-employed. Include attachments if additional space is needed to respond completely to any question.

**Your Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
First Middle Last

**Marital Status:** ☐ Unmarried ☐ Married ☐ Widowed ☐ Divorced

**Spouse Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
First Middle Last

**Physical Home Address:** \_\_\_\_\_  
City Zip County

**Do you:** ☐ Own your home? ☐ Rent? ☐ Live with a Relative? \_\_\_\_\_  
Provide name of the homeowner

☐ **Other:** \_\_\_\_\_  
Provide name of the property owner

**What is your monthly payment for mortgage, rent, or other payment toward shelter expense? \$** \_\_\_\_\_  
If you have a home mortgage, include a recent statement from lender showing monthly payment amount, loan payoff, and balance.

**Mailing Address:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**Spouse Cell Number:** \_\_\_\_\_ **Spouse Work Number:** \_\_\_\_\_

**Provide the following for all other persons in the household and any person claimed as your dependent:**

Name	Age	Relationship	Contributes to Household Income?	Amount?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

### Tax Liabilities Submitted for Compromise

Mark and provide the requested information for all taxes for which you are requesting a compromise. Attach additional sheets if needed.

	<i>Amount</i>	<i>Tax Period</i>		<i>Amount</i>	<i>Tax Period</i>
<input type="checkbox"/> Individual Income	\$ _____	_____	<input type="checkbox"/> Withholding	\$ _____	_____
<input type="checkbox"/> Sales	\$ _____	_____	<input type="checkbox"/> Use	\$ _____	_____
<input type="checkbox"/> Responsible Person Sales	\$ _____	_____	<input type="checkbox"/> Responsible Person Withholding	\$ _____	_____
<input type="checkbox"/> Other <i>specify</i> :	\$ _____	_____	<input type="checkbox"/> Corporate / Franchise	\$ _____	_____
<input type="checkbox"/> Other <i>specify</i> :	\$ _____	_____			

1. Are you able to repay this debt over time through a payment plan? ☐ Yes ☐ No *If yes, specify what terms you would be able to meet.* \_\_\_\_\_
2. Are you able to borrow the money to pay this debt? ☐ Yes ☐ No *if no, provide copy of loan denials for paying this debt from 2 lending businesses.* \_\_\_\_\_
3. Are you able to repay this debt using bank accounts or borrowing against retirement funds? ☐ Yes ☐ No
4. Are you able repay this debt by eliminating expenses for non-essential items? ☐ Yes ☐ No
5. Do you own assets that could be sold or used as collateral to borrow funds to pay the debt? ☐ Yes ☐ No
6. If you owe federal tax, is the debt currently under levy by IRS? ☐ Yes ☐ No *If yes, what amount?* \_\_\_\_\_
7. Do you have an offer in compromise pending with the IRS? ☐ Yes ☐ No *If yes, what amount?* \_\_\_\_\_
8. Do you have a medical condition that prevents payment? ☐ Yes ☐ No *If yes, attach physician's letters or other documents.* \_\_\_\_\_
9. Explain why you are requesting an offer in compromise. *(Attach additional sheets if needed.)* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Offer Amount

An offer must be based on your true ability to pay. Any offer less than what the you can actually pay will be rejected. An offer of "zero" or "none" will not be considered. The minimum offer amount should be all monthly disposable income multiplied by twelve (12), **plus** the market value of assets. All assets must be listed on the Offer In Compromise application, but certain assets are not required to be included in the calculation for the Offer In Compromise. See instructions and offer worksheet for more information on assets to consider in your calculation.

10. What amount are you offering to pay to compromise and settle the tax liabilities listed above? \$ \_\_\_\_\_
11. Will you borrow the money to pay this amount? ☐ Yes ☐ No. *If not, explain how you will pay the offer amount.* \_\_\_\_\_  
 \_\_\_\_\_
12. Please explain how you determined the amount of your offer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Employment

Provide the following information if you and/or your spouse are wage earners. Include copies of the 3 most recent pay stub or earnings statement from each employer for both you and your spouse. If self-employed, you must also complete the business information (self-employed) sections.

Are you employed? ☐ Yes ☐ No Occupation: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ ☐ Weekly ☐ Monthly

Employer: \_\_\_\_\_  
*Employer's name and address*

Do you have other employment? ☐ Yes ☐ No Salary: \$ \_\_\_\_\_ ☐ Weekly ☐ Monthly

Employer: \_\_\_\_\_  
*Employer's name and address*

Is your spouse employed? ☐ Yes ☐ No Occupation: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ ☐ Weekly ☐ Monthly

Employer: \_\_\_\_\_  
*Employer's name and address*

Does your spouse have additional employment? ☐ Yes ☐ No Salary: \$ \_\_\_\_\_ ☐ Weekly ☐ Monthly

Employer: \_\_\_\_\_  
*Employer's name and address*

## Other Income

Include a copy of the court order for child support and/or alimony. Include copies of the most recent statement for any other source of income such as pensions, social security, rental income, interest and dividends.

Do you or your spouse receive other income? ☐ Yes ☐ No If yes, provide the monthly amount received:

Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_ Rental Income \$ \_\_\_\_\_

Interest and Dividends \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_

Distributions \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_

Specify source of other income: \_\_\_\_\_

## Vehicles

Provide the following for your motor vehicles, including cars, trucks, motorcycles and trailers. Include a recent statement that shows monthly payments, loan payoffs, and balances. Attach additional sheets if needed.

Vehicle Make and Model	Year	Tag #
<input type="checkbox"/> Loan? <input type="checkbox"/> Lease? Monthly Payment: \$ _____		
Name of Creditor: _____		
Date of Final Payment:	Loan Balance:	Mileage
_____	\$ _____	_____

Vehicle Make and Model	Year	Tag #
<input type="checkbox"/> Loan? <input type="checkbox"/> Lease? Monthly Payment: \$ _____		
Name of Creditor: _____		
Date of Final Payment:	Loan Balance:	Mileage
_____	\$ _____	_____

## Personal & Household Expense

Provide the following information for all personal debt including loans, credit cards, overdue utility bills, student loans, medical bills, etc. Include a copy of a recent statement from lending institutions, credit cards and other creditors that indicates current balances owed and payment schedule.

Name of Creditor	Account Type	Credit Limit	Amount Owed	Credit Available
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provide the amount spent monthly on the following for your household. Excessive expenses will not be allowed. The Department will use national collection financial standards produced by the IRS to determine reasonableness of amounts for claimed expenses. In lieu of completing the chart below, you may use the total National Standards amount monthly for your family size. This information is available on the IRS website.

Food	\$ _____	Clothing / Shoes	\$ _____
Telephone(s)	\$ _____	Home Insurance	\$ _____
Electricity	\$ _____	Natural Gas	\$ _____
Water	\$ _____	Other fuel	\$ _____
Cable	\$ _____	Internet	\$ _____
Gasoline/Motor Fuel	\$ _____	Vehicle Repairs	\$ _____
Vehicle(s) Insurance	\$ _____	Home Owners Association	\$ _____
Trash Collection	\$ _____	Personal Care Items	\$ _____
Health Insurance	\$ _____	Prescription Drugs	\$ _____
Medical Services	\$ _____	Other Health Costs	\$ _____
Court Ordered Alimony	\$ _____	Court Ordered Child Support	\$ _____
Child Care (day care)	\$ _____	School/College tuition	\$ _____
Federal Income tax	\$ _____	Social Security taxes	\$ _____
State Income tax	\$ _____	Real Estate tax	\$ _____
Life Insurance	\$ _____	Retirement Accounts	\$ _____
Housekeeping Supplies	\$ _____	Other personal/household expense (list): _____	

Copies of documents supporting expenses for alimony, child support, day care, health and life insurance, and any court-ordered payments should be attached.

## Cash and Investments

Enter the total amount available for each of the following using the most current statement for each type of account. Include checking, savings, money market and online accounts, investment and retirement accounts, saving deposit boxes and any other account. Attach copies of bank statements for the last 12 months, as well as any other financial institution statements for which you have signatory authority. If applicable, include a listing of all stocks, bonds, and/or securities owned, along with the current market value of each.

☐ Check this box if you have no bank accounts.

☐ Check this box if you have no investment or retirement accounts.

☐ Checking    ☐ Money Market/CD    ☐ Cash  
☐ Savings    ☐ Other (specify)

Bank or Financial Institution Name:

Account Number:

Account Balance:

\$

Investment Account: ☐ Stocks    ☐ Bonds (include list of all stocks and bonds owned)  
☐ Other Securities (specify and include listing)

Name of Financial Institution:

Account Number:

Current Market Value: \$

Loan Balance: \$

☐ Checking    ☐ Money Market/CD    ☐ Cash  
☐ Savings    ☐ Other (specify)

Bank or Financial Institution Name:

Account Number:

Account Balance:

\$

Retirement Account: ☐ 401K    ☐ IRA  
☐ Other (specify)

Name of Financial Institution:

Account Number:

Current Market Value: \$

Loan Balance: \$

☐ Checking    ☐ Money Market/CD    ☐ Cash  
☐ Savings    ☐ Other (specify)

Bank or Financial Institution Name:

Account Number:

Account Balance:

\$

Cash Value of Life Insurance Policies \$

*Include a statement from the insurance company for each insurance policy showing the current cash loan value, accumulated dividends and interest, dates and amounts of policy loans, and the amounts of loans.*

Name of Insurance Company:

Policy Number:

Current Cash Value: \$

Loan Balance: \$

### Real Estate

Enter information about any land, farm, house, condo, co-op, time share, camp, or any other real property that you own or are purchasing. List all property located in or outside the State of Mississippi. Include appraisals, if available, and a statement of payoff on each mortgage. Include a copy of the most recent real property and personal property tax assessments. The current market value of certain property should be included in the amount of the offer in compromise.

**Description of Property:** \_\_\_\_\_ **Date Purchased:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Monthly loan payment amount \$** \_\_\_\_\_ **Current Market Value: \$** \_\_\_\_\_ **Date of Final Payment:** \_\_\_\_\_

**How is title held?** ☐ Sole Ownership ☐ Joint Tenancy ☐ Tenancy in Common ☐ Tenants by Entirety ☐ Community Property  
☐ Other (specify) \_\_\_\_\_

**Description of Property:** \_\_\_\_\_ **Date Purchased:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Monthly loan payment amount \$** \_\_\_\_\_ **Current Market Value: \$** \_\_\_\_\_ **Date of Final Payment:** \_\_\_\_\_

**How is title held?** ☐ Sole Ownership ☐ Joint Tenancy ☐ Tenancy in Common ☐ Tenants by Entirety ☐ Community Property  
☐ Other (specify) \_\_\_\_\_

### Valuable Items

Provide the following on any valuable items you own or are purchasing, including but not limited to guns, jewelry, antiques, fine art, musical instruments, silverware, furs, items of value in a safety deposit box, collectibles, gold, etc. Attach additional sheets if more space is needed. The current market value of these items should be included in the amount of the offer in compromise.

**Description of Property:** \_\_\_\_\_ **Date Purchased:** \_\_\_\_\_

**Monthly loan payment amount \$** \_\_\_\_\_ **Current Market Value: \$** \_\_\_\_\_ **Date of Final Payment:** \_\_\_\_\_

**Description of Property:** \_\_\_\_\_ **Date Purchased:** \_\_\_\_\_

**Monthly loan payment amount \$** \_\_\_\_\_ **Current Market Value: \$** \_\_\_\_\_ **Date of Final Payment:** \_\_\_\_\_

### Other Personal Property of Value

Provide the following on any valuable items you own or are purchasing, including but not limited to boats and motors, airplanes, sports equipment such as golf clubs and golf carts, racing bicycles, computer equipment, etc. Attach additional sheets if more space is needed. The current market value of these items should be included in the amount of the offer in compromise.

**Description of Property:** \_\_\_\_\_ **Date Purchased:** \_\_\_\_\_

**Monthly loan payment amount \$** \_\_\_\_\_ **Current Market Value: \$** \_\_\_\_\_ **Date of Final Payment:** \_\_\_\_\_

## Self Employed Business Information

Complete the following if you are self-employed. Attach additional schedules if needed.

Business name: \_\_\_\_\_ DBA (trade name): \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_ Type of business: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Organization: ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Other (specify) \_\_\_\_\_

Does your spouse have an ownership interest in this business? ☐ None ☐ Partner ☐ Other (explain) \_\_\_\_\_

What percentage of this business do you own or have an interest in? \_\_\_\_\_ % If applicable, percentage owned by spouse? \_\_\_\_\_ %

Does anyone else have an ownership interest in this business? ☐ Yes ☐ No If yes, what percentage \_\_\_\_\_ %

Who? \_\_\_\_\_

List any other business interests belonging to you (and/or your spouse) including any interest in an LLC, LLP, Corporation, Partnership, etc.

Business Name \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

## Business Assets

Provide the following for assets of the business including but not limited to bank accounts, securities, tools, machinery and equipment, furniture and fixtures etc. List business vehicles and real property on the following page. Attach additional sheets if needed.

☐ Checking ☐ Money Market/CD ☐ Cash  
☐ Savings ☐ Other (specify) \_\_\_\_\_

Bank / Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Balance: \$ \_\_\_\_\_

☐ Checking ☐ Money Market/CD ☐ Cash  
☐ Savings ☐ Other (specify) \_\_\_\_\_

Bank / Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Balance: \$ \_\_\_\_\_

Does this business have a line of credit? ☐ Yes ☐ No

Financial Institution: \_\_\_\_\_

Amount of credit limit: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Description of Property: \_\_\_\_\_

Current Market Value: \$ \_\_\_\_\_ Monthly loan payment \$ \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Date of Final Payment: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Current Market Value: \$ \_\_\_\_\_ Monthly loan payment \$ \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Date of Final Payment: \_\_\_\_\_

### Business Vehicles

<p>Vehicle Make and Model _____ Year _____ Tag # _____</p> <p><input type="checkbox"/> Loan?   <input type="checkbox"/> Lease?   Monthly Payment: \$ _____</p> <p>Name of Creditor: _____</p> <p>Date of Final Payment: _____ Loan Balance: _____ Mileage _____</p> <p style="text-align: center;">\$ _____</p>	<p>Vehicle Make and Model _____ Year _____ Tag # _____</p> <p><input type="checkbox"/> Loan?   <input type="checkbox"/> Lease?   Monthly Payment: \$ _____</p> <p>Name of Creditor: _____</p> <p>Date of Final Payment: _____ Loan Balance: _____ Mileage _____</p> <p style="text-align: center;">\$ _____</p>
<p>Vehicle Make and Model _____ Year _____ Tag # _____</p> <p><input type="checkbox"/> Loan?   <input type="checkbox"/> Lease?   Monthly Payment: \$ _____</p> <p>Name of Creditor: _____</p> <p>Date of Final Payment: _____ Loan Balance: _____ Mileage _____</p> <p style="text-align: center;">\$ _____</p>	<p>Vehicle Make and Model _____ Year _____ Tag # _____</p> <p><input type="checkbox"/> Loan?   <input type="checkbox"/> Lease?   Monthly Payment: \$ _____</p> <p>Name of Creditor: _____</p> <p>Date of Final Payment: _____ Loan Balance: _____ Mileage _____</p> <p style="text-align: center;">\$ _____</p>

### Business Real Property

Do you have any real estate holdings inside or outside the State of Mississippi?   ☐ Yes   ☐ No   If yes, provide the following:

<p>Description of Property: _____</p> <p>Property Address: _____</p> <p>Monthly loan payment amount \$ _____ Current Market Value: \$ _____ Date of Final Payment: _____</p>	<p>Date Purchased: _____</p>
<p>Description of Property: _____</p> <p>Property Address: _____</p> <p>Monthly loan payment amount \$ _____ Current Market Value: \$ _____ Date of Final Payment: _____</p>	<p>Date Purchased: _____</p>

### Business Receivables

Do you have notes receivable?   ☐ Yes   ☐ No   If yes, attach current listing that includes name(s) and amount due, age and account status.

Do you have accounts receivable?   ☐ Yes   ☐ No   If yes, attach current listing that includes name(s) and amount due, age and account status.



## Business Income and Expense

Enter the **average gross monthly income** of your business using the most current 12 months of documentation to determine an average.

Gross receipts of business: \$ \_\_\_\_\_ Rental income: \$ \_\_\_\_\_ Dividends /Interest: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_ Explain \_\_\_\_\_

Current Inventory: \$ \_\_\_\_\_ Enter balance of ending inventory per most recent financial statement. Statement date: \_\_\_\_\_

**Provide the following for all credit cards, loans, secured debt or any other type of indebtedness.** Include a copy of a recent statement from lending institutions, credit cards and other creditors that indicates current balances owed and payment schedule.

Name of Creditor \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_ Total balance due \$ \_\_\_\_\_

Name of Creditor \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_ Total balance due \$ \_\_\_\_\_

Name of Creditor \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_ Total balance due \$ \_\_\_\_\_

Name of Creditor \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_ Total balance due \$ \_\_\_\_\_

Name of Creditor \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_ Total balance due \$ \_\_\_\_\_

Name of Creditor \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_ Total balance due \$ \_\_\_\_\_

**Provide the following business expenses each month.** You may use an average of yearly spending to determine your monthly cost.

Raw materials (for production) \$ \_\_\_\_\_ Inventory (for resale): \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_ Wages or salaries: \$ \_\_\_\_\_

Rent / loan payments: \$ \_\_\_\_\_ Maintenance /repairs: \$ \_\_\_\_\_

Vehicle gas & repairs: \$ \_\_\_\_\_ Business insurance: \$ \_\_\_\_\_

Electricity: \$ \_\_\_\_\_ Natural Gas: \$ \_\_\_\_\_

Water: \$ \_\_\_\_\_ Other fuel: \$ \_\_\_\_\_

Internet: \$ \_\_\_\_\_ Employment taxes: \$ \_\_\_\_\_

Property taxes: \$ \_\_\_\_\_ Federal Income tax: \$ \_\_\_\_\_

Other business expense: \$ \_\_\_\_\_ Other business expense \$ \_\_\_\_\_

## Affirmation and Signature

Have you filed all required tax returns with the State of Mississippi? ☐ Yes ☐ No

If not required to file an income tax return, explain why. \_\_\_\_\_

Have you ever filed bankruptcy? ☐ Yes ☐ No *If yes, provide date filed, petition number, and location filed.*

Are you the beneficiary of a trust, estate or life insurance policy? ☐ Yes ☐ No *If yes, provide details.*

Do you have any funds being held in trust by a third party? ☐ Yes ☐ No *If yes, how much, and name/address of 3<sup>rd</sup> party.*

Have you lived outside Mississippi or the US for 6 months or longer in the last 5 Years? ☐ Yes ☐ No *If yes, provide details.*

Do you have any assets in another state or outside the US? ☐ Yes ☐ No *If yes, provide description, location, and value.*

In the past 3 years have you transferred any assets such as cash, real property, etc? ☐ Yes ☐ No *If yes, provide date, value and type of asset*

Are you or have you been party to a lawsuit? ☐ Yes ☐ No *If yes, provide copies of any judgements or legal decrees for the past six years.*

Are you or have you been party to any lawsuits regarding tax matters? ☐ Yes ☐ No *If yes provide type of tax and periods included.*

## Signature

Under penalties of perjury, I have examined this document, including any accompanying schedule and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

I understand that if the Commissioner should later determine that any information provided in this application was misrepresented, whether intentionally or not, the agreement may be terminated.

I understand that if I do not pay the scheduled amount of the payment plan, timely file all required tax returns, and pay all future taxes when due, this agreement is terminated and my entire unpaid balance will become due immediately.

I understand that I remain liable for the full amount of my debt until it is paid in full, and I understand that interest and penalties will continue to accrue on the amount of tax owed until such amount has been paid in full.

I understand that there is a recorded state tax lien against my personal and/or business property which lien shall remain recorded until such time as the debt is paid in full; and, that the proceeds of any state or federal income tax refund will be applied to my debt.

I understand that the Department of Revenue may request additional information regarding my financial condition, and I authorize the Department to obtain bank and financial information, including a credit history from any consumer reporting agency, for the purpose of verifying the financial information provide in this application.

I understand that if my financial circumstances should change, I understand that I must comply with future tax obligations.

Was this application/form completed by a paid preparer? ☐ Yes ☐ No May this form be discussed with the paid preparer? ☐ Yes ☐ No

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse (if joint liability)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Paid Preparer

\_\_\_\_\_  
Printed Name of Preparer

\_\_\_\_\_  
Preparer Phone

\_\_\_\_\_  
Paid Preparer Address, City, State, Zip

## WAIVER AND AUTHORIZATION TO RELEASE CONFIDENTIAL TAXPAYER INFORMATION

Pursuant to Miss. Code Ann. §27-3-83(6), the above named taxpayer hereby waives the confidentiality provisions of Miss. Code Ann. §§ 27-3-73, 27-7-83, 27-13-57, and 27-65-81, as it pertains to any information provided or reviewed relating to an application for an Offer In Compromise. This includes all information provided by the taxpayer with the Application for Offer In Compromise as well as any information obtained by the Commissioner of Revenue while reviewing the Application. The Commissioner will review tax returns filed, audits, documented collection efforts, real and personal property records, available court filings, etc. If the Commissioner recommends to the Governor that the tax liability be compromised, all information reviewed for the Application for Offer in Compromise may be provided to the Office of the Governor. For transparency, the same information will be available to the general public upon request. The Department will redact all social security and employer identification numbers before providing information to the Governor, his staff or other persons due to a public request.

This waiver and authorization to release confidential taxpayer information can be withdrawn upon the denial of the Commissioner of Revenue to recommend an Offer in Compromise. After the Commissioner recommends to the Governor that an Offer in Compromise be accepted, this waiver cannot be withdrawn or rescinded.

### INSTRUCTIONS FOR SIGNING

This waiver and authorization must be signed by the taxpayer. In the case of a liability of an individual, this form must be signed by that individual. In the case of an income tax liability for two individuals jointly, this form must be signed by either of the individuals with respect to whom the liability applies. In the case of a partnership, this form must be signed by any member of the partnership during any part of the period covered by the liability as well as a current member of the partnership. In the case of a member managed limited liability company, this form must be signed by any person who was a member of the limited liability company during any part of the period covered by the liability as well as a current member of the limited liability company. In the case of manager managed limited liability company, this form must be signed by any manager of the limited liability company. In the case of a return of a corporation, this form must be signed by a principal officer of the corporation and attested to by the corporation's secretary or other officer.

This the \_\_\_\_\_ day of 20\_\_\_\_\_.

ATTEST (In the case of corporations)

Taxpayer Name (*print or type*) \_\_\_\_\_

By: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Capacity: \_\_\_\_\_

### ACKNOWLEDGEMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the said county and state, on this \_\_\_\_\_ day of 20\_\_\_\_\_ within my jurisdiction, the within named \_\_\_\_\_ who acknowledged that he/she executed the above and foregoing instrument after having been duly authorized so to do.

\_\_\_\_\_  
Notary Public

### Offer Calculation Worksheet

This form is not required to be completed; however, it may be used to assist you in determining your offer amount. It is similar to the worksheet used by the Department in review of your application and offer amount. Please read the following notes, general information and application instructions for more information. Remember to include explanations for any extraordinary expenses providing the need for such and supporting documentation.

Personal Assets	Account Balance	Current Market Value	Balance Due on Loan	Total Value	Exemption from Offer. See Notes.	Adjusted Value
Residence					(\$75,000)	
Vehicles					(\$10,000)	
Cash, checking and savings accounts						
Safety Deposit Box						
Stocks, Bonds, Other						
Retirement Account						
Cash Surrender Value of Insurance						
Real Estate ( <i>not homestead</i> )						
Valuable Items						
Valuable Items						
<b>Total Equity in Assets</b>						
<b>Household Monthly Income</b>	<b>Monthly Total</b>	<i>Multiply the monthly total by 12 to determine annual total.</i>				<b>Annual Total</b>
Taxpayer / Wages all Sources						
Spouse / Wages all Sources						
Child Support						
Alimony						
Rental Income						
Interest/Dividend						
Social Security						
Pensions						
Other Income Received						
Other Contributors to Household Income						
<b>Total Household Income</b>						
<b>Household Monthly Expenses</b>	<b>Monthly Total</b>	<i>Multiply the monthly total by 12 to determine annual total.</i>				<b>Annual Total</b>
Personal Expense						
Loans Payable						
Mortgage/ Lease Payments						
Personal Vehicles						
Other household expense						
<b>Total Personal Expenses</b>						

### Offer Calculation Worksheet

The below chart is for your business. It is not required to be completed; however, it may be used to assist you in determining your offer amount. It is similar to the worksheet used by the Department in review of your application and offer amount. Please read the following worksheet notes, general information and application instructions for more information. Remember to include explanations for any extraordinary expenses providing the need for such and supporting documentation.

Business Assets, <i>Self Employed</i>	Account Balance	Current Market Value	Balance Due on Loan	Total Value	Exemption from Offer. See Notes.	Adjusted Value
Merchandise Inventory						
Vehicles						
Furniture and Fixtures						
Machinery and Equipment						
Cash, checking and savings accounts						
Safe/ Safety Deposit Box						
Other Business Assets						
Accounts Receivable ( <i>book value</i> )						
Notes Receivables ( <i>book value</i> )						
Real Estate						
Securities						
Bank Credit Available						
<b>Total Business Assets</b>						
<b>Business Income, <i>Self Employed</i></b>	<b>Monthly Total</b>	<b><i>Multiply the monthly total by 12 to determine annual total.</i></b>				<b>Annual Total</b>
Gross Receipts						
Gross Rental Income						
Interest Income						
Dividends						
Other Income						
Commissions						
<b>Total Business Income</b>						
<b>Business Expense, <i>Self Employed</i></b>	<b>Monthly Total</b>	<b><i>Multiply the monthly total by 12 to determine annual total.</i></b>				<b>Annual Total</b>
Materials / Inventory Purchased						
Net Wages & Salaries						
Rent or Mortgage Expense						
Installment & Lease Payments						
Supplies and Office Expenses						
Utilities						
Repairs & Maintenance						
Insurance						
Current Taxes						
Secured Debt						
Other Business Expense						
<b>Total Business Expense</b>						