

Statement of Financial Condition and Other Information

Please furnish the information requested on this form at the time you submit your offer in compromise, request for payment plan, or other proposal if the offer is based in whole or in part on inability to pay the liability. If you need help in preparing this statement, call the Tax Compliance Division at the nearest district office; see the enclosed list of offices. It is important that you answer all questions. If a question does not apply, please enter N/A. This will speed up consideration of your proposal.

Note: When making an offer in compromise you must file in duplicate. Also file Form DTF-4, *Offer in Compromise*, or Form DTF-4.1, *Offer in Compromise Fully Determined Liability*.

I. A. Name of taxpayer(s) and/or trade or business names	B. Date of birth	C. Social security number(s)
		D. Business ID number (CIN)
E. Home address	F. Home telephone number	
G. Business address	H. Business telephone number	
II. Name of representative, if any		Telephone number

Address:

III. Names of Banks and Other Financial Institutes You Have Done Business with at Any Time During the Past Three Years

Name and Address	Name and Address
A.	B.
C.	D.

E. Do you rent a safe deposit box in your name or in any other name? Yes No If Yes, give name and address of bank

IV. Proposal Filed by Individual

A. Name of spouse	B. Spouse's age	C. Spouse's social security number	
D. Names of dependent children or relatives	E. Relationship	F. Social security number	G. Age
1.			
2.			
3.			
4.			
5.			
6.			
7.			

V. Life Insurance Policies Now in Force

A. Number of Policy	B. Name and Address of Company	C. Amount of Policy	D. Present Cash Surrender Value Plus Accumulated Dividends	E. Policy Loan	F. Date Made	G. Automatic Premium Payments	H. Date Made
1.							
2.							
3.							
4.							
5.							

Please furnish your most recent financial information. In the columns below, show the cost and fair market value of each asset you own directly or indirectly. Also show all your interests in estates, trusts and other property rights, including contingent interests and remainders.

VI. Statement of Assets and Liabilities as of _____ (date)

A. Assets	Cost	Fair Market Value	Appraisal Value
1. Cash			
2. Cash surrender value of insurance (see item V, page 1)			
3. Accounts receivable (see item VIII A, page 3)			
4. Notes receivable (see item VIII B, page 3)			
5. Merchandise inventory			
6. * Real estate (see item IX, page 3) * submit appraisal by qualified Real Estate Appraiser Broker			
7. Furniture and fixtures (see item X, page 4)			
8. Machinery and equipment (see item X, page 4)			
9. Trucks and delivery equipment (see item XI, page 4)			
10. Automobiles (see item XI, page 4)			
11. Securities (see item XII, page 4)			
12. Jewelry			
13. Contingent claims or actions (lawsuits or insurance claims)			
14. Other assets (list below)			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
Total assets			

B. Liabilities	Amount
1. Accounts payable	
2. Notes payable (attach note agreement)	
3. Mortgages (see item IX, page 3)	
4. Accrued real estate taxes (see item IX, page 3)	
5. Judgments (see item XIII, page 4)	
6. Federal income tax payable	
7. Loans payable to relatives (attach loan agreement)	
8. Loans payable to others (attach loan agreement)	
9. Notes payable to relatives (attach copy of note)	
10. Other liabilities (list below)	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
Total liabilities	

VII. Life Insurance Policies Assigned or Pledged on Indebtedness

If any of the policies listed in item V are assigned or pledged on indebtedness, except with insurance companies, give the following information about each policy:

A. Number of Policy Assigned or Pledged	B. Name and address of Pledgee or Assignee	C. Balance Due on Loan	D. Date Pledged or Assigned
1.			
2.			
3.			
4.			
5.			
6.			
7.			

VIII. Accounts and notes receivable

Name and Address	Book Value	Liquidation Value	Balance Due on Loan, if Pledged	Date Pledged
A. Accounts receivable				
1.				
2.				
3.				
4.				
5.				
6.				
Total				
B. Notes receivable				
1.				
2.				
3.				
4.				
5.				
Total				

IX. Real estate*

A. Description	B. Cost	C. Fair Market Value	D. Balance Due on Mortgage	E. Date Mortgage Recorded	F. Unpaid Interest and Taxes
1.					
2.					
3.					
4.					
5.					
6.					
7.					
Total					

*Attach copy of indenture, mortgage, and deed for each.

X. Furniture and Fixtures, Machinery and Equipment

A. Description	B. Cost	C. Fair Market Value	D. Balance Due on Loan, if Pledged	E. Date Pledged
1. Furniture and fixtures (<i>business</i>)				
2. Furniture (<i>household-residence</i>)				
3. Machinery (<i>specify kind</i>)				
4.				
5.				
6.				
7. Equipment (<i>except trucks and automobiles; specify</i>)				
8.				
9.				
10.				
Total				

XI. Trucks and Automobiles (personal or used in business)

A. Trucks				Registration Number	Cost	Fair Market Value	Balance Due on Loan, if Pledged	Date Pledged
Make, Plate Number	Model	Year						
1.								
2.								
3.								
4.								
5.								
6.								
B. Automobiles				Registration Number	Cost	Fair Market Value	Balance Due on Loan, if Pledged	Date Pledged
Make, Plate Number	Model	Year						
1.								
2.								
3.								
4.								
5.								
Total								

XII. Securities (Bonds, Stocks, etc.)

A. Name of Company	B. Number of Units	C. Cost	D. Fair Market Value	E. Balance Due on Loan, if Pledged	F. Date Pledged
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Total					

XIII. Judgments

A. Name of Creditor	B. Amount of Judgment	C. Balance Due on Judgment	D. Date Recorded	E. Where Recorded
1.				
2.				
3.				
4.				
Total				

Attach supplemental sheets if necessary

XV. Statement of Income - Corporation

Important: If the proposal is from a corporation, please furnish the information requested below (from income tax returns, as adjusted, for past two years and from records for current year from January 1 to date).

Type of corporation: business not-for-profit P.C.

Attach a detailed statement of carry over/carry back loss intentions. If you do not intend to use this offset, attach a full explanation.

A. Gross income	19 _____	19 _____	Jan. 1 to	19 _____
1. Gross sales or receipts (subtract returns and allowances)				
2. Cost of goods sold				
3. Gross profit — trading or manufacturing				
4. Gross profit — from other sources				
5. Interest income				
6. Rents and royalties				
7. Gains and losses (from Schedule D)				
8. Dividends				
9. Other (specify)				
Total income				
B. Deductions				
1. Compensation of officers				
2. Salaries and wages (not deducted elsewhere)				
3. Rents				
4. Repairs				
5. Bad debts				
6. Interest				
7. Taxes				
8. Losses				
9. Dividends				
10. Depreciation and depletion				
11. Contributions				
12. Advertising				
13. Other (specify)				
14.				
Total deductions				
C. Net income				
D. Nontaxable income				
E. Unallowable deductions				

XVI. Salaries Paid to Principal Officers and Dividends Distributed - Corporation

Important: If the proposal is from a corporation, please show salaries paid to principal officers for past three years and amounts distributed in dividends, if any, during and since the taxable years covered by this offer.

A. Salaries paid to (name and title)	19 _____	19 _____	19 _____
1. _____, President			
2. _____, Vice President			
3. _____, Treasurer			
4. _____, Secretary			
5.			
6.			
Total			

XVI. (continued from page 6) Dividends Distributed - Corporation

B. Year	Dividends paid	Year	Dividends paid	Year	Dividends paid
1.		8.		15.	
2.		9.		16.	
3.		10.		17.	
4.		11.		18.	
5.		12.		19.	
6.		13.		Total	
7.		14.		<i>(add lines 1 through 19)</i>	

XVII. Disposal of assets — From the beginning of the taxable period of your liability(ies) to the present date, have you disposed of any assets or other property with a cost or fair market value of more than \$500, except for full value at the time of sale, transfer, exchange, gift or other disposition?

Yes No If Yes, please furnish the following information and attach a copy of transfer document or bill of sale.

A. Description of Asset	B. Date of Transfer	C. Fair Market Value When Transferred	D. Consideration Received	E. Relationship of Transferee to Taxpayer
1.				
2.				
3.				
4.				
5.				

XVIII. Interest in or Beneficiary of Estate or Trust — Are you the grantor or donor of any trust, or the trustee for any trust?

Yes No If Yes, please furnish a copy of the instrument creating the trust or estate. Also give the following information.

A. Name of Trust or Estate	B. Present Value of Assets	C. Value of Your Interest	D. Annual Income Received From This Source
1.			
2.			
3.			
4.			
5.			

XIX. Grantor, Donor, Trustee or Fiduciary — Have you any life interest or remainder interest, either vested or contingent in any trust of estate, or are you a beneficiary of any trust?

Yes No If Yes, please furnish a copy of the instrument creating the trust. Also give present value of corpus of trust, and any other pertinent information.

XX. Any Other Assets or Interests in Assets — Have you any other assets or an interest in assets either actual or contingent, other than those listed here (i.e., profit-sharing plan or pension plan)?

Yes No If Yes, please describe the assets.

XXI. A. Are foreclosure proceedings pending on any real estate which you own or have an interest in? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. If Yes, please give location of real estate:	C. Was the Tax Department made a party to the suit?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

XXII. A. Are bankruptcy or receivership proceedings pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. If a corporation, is it in process of liquidation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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XXIII. Is the sum offered in compromise or submitted as a partial payment borrowed money? Yes No
If Yes, please give name and address of lender and list collateral, if any, pledged to secure the loan.

XXIV. A. Have you (or any one of you) been convicted of any crime involving unlawful possession or acquisition of property or income obtained by fraud, theft or other illegal means within the last five years?

Yes No If Yes, provide details.

B. Are you the subject of, or defendant in, any pending criminal or grand jury action or proceeding which may involve or affect in any way, your right, title or interest to any real or personal property whether or not listed herein?

Yes No If Yes, provide details.

XXV. What is the prospect of an increase in value of assets or present income? Please give a general statement.

XXVI. Items A, B and C must be attached; items D through L, if applicable, must be attached. Failure to provide these returns, statements and documents will cause immediate rejection of your compromise request, request for payment plan or other proposal.

- A. Federal returns - preceding three years, all schedules attached.
- B. All bank statements (including checking accounts) for the preceding year.
- C. Recent credit report from local bureau within last 30 days.
- D. Real estate appraisal.
- E. Chapter 7 discharge papers.
- F. All mortgage indentures and conveyances, as grantor or grantee - preceding 10 years.
- G. Legal instruments related to pending claims (insurance or otherwise), rights to sue, subrogations, assignments and other assets.
- H. Contracts of sale of any sizable assets, either pending or within last 5 years.
- I. Federal Application to Compromise, with results.
- J. Leases, both as landlord and as tenant.
- K. Audited profit and loss statement (corporation only).
- L. Loan agreements and instruments in evidence of assets pledged as collateral for any undertaking.

Statement

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement. This statement is made with the knowledge that a willfully false representation is a misdemeanor punishable under section 210.45 of the Penal Law of New York State.

Signature of taxpayer	Date of the statement
Signature of taxpayer	Date of the statement
Signature of taxpayer	Date of the statement
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