

Offer in Compromise (OIC) Request Form



CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE

Individuals or businesses

In some circumstances, individuals or businesses can ask the Department to consider a payment amount less than their total liability. Complete and submit this OIC form with the required documentation. Incomplete forms will not be considered.

For a full program overview, and instructions, see www.phila.gov/documents/offer-in-compromise.

1 Applicant information

Taxpayer name:	Social Security Number:			
_____	_____			
Taxpayer name: (if more than one)	Social Security Number:			
_____	_____			
Address:	Federal EIN:			
_____	_____			
	Email:			

If represented, provide name and contact:	Phone:			
_____	_____			
	Legal structure: Individual <input type="checkbox"/> Corporation <input type="checkbox"/>			
	Partnership <input type="checkbox"/> Corp. Officer(s) <input type="checkbox"/>			
	LLC <input type="checkbox"/> Other: _____			
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow(er) <input type="checkbox"/>
Dependent(s) name:	Age:	Relationship:		
_____	_____	_____		
Employer(s) name (if applicable):	Address:			
_____	_____			

2 List of tax liabilities in Philadelphia and other jurisdictions

Tax liability owed to the Internal Revenue Service (IRS):	\$
_____	_____
Have you submitted an offer to the IRS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you making payments to the IRS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, monthly payments: \$	

Tax liability owed to the Commonwealth of Pennsylvania (PA):	\$
_____	_____
Are you making payments to PA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, monthly payments: \$	

I / we offer to pay the amount of \$ _____ to compromise and settle the tax liabilities listed in Section 3 and will pay in the following manner:

- Lump sum payable within 30, 60, or 90 days from the date of acceptance of this offer.
- Offer will be paid in _____ monthly payments of \$ _____.
- Other: _____

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3 Description of tax liabilities & funds for the Offer

Complete the table below with you tax account and balance details. Find your balance(s) by logging into your tax account on <https://tax-services.phila.gov/>.

Tax type	Account number	Period(s)	Tax type balance
<input type="checkbox"/> Business Income & Receipts Tax (BIRT)			
<input type="checkbox"/> Net Profits Tax (NPT)			
<input type="checkbox"/> Wage Tax			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:			
Total balance:			

Source of funds for the Offer:

Explanation of circumstances.

I / we request an Offer in Compromise for the reasons listed below:

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4 Assets, equity and investments

Bank and credit union accounts (checking, savings, etc.)

Name of institution	Type of account	Account name	Balance
Total bank assets:			\$

Real estate (resident, vocational/seasonal, investment, land, etc.)

Description	Address	City	State	Market value	Amount owed	Equity
Total real estate equity:						\$

Investments (stocks, bonds, mutual funds, retirement accounts, etc.)

Type of investment	Issuer	Quantity	Current value
Total investments:			\$

Motor vehicles (cars, trucks, RVs, motorcycles, boats, etc.)

Make	Model	Year	Amount owed	Monthly payment	Equity
Total vehicle equity:					\$

Other Assets

	Current value	
Cash surrender value of life insurance		
Judgments or settlements received		
Notes receivable		
Other (specify)		
Total other assets:		\$

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5 Income and expenses

Monthly income — Attach your two most current pay stubs, or other income verification documents.

Source	You	Spouse
Salary, wages, tips		
Overtime, bonuses, commissions		
Self-employment income		
Pensions, disability and Social Security		
Dividend, interest and investment income		
Rental income		
Estate, trust and royalty income		
Workers compensation and unemployment		
Alimony and child support		
Other (specify)		
Monthly income:		
	Combined income:	
	Total income:	\$

Monthly living expenses — Attach copies of billing statements for the last three months.

Source	Amount
Groceries	
Clothing and personal care	
Mortgage or rent payments	
Utilities Electric: Phone:	
Water/sewer: Garbage:	
Gas/oil: Cable:	
Vehicle payments	
Transportation (gas, license, bus fare, etc.) <i>Miles driven to/from work per week: ___</i>	
Medical expenses and prescriptions not covered by insurance	
Insurance Life: Health:	
Auto: Home:	
Income taxes (federal, state, SS, FICA)	
Estimated quarterly tax payments (divide by three to get monthly amount)	
Property tax	
Court-ordered payment (child support, alimony, etc.)	
Childcare	
Other (specify)	
Total expenses:	\$

Net disposable monthly income (Subtract "Total expenses" from "Total income")	\$
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6 Signature

! **Don't forget: You must submit the last 3 years of your federal tax returns with this OIC form.**

I / we declare that I / we have reviewed all the information on this form, and any accompanying statements and forms, and it is true and correct to the best of my / our knowledge, information and belief. I / we authorize the Department of Revenue to verify any information on this form.

Taxpayer Signature _____ Date _____

Preparer Signature _____ Date _____