

Request for Appeal of Offer in Compromise

Service employee - Staple taxpayer's envelope here

Please provide the information required in the spaces below. Be sure to sign and date this form.

| | | | |
|---|-------|----------|-----------------------------------|
| Taxpayer name(s) | | | Taxpayer Identification Number(s) |
| Taxpayer name(s) | | | Taxpayer Identification Number(s) |
| Mailing address | | | Tax form number |
| City | State | ZIP Code | Tax period(s) ended |
| Taxpayer's current daytime phone number | | | Tax period(s) ended |

Identify the specific item(s) you don't agree with as shown on the Income and Expense Table and Asset and Equity Table you received with your rejection letter. In the space next to the disagreed item, provide a brief statement indicating why you don't agree with our determination (for example: incorrect valuation of real estate, omitted mileage from vehicle deduction, etc.). Attach supporting documents and indicate on the document which issue they apply to. Additional pages may be attached. If you do not agree with the Service's analysis of economic hardship or Effective Tax Administration, please provide an explanation with documentation.

| Disagreed item | Reason for disagreement | Supporting documentation attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------|-------------------------|-----------------------------------|------------------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|--------------------------|-------------|
| Signature of Taxpayer(s) | Date signed |
| Signature of Taxpayer(s) | Date signed |

If this application was prepared by someone other than the taxpayer, please fill in that person's name and address

Name _____

| | | | |
|-----------------|------|-------|----------|
| Mailing address | City | State | ZIP Code |
|-----------------|------|-------|----------|

Name and signature of authorized representative (If a representative is signing this form, please attach a copy of your completed Form 2848, Power of Attorney and Declaration of Representative.)

Name of authorized representative _____

| | |
|---|-------------------|
| Signature of authorized representative | Date signed |
| Telephone number of authorized representative | Best time to call |