

FTB 4905 PIT BOOKLET

Offer in Compromise for Individuals

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An Offer in Compromise (OIC) provides an alternative for individuals who are unable to pay their outstanding California income tax liabilities, and who won't be able to in the foreseeable future.

What You Need to Know Before Preparing an Offer in Compromise

Eligibility:

If you are an individual without the income, assets, or means to pay your tax liability now or in the foreseeable future, you may be eligible for an OIC. The OIC Program allows you to offer a lesser amount for payment of a nondisputed final tax liability.

Generally, we approve an OIC when the amount offered represents the most we can expect to collect within a reasonable period of time.

Although each case is evaluated based on its own unique set of facts and circumstances, we give the following factors strong consideration in the evaluation:

- Your ability to pay.
- Your equity in assets.
- Your present and future income.
- Your present and future expenses.
- The potential for changed circumstances.
- The offer is in the best interest of the state.

Your Application:

We will only process your OIC application once you:

- File all required tax returns. If you have no filing requirement, note it on the application.
- Fully complete the OIC application and provide all supporting documentation.
- You agree with the Franchise Tax Board (FTB) on the amount of tax you owe.

Collateral Agreement:

Upon approval of your offer, we may require you to enter into a collateral agreement. If you have a significant potential for increased earnings, we may require that you pay a greater portion or all of your original tax liability if you earn more than anticipated during the five year period following FTB's approval of your OIC.

Collection Activity:

Submitting an offer does not automatically suspend collection activity. If delaying collection activity jeopardizes our ability to collect the tax, we may continue collection efforts. Interest, fees, and penalties continue to accrue as prescribed by law.

When to pay:

Do not submit the offer amount until we request it. When we ask for the funds, submit them by cashier's check or money order.

OFFER IN COMPROMISE APPLICATION FORM

STATE OF CALIFORNIA
OIC GROUP MS A453
FRANCHISE TAX BOARD
PO BOX 2966
RANCHO CORDOVA CA 95741-2966
916.845.4787 (not toll-free)
ftb.ca.gov

Checklist of Required Items

You must submit the following documentation with your Offer in Compromise Application Form or we will return your application as incomplete. You must include the information for you and your spouse/Registered Domestic Partner (RDP). Please submit copies only. Indicate if any of the items below are not applicable (N/A). We may request additional documentation.

N/A	Included	
		Verification of Income Complete pay stubs for the past three months, or financial statements for the past two years if self-employed. Include any investment or ownership in any business entity or trust, and income derived from these sources (dividends, K-1 income, distributions, etc.)
		Verification of Expenses Billing statements for the last three months. (Include copies of revolving charge card statements, bills from other creditors, and personal loan statements.)
		Bank Information Complete bank statements for savings and checking accounts for the last six months. If self-employed, provide bank statements for the last twelve months. Include accounts that have been closed during that period.
		Securities Investment account statements showing the value of stocks, bonds, mutual funds, and/or retirement or profit sharing plans, e.g., IRA, 401(k), Keogh, or Annuity.
		Current Lease or Rental Agreements
		Real Property Information Mortgage statements and escrow statements for property you currently own, sold, or gave away in the last five years.
		Internal Revenue Service (IRS) Information IRS OIC application and acceptance letter or other IRS arrangements.
		Legal Documents Marital settlement agreements, divorce decrees, marital property settlements, trust documents, and bankruptcy documents.
		Medical Information Physician's letter including diagnosis and prognosis and/or other documents to show any medical condition that should be considered.
		Power of Attorney Power of Attorney if a designated representative submits this offer.

Mail your completed and signed application to the address listed above.

If you have any questions, contact the OIC group at 916.845.4787 (not toll-free).

Note: Complete all areas that are not shaded. Write "n/a" in those blocks that do not apply. For Privacy Notice information, please read the enclosed FTB 1131. To get additional copies of this notice, call us at 800.338.0505; from outside the United States call 916.845.6600 (not toll-free) or download it at **ftb.ca.gov.**

Section 1 – Personal Information

First name	MI	Last name			,	Social security number		Date of birth
Other names and aliases ever used								
First name of spouse or Registered Domestic Partner (RDP)			spouse c	or RDP	Social security number Date of birth			Date of birth
Other names and aliases ever used		<u> </u>						
Taxpayer's driver's license number State Sp			Spouse	Spouse or RDP driver's license number State				
Dependent's names				Date of birth	Social s	ecurity number	Rela	tionship
		·•····································	••••••					
Current mailing address					Phone r	number) number		
	••••••	•	•••••		()		
Current physical address		•	Pre	evious address if	f at current	address less than	two yea	rs
		·•····		.			•	
	··•	·•····		.	······································			
Name and address of your tax representative (at	tach a	Power of Attorn	ey)		Phone r)		
	··•	·•····································	······································	.	(ne number) ne number		
		•••••••••••••••••••••••••••••••••••••••	•••••	•		<i>!</i>	•••••	

Section 2 – Employment or Business Income Information

Taxpayer's employer or busines	s (name and address):			ployed: Years	Months
			Occupation: _		
			□ Wage ear	ner Sole p	roprietor
			Paid:	_	
		Biwee			
Business phone number: ()				☐ Semin	nonthly
Spouse's or RDP's employer or	business (name and address)	:		ployed: Years	Months
••••			Occupation: _		
			□ Wage ear □ Partner	rner Sole p	roprietor
			Paid:		
			Weekly	Biwee	
Business phone number: ()		☐ Monthly	☐ Semin	nonthly
Section 3 – General					
Bank accounts: (include II	RA and retirement plans	, certificates of de	posit, etc.). Attach		needed.
Name of Institution	Address	Туре	Date Opened	Account Number	Balance
]			
Total. Enter this amount Vehicles: Attach additional	_	Asset and Liabilit	y Analysis) of th	is application	
Year, Make, Mode		/Pink Slip	Current Market		
License Number		older	Value	Current Payoff	Available Equity
Total Enter this amoun	nt on line 3. Section 4 (Asset and I iabilit	v Analysis) of th	is application	1

Section 3 – General Financial Information (continued)

Life insurance. Attach additional pages if needed.

		ges ii riceaca.					
Name of Insurance	Age and P	ent's Name Thone Number	Policy Numl	oer	Type	Face Amount	Loan/Cash Surrender Value
Total. Enter this amour	nt on line	4, Section 4 (Ass	et and Liabili	ty An	alysis) of th	is application	
Securities. (Stocks, bonds	s, mutual f	unds, money mark	ket funds, etc.)	Attac	ch additional	pages if needed.	
Туре		Where Locat	ted	Owne	r of Record	Quantity or Denomination	Current Value
Total. Enter this amoun	nt on line	5, Section 4 (Ass	et and Liabili	ty An	nalysis) of th	is application	
Safe deposit boxes rented	d or acces	sed locations, box	numbers, and	d cont	ents. Attach a	additional pages if n	eeded.
Name of Institution		Addres				ntification	
Total. Enter this amou	nt on line	6, Section 4 (Ass	et and Liabili	ty An	alysis) of th	is application	
Real property. Attach add	litional pag	es if needed.					
A) Physical address and descri	iption: (Single	family dwelling, multi-	family dwelling, lo	ot, etc.)	Mortgage lend	der's name and address:	
						eld: ee:	
Parcel Number					Purchase Dat		
Parcel Number: B) Physical address and description: (Single family dwelling, multi-family dwelling, lo		ot, etc.)	Mortgage lend	der's name and address:			
					How is title bo	old:	
Parcel Number:	• • • • • • • • • • • • • • • • • • • •		•••••		Purchase Pric	e: e:	

Section 3 – General Financial Information (continued)

C) Physical addres	ss and description: (Single family dwelling, mul	ti-family dwelling, lot, etc	.) Mortgage lender	s name and address	:
•••••			···· How is title held:		
• • • • • • • • • • • • • • • • • • • •			···· Purchase Price: _		
Parcel Number:			Purchase Date: _		
Charge cards a	and lines of credit. Attach additional pa	ages if needed.			
Type of Account	Name and Address of Creditor Grantor	Minimum Monthly Payment	Credit Limit	Credit Availability	Amount Owed
710000111		1 ayınısını		7 tvanasmty	
	s. payments on line 61, nis application		Total Owed. Enter total owe Section 4 of this		
	owing information relating to you and ion, and documentation.	your spouse/RDP's	financial condition	on. If you check "	Yes", provide
Court proceedii	ngs	o □ Yes			
-	□ N				
Anticipated incr	rease in income \square N	o □ Yes			
Bankruptcies/re	eceiverships 🗆 N	o 🗆 Yes 🔝			
	of assets				
-	rust, estate, profit sharing, etc \square N				
	income tax return filed Year				
	ns you claim from return:				
Adjusted gross	income from return:				
List anv vehicle	s, equipment, or property sold, given	awav. or repossess	ed during the pa	st five vears.	
-	Description	10/1	no Took Possessi	-	Value
(Year, make, r	model of vehicle, or property address)	IO TOOK FUSSESSI	OII	value
]			

Section 4 – Asset and Liability Analysis

Immediate assets			
1. Cash		<u> </u>	
2. Bank accounts/balance (from Section 3)		<u> </u>	
3. Vehicles/available equity (from Section 3)		<u> </u>	
4. Loan/cash surrender value of life insurance (from Section	3)	<u> </u>	
5. Securities (from Section 3)		<u> </u>	
6. Safe deposit box value of contents (from Section 3) \dots		<u> </u>	
	Total Immediate Assets	<u> </u>	
Real property (from Section 3)			
Address or Location	Current Market Value	Mortgage Payoff Amount	Equity
7. A)			
8. B)			
9. C)			
,	Total Equity		
Other assets			
10. Notes		<u> </u>	
11. Accounts receivable		<u> </u>	
12. Judgements/settlements receivable		<u> </u>	
13. Aircraft, watercraft		<u> </u>	
14. Interest in trusts, e.g., trustee, trustor, beneficiary, etc		<u> </u>	
15. Interest in estates		<u> </u>	
16. Interest in business entities			
17. Other assets			
18. Other assets			
19. Other assets		· · · · · · · · · · · · · · · · · · ·	
20. Other assets			
	Total Other Assets	· · · · · · · · · · · · · · · · · · ·	
21. Sum Total of Assets (Immediate, Equity, and Other)		<u> </u>	
Current liabilities including judgements, notes and other	charge accounts. Do not	include vehicle or	home loans.
22. Total owed for lines of credit (from Section 3)			
23. Taxes owed to IRS (provide a copy of recent notices)			
24. Other liabilities			
25. Other liabilities			
26. Other liabilities			
27. Other liabilities			
	Total Liabilities	<u> </u>	

Section 5 – Monthly Household Income and Expense Analysis

	е	Gross	Net	FTB use only
28. W	ages/salaries (taxpayer)			
	ension (taxpayer)			
	vertime/bonuses/commissions (taxpayer)			
	ages/salaries (spouse/RDP)			
	ension (spouse/RDP)			
	vertime/bonuses/commissions (spouse/RDP)			
	usiness income			
	ental income			
	terest/dividends/royalties (average monthly)			
37. Pa	ayments from trust/partnerships/entities			
38. Cł	nild support			
39. Al	imony			
40. Ur	nemployment			
41. Di	sability		- <u></u> -	
42. Sc	ocial Security			
43. Ot	ther household income			
	Total Monthly Net Income			
Expen	ses		Amount	FTB use only
44 Re	ent/mortgage			
45. Re	eal estate taxes			
	eal estate taxes		•	
46. Ho	ome insurance () Association fees () .			
46. Ho 47. Gi	ome insurance () Association fees ()		·	
46. Ho 47. Gi 48. Ut	ome insurance () Association fees ()		·	
46. Ho 47. Gi 48. Ut 49	ome insurance () Association fees () croceries, number of people ()			
46. Ho 47. Gi 48. Ut 49	ome insurance () Association fees () croceries, number of people ()			
46. Ho 47. Gi 48. Ut 49 50 51	ome insurance () Association fees () croceries, number of people ()			
46. Ho 47. Gi 48. Ut 49 50 51 52. Au	ome insurance () Association fees () croceries, number of people ()			
46. Ho 47. Gr 48. Ut 49 50 51 52. Au 53. Au	ome insurance () Association fees () croceries, number of people ()			
46. Hd 47. Gi 48. Ut 49 50 51 52. Au 53. Au 54. Ga	ome insurance () Association fees () croceries, number of people ()			
46. Ho 47. Gi 48. Ut 49 50 51 52. Au 53. Au 54. Ga 55. Lif	ome insurance () Association fees () croceries, number of people ()			
46. Hd 47. Gi 48. Ut 49 50 51 52. Au 53. Au 54. Ga 55. Lift 56. Md	ome insurance () Association fees () croceries, number of people ()			
46. Ho 47. Gi 48. Ut 49 50 51 52. Au 53. Au 54. Ga 55. Lit 56. Mo 57. Es	ome insurance () Association fees () or oceries, number of people ()			
46. Hd 47. Gi 48. Ut 49 50 51 52. Au 53. Au 54. Ga 55. Lif 56. Md 57. Es 58. Cd	ome insurance () Association fees () croceries, number of people ()	n)		
46. Ho 47. Gi 48. Ut 49 50 51 52. Au 54. Gi 55. Lit 56. Mo 57. Es 58. Co 59. Gi	ome insurance () Association fees () croceries, number of people ()	n)		
46. Hd 47. Gi 48. Ut 49 50 51 52. At 53. At 54. Ga 55. Lif 56. Md 57. Es 58. Cd 59. Ga 60. De	ome insurance () Association fees () croceries, number of people ()	n)		
46. Ho 47. Gi 48. Ut 49 50 51 52. Au 54. Gi 55. Lit 56. Mo 57. Es 58. Co 59. Gi 60. De 61. Cr	ome insurance () Association fees () croceries, number of people ()	n)		
46. Ho 47. Gi 48. Ut 49 50 51 52. Au 53. Au 54. Gi 55. Lif 56. Mo 57. Es 58. Co 59. Gi 60. De 61. Cr 62. Of	ome insurance () Association fees () croceries, number of people ()	n)		
46. Ho 47. Gi 48. Ut 49 50 51 52. Au 53. Au 54. Gi 55. Lif 56. Mo 57. Es 58. Co 59. Gi 60. De 61. Cr 62. Of	ome insurance () Association fees () croceries, number of people ()	n)		
46. Hd 47. Gi 48. Ut 49 50 51 52. Ai 54. Gi 55. Lit 56. Mi 57. Es 58. Co 59. Gi 60. De 61. Cr 62. Ot 63. Ot	ome insurance () Association fees () croceries, number of people ()	n)		

Section 6 – Three-Year Income Summary

Gross Household Income

Source	Year: (Year: (Current Year
Wages/salaries (taxpayer)	, ,	,	to Date
Pension (taxpayer)			
Overtime/bonuses/commissions (taxpayer)			
Wages/salaries (spouse/RDP)			
Pension (spouse/RDP)			
Overtime/bonuses/commissions (spouse/RDP)			
Business income			
Rental income Interest/dividends/royalties (average monthly)			
Payments from trust/partnerships/entities			
Child support			
Alimony			
Unemployment			
Disability			
Social Security			
Other income			
Totals			
Section 7 – Basis for the Offer			
The following facts and reasons are submitted as grounds for accept	ance of this offer.	Attach additional pa	ages if needed.

Section 8 - Source of Funds

If any or all of the amount being offered is from a	loan, please	e provide the following information:
Lender's name		
		Total amount of the loan
If any or all of the amount being offered is from a	gift, please	provide the following information:
Gift donor's name		Total amount of the gift
		Relationship to taxpayer
Describe sources of offered funds other than a loan or a gift		
If this OIC is denied, FTB is to:		
Return the offer funds.	e current tax	liability.
Section 9 – Offer Amount		
Amount Owed to FTB:	Tax Years: _	
The lump sum of: is offered the offer amount. Do not send any funds now.	ed in compro	mise. An FTB representative will instruct you when to mail
Section 10 – Statement of Agreement		
I understand that FTB considers the offer and accompromised until FTB accepts the offer and I fu		nely. It does not relieve me of the liability FTB seeks to be ith all agreements.
Except for any amount I deposit in connection wit account for the periods this offer covers.	th this offer,	I agree that FTB retain all payments and credits made to the
	. No liability	shall have no right to contest in court or otherwise the will be compromised until I and or any jointly liable party eement or collateral agreement.
are not limited to, requirements that I file returns with these requirements may result in rescission	and pay all t of my OIC. I and retain all	terms and conditions for acceptance of my offer include, but ax liabilities in a timely manner in the future. Failure to comply in the event of a default by me on the approved offer, I agree amounts previously deposited under the offer and proceed to iterest, fees, and penalties.
Additionally, I authorize the FTB to obtain my corprovided on this application.	nsumer credi	t report and to investigate and verify the information I
Under penalty of perjury, I declare that I have e documents included with this offer and, to the	examined the best of my	e information given in this statement and all other knowledge and belief, they are true, correct, and complete.
Your signature	Date	Spouse's or RDP's signature Date

Frequently Asked Questions

1. What is considered a fair offer in relation to the amount due?

Generally, an offer will be accepted when the amount offered is the most we can expect to collect within a reasonable period of time.

2. How long will it take to get a decision on my OIC?

Generally, if we accept your offer for processing, we will provide a decision to you within 90 days after receiving your offer. If your account is complex or additional information is required, it may take longer than 90 days.

3. Can I make payments on the offered amount?

No, we require a lump-sum payment of the offered amount.

4. Can I apply prior payments to the offered amount?

We cannot apply prior payments toward the offered amount. However, we consider prior payments and the offered amount compared to the total liability when evaluating your offer.

5. My IRS OIC has been accepted. Will FTB automatically approve my offer?

No, we evaluate your offer separately.

6. If my offer is not acceptable, will I be contacted?

Yes, we contact you to discuss your account and to determine the most appropriate resolution. For example, if it is determined that you will have the ability to make monthly payments that exceed the amount you offer, we work with you to establish an installment agreement.

7. Will you release state tax liens if you accept my offer?

We release FTB state tax liens upon final approval of your OIC.

8. Do I need to have someone represent me?

We do not require that you have representation. The OIC Program is available to all taxpayers, whether or not they have representation.

9. Can I get relief from the tax liability by filing bankruptcy?

If this is a consideration, you may want to seek your own legal advice.

10. Can I apply for an OIC if I have no funds to offer?

No, we will not accept a zero dollar offer. Your offer must represent the most we can expect to collect over a reasonable period of time and be in the states best interest to accept.

11. What is a collateral agreement?

A collateral agreement is a contractual agreement between you and FTB. By signing the agreement, you agree to pledge to us a percentage of your income that exceeds an agreed-upon threshold. Generally, the collateral agreement period is five years. We will make that determination in reviewing your application and financial information provided to us.

12. If you approve my offer, will I have to sign a collateral agreement?

Generally, we do not require a collateral agreement if you are on a fixed income or have limited potential for an increase in income.

13. Can I complete one application if I owe the Employment Development Department, the Board of Equalization, or the Franchise Tax Board?

To relieve some of the paperwork burden for taxpayers or their representatives, the state's three taxing agencies developed a single offer in compromise application. Individual taxpayers can use OIC Multi-Agency Application (DE 999CA) to apply with any or all of the three agencies.