

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
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Other names and aliases ever used

First name of spouse or Registered Domestic Partner (RDP)	MI	Last name of spouse or RDP	Social security number	Date of birth
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Other names and aliases ever used

Taxpayer's driver's license number	State	Spouse or RDP driver's license number	State
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Dependent's names	Date of birth	Social security number	Relationship
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Current mailing address	Phone number () Cell phone number ()
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Current physical address	Previous address if at current address less than two years
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Name and address of your tax representative (attach a Power of Attorney)	Phone number () Cell phone number () Fax phone number ()
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Section 2 – Employment or Business Income Information

Taxpayer's employer or business (name and address): Business phone number: ()	How long employed: _____ Years _____ Months Occupation: _____ <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Officer Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly
Spouse's or RDP's employer or business (name and address): Business phone number: ()	How long employed: _____ Years _____ Months Occupation: _____ <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Officer Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly

Section 3 – General Financial Information

Bank accounts: (include IRA and retirement plans, certificates of deposit, etc.). Attach additional pages if needed.

Name of Institution	Address	Type	Date Opened	Account Number	Balance
Total. Enter this amount on line 2, Section 4 (Asset and Liability Analysis) of this application . . .					

Vehicles: Attach additional pages if needed.

Year, Make, Model, License Number	Lender/Pink Slip Holder	Current Market Value	Current Payoff	Available Equity
Total. Enter this amount on line 3, Section 4 (Asset and Liability Analysis) of this application . . .				

Section 3 – General Financial Information (continued)

Life insurance. Attach additional pages if needed.

Name of Insurance	Agent's Name and Phone Number	Policy Number	Type	Face Amount	Loan/Cash Surrender Value
Total. Enter this amount on line 4, Section 4 (Asset and Liability Analysis) of this application . . .					

Securities. (Stocks, bonds, mutual funds, money market funds, etc.) Attach additional pages if needed.

Type	Where Located	Owner of Record	Quantity or Denomination	Current Value
Total. Enter this amount on line 5, Section 4 (Asset and Liability Analysis) of this application . .				

Safe deposit boxes rented or accessed locations, box numbers, and contents. Attach additional pages if needed.

Name of Institution	Address	Box Identification	
Total. Enter this amount on line 6, Section 4 (Asset and Liability Analysis) of this application . .			

Real property. Attach additional pages if needed.

A) Physical address and description: (Single family dwelling, multi-family dwelling, lot, etc.)	Mortgage lender's name and address:
	How is title held: _____
	Purchase Price: _____
Parcel Number:	Purchase Date: _____
B) Physical address and description: (Single family dwelling, multi-family dwelling, lot, etc.)	Mortgage lender's name and address:
	How is title held: _____
	Purchase Price: _____
Parcel Number:	Purchase Date: _____

Section 3 – General Financial Information (continued)

C) Physical address and description: (Single family dwelling, multi-family dwelling, lot, etc.) Parcel Number: _____	Mortgage lender's name and address: How is title held: _____ Purchase Price: _____ Purchase Date: _____
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Charge cards and lines of credit. Attach additional pages if needed.

Type of Account	Name and Address of Creditor Grantor	Minimum Monthly Payment	Credit Limit	Credit Availability	Amount Owed
Total Payments. Enter total of payments on line 61, Section 5 of this application.			Total Owed. Enter total owed on line 22, Section 4 of this application. ...		

Provide the following information relating to you and your spouse/RDP's financial condition. If you check "Yes", provide dates, explanation, and documentation.

Court proceedings	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Repossessions	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Anticipated increase in income	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Bankruptcies/receiverships	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Recent transfer of assets	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Beneficiary to trust, estate, profit sharing, etc. .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Last California income tax return filed	Year	_____	_____
Total exemptions you claim from return:	_____	_____	_____
Adjusted gross income from return:	_____	_____	_____

List any vehicles, equipment, or property sold, given away, or repossessed during the past five years.

Description (Year, make, model of vehicle, or property address)	Who Took Possession	Value

Section 4 – Asset and Liability Analysis

Immediate assets

1. Cash. _____
 2. Bank accounts/balance (from Section 3) _____
 3. Vehicles/available equity (from Section 3) _____
 4. Loan/cash surrender value of life insurance (from Section 3) _____
 5. Securities (from Section 3). _____
 6. Safe deposit box value of contents (from Section 3) _____
- Total Immediate Assets** _____

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 _____
 11. Accounts receivable. _____
 12. Judgements/settlements receivable. _____
 13. Aircraft, watercraft _____
 14. Interest in trusts, e.g., trustee, trustor, beneficiary, etc. _____
 15. Interest in estates. _____
 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) _____

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** _____

Section 5 – Monthly Household Income and Expense Analysis

Income	Gross	Net	FTB use only
28. Wages/salaries (taxpayer)	_____	_____	_____
29. Pension (taxpayer)	_____	_____	_____
30. Overtime/bonuses/commissions (taxpayer)	_____	_____	_____
31. Wages/salaries (spouse/RDP)	_____	_____	_____
32. Pension (spouse/RDP)	_____	_____	_____
33. Overtime/bonuses/commissions (spouse/RDP)	_____	_____	_____
34. Business income	_____	_____	_____
35. Rental income	_____	_____	_____
36. Interest/dividends/royalties (average monthly)	_____	_____	_____
37. Payments from trust/partnerships/entities	_____	_____	_____
38. Child support	_____	_____	_____
39. Alimony	_____	_____	_____
40. Unemployment	_____	_____	_____
41. Disability	_____	_____	_____
42. Social Security	_____	_____	_____
43. Other household income	_____	_____	_____
Total Monthly Net Income			_____

Expenses	Amount	FTB use only
44. Rent/mortgage	_____	_____
45. Real estate taxes	_____	_____
46. Home insurance () Association fees ()	_____	_____
47. Groceries, number of people ()	_____	_____
48. Utilities	_____	_____
49. Electric () & Phone ()	_____	_____
50. Gas () & Water ()	_____	_____
51. Trash () & Sewer ()	_____	_____
52. Auto payments	_____	_____
53. Auto insurance	_____	_____
54. Gasoline, number of miles to work ()	_____	_____
55. Life/health insurance (if not deducted from paycheck)	_____	_____
56. Medical payments (not covered by insurance)	_____	_____
57. Estimated tax payments (if not deducted from paycheck)	_____	_____
58. Court-ordered payments (alimony, child support, restitution)	_____	_____
59. Garnishments (if not deducted from your paycheck)	_____	_____
60. Delinquent tax (taxes not owed to FTB)	_____	_____
61. Credit card payments	_____	_____
62. Other expenses _____	_____	_____
63. Other expenses _____	_____	_____
Total Monthly Expenses		_____
64. Difference Between Net Income and Expenses	_____	_____

Section 6 – Three-Year Income Summary

Gross Household Income

Source	Year: ()	Year: ()	Current Year to Date
Wages/salaries (taxpayer)	_____	_____	_____
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 _____	_____	_____	_____
Other income _____	_____	_____	_____
Other income _____	_____	_____	_____
Other income _____	_____	_____	_____
Totals	_____	_____	_____

Section 7 – Basis for the Offer

The following facts and reasons are submitted as grounds for acceptance of this offer. Attach additional pages if needed.

Section 8 – Source of Funds

If any or all of the amount being offered is from a loan, please provide the following information:

Lender's name	Total amount of the loan _____
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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
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If this OIC is denied, FTB is to:

- Retain any offer funds and credit it to the current tax liability.
- Return the offer funds.

Section 9 – Offer Amount

Amount Owed to FTB: _____ Tax Years: _____

The lump sum of: _____ is offered in compromise. An FTB representative will instruct you when to mail the offer amount. **Do not send any funds now.**

Section 10 – Statement of Agreement

I understand that FTB considers the offer and acts upon it timely. It does not relieve me of the liability FTB seeks to be compromised until FTB accepts the offer and I fully comply with all agreements.

Except for any amount I deposit in connection with this offer, I agree that FTB retain all payments and credits made to the account for the periods this offer covers.

I also agree that upon notice of the acceptance of the offer, I shall have no right to contest in court or otherwise the amount of the liability sought to be compromised. No liability will be compromised until I and or any jointly liable party completely perform all obligations under the compromise agreement or collateral agreement.

Pursuant to Revenue and Taxation Code Section 19443, the terms and conditions for acceptance of my offer include, but are not limited to, requirements that I file returns and pay all tax liabilities in a timely manner in the future. Failure to comply with these requirements may result in rescission of my OIC. In the event of a default by me on the approved offer, I agree that FTB may disregard the amount of the offer and retain all amounts previously deposited under the offer and proceed to collect the balance of the original liability, including accrued interest, fees, and penalties.

Additionally, I authorize the FTB to obtain my consumer credit report and to investigate and verify the information I provided on this application.

Under penalty of perjury, I declare that I have examined the information given in this statement and all other documents included with this offer and, to the best of my knowledge and belief, they are true, correct, and complete.

Your signature	Date	Spouse's or RDP's signature	Date
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