

APPLICATION FOR AGREEMENT TO COMPROMISE

Complete all entry spaces with the most current data available.

Important! Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries. Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

I hereby petition the Office of Unemployment Compensation Tax Services, Department of Labor & Industry, to compromise:

- Contributions (**IMPORTANT: Contributions cannot be compromised unless the employer is adjudged bankrupt or is in receivership or is a decedent for whom an executor or administrator has been appointed.**)
- Interest and Penalty

Basis for application to compromise:

- INEQUITY (COMPLETE SECTION 1, SIGN SECTION 10 AND ATTACH A COMPLETE STATEMENT (LETTER) CONTAINING SPECIFIC REASONS WHY UCTS SHOULD GRANT THIS COMPROMISE.)
- INABILITY TO PAY (COMPLETE SECTIONS 1 THROUGH 9, SIGN SECTION 10 AND ATTACH A COMPLETE STATEMENT (LETTER) CONTAINING SPECIFIC REASONS WHY UCTS SHOULD GRANT THIS COMPROMISE.)

EMPLOYER'S NAME _____ ADDRESS _____

EMPLOYER'S PA UC ACCOUNT NUMBER _____

FORM OF ORGANIZATION: CORP PARTNERSHIP INDIVIDUAL LLC LLP OTHER _____

LIST NAMES, ADDRESSES, AND OFFICIAL CAPACITIES OF ALL OWNERSHIP, AND THE APPROXIMATE SHARES OR INTEREST HELD BY EACH. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME AND TITLE	ADDRESS	SHARES OR INTEREST
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 1

Personal Information

1. Full name(s) _____

 Street address _____
 City _____ State _____ ZIP _____ County of residence _____
 How long at this address? _____
2. Home telephone (_____) _____ Best time to call: _____ a.m. _____ p.m.
3. Your Social Security No. (SSN) _____ - _____ - _____
4. Own home Rent Other (specify, i.e. share rent, live with relative) _____

Section 2

Your Business Information

5. Are you self-employed or operate a business?
 No Yes If yes, provide the following information:
- 5a. Name of business _____ 5c. Federal Employer Identification No., if available: _____
- 5b. Street address _____ 5d. Do you have employees? No Yes
 City _____ State _____ ZIP _____ 5e. Do you have account/notes receivable? No Yes
 If yes, please complete Section 8 on page 5.

ADD ADDITIONAL SHEETS FOR EACH PARTNER, OFFICER, CO-OWNER

ATTACHMENTS REQUIRED: Please include proof of self-employment income for the **prior 2 calendar years and immediate 3 months prior to the application** (e.g., invoices, commissions, sales records, income statement).

**Section 3
Employment
Information**

6. Your employer _____ **6a.** How long with this employer? _____
 Street address _____ **6b.** Occupation _____
 City _____ State _____ ZIP _____
 Work telephone no. (____) _____

May we contact you at work? No Yes

ADD ADDITIONAL SHEETS FOR EACH PARTNER, OFFICER, CO-OWNER

ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the **prior 2 calendar years and immediate 3 months prior to the application** from each employer (e.g., pay stubs, earnings statements).

**Section 4
Other Income
Information**

7. Do you receive income from sources other than your own business or your employer? (Check all that apply.)
 Pension Social Security Other (specify, i.e. child support, alimony, rental) _____

ATTACHMENTS REQUIRED: Please provide proof of pension/social security/other income for the **prior 2 calendar years and immediate 3 months prior to the application** from each payor, including any statements showing deductions.

Section 5

8. CHECKING ACCOUNTS. List all checking accounts. (If you need additional space, attach a separate sheet.)

**Banking,
Investment,
Cash, Credit,
and Life
Insurance
Information**

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
8a. Checking	Name Street address City/State/ZIP			\$
8b. Checking	Name Street address City/State/ZIP			\$
8c. Total Checking Account Balance				\$

Complete all entry spaces with the most current data available.

9. OTHER ACCOUNTS. List all accounts, including brokerage, savings, and money market, not listed on line 8.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
9a.	Name Street address City/State/ZIP			\$
9b.	Name Street address City/State/ZIP			\$
9c. Total Other Account Balances				\$

ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

Current Value:

Indicate the amount you could sell the asset for today.

10. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits, and retirement assets such as IRAs, Keogh, and 401(k) plans. (If you need additional space, attach a separate sheet.)

Name of Company	Number of Shares/Units	Current Value	Loan Amount	Used as collateral on loan?
10a.		\$	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
10b.				<input type="checkbox"/> No <input type="checkbox"/> Yes
10c.				<input type="checkbox"/> No <input type="checkbox"/> Yes
10d. Total Investments				\$

11. CASH ON HAND. Include any money that you have that is not in the bank.

11a. Total Cash on Hand \$

Section 5
Continued

12. CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
12a. Name Street address City/State/ZIP			\$
12b. Name Street address City/State/ZIP			
12c. Total Credit Available			\$

13. LIFE INSURANCE. Do you have life insurance with a cash value? (Term life insurance does not have a cash value.)

No Yes If yes:

13a. Name of insurance company _____

13b. Policy number(s) _____

13c. Owner of policy _____

13d. Current cash value \$ _____ 13e. Outstanding loan balance \$ _____

13f. Subtract "Outstanding Loan Balance" line 13e from "Current Cash Value" line 13d **\$**

ATTACHMENTS REQUIRED: Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

Section 6

14. OTHER INFORMATION. Respond to the following questions related to your financial condition: (Attach sheet if you need more space.)

14a. Are there any garnishments against your wages? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgment _____ Amount of debt \$ _____

14b. Are there any judgments against you? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgment _____ Amount of debt \$ _____

14c. Are you a party in a lawsuit? No Yes If yes, amount of suit \$ _____
Possible completion date _____ Subject matter of suit _____

14d. Did you ever file bankruptcy? No Yes
If yes, date filed _____ Date discharged _____ Petition Number _____

14e. Do you anticipate any increase in household income in the next two years? No Yes
If yes, why will the income increase? _____ (Attach sheet if you need more space.)
How much will it increase? \$ _____

14f. Are you a beneficiary of a trust or an estate? No Yes
If yes, name of the trust or estate _____ Anticipated amount to be received \$ _____
When will the amount be received? _____

14g. Are you a participant in a profit sharing plan? No Yes
If yes, name of plan _____ Value in plan \$ _____

Section 7

15. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RVs, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Assets and Liabilities

Current Value

Indicate the amount you could sell the asset for today.

Description (Year, Make/Model, Mileage)	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
15a. Year _____ Make/model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
15b. Year _____ Make/model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
15c. Year _____ Make/model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

Section 7
Continued

16. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RVs motorcycles, trailers, etc.
(If you need additional space, attach a separate sheet.)

Description (Year, Make, Model)	Lease Balance	Names and Address of Lessor	Lease Date	Amount of Monthly Payment
16a. Year _____ Make/model _____	\$ _____	_____	_____	\$ _____
16b. Year _____ Make/model _____	\$ _____	_____	_____	\$ _____

ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

17. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

Current Value

Indicate the amount you could sell the asset for today.

Date of Final Payment:

Enter the date the loan or lease will be fully paid.

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	Date of Final Payment
17a. _____ Name on deed _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
17b. _____ Name on deed _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____

ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

18. PERSONAL ASSETS. List all personal assets below. (If you need additional space, attach separate sheet.)

Furniture/personal effects includes the total current market value of your household such as furniture and appliances.
Other personal assets includes all artwork, jewelry, collections (coin/gun, etc.), antiques or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	Date of Final Payment
18a. Furniture/personal effects Other: (List below)	\$ _____	\$ _____	_____	\$ _____	_____
18b. Artwork	\$ _____	\$ _____	_____	\$ _____	_____
18c. Jewelry	\$ _____	\$ _____	_____	\$ _____	_____
18d. _____	\$ _____	\$ _____	_____	\$ _____	_____
18e. _____	\$ _____	\$ _____	_____	\$ _____	_____

19. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) *Tools used in trade or business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other business assets* includes any other machinery, equipment, inventory or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	Date of Final Payment
19a. Tools in trade/business Other: (List below)	\$ _____	\$ _____	_____	\$ _____	_____
19b. Machinery	\$ _____	\$ _____	_____	\$ _____	_____
19c. Equipment	\$ _____	\$ _____	_____	\$ _____	_____
19d. _____	\$ _____	\$ _____	_____	\$ _____	_____
19e. _____	\$ _____	\$ _____	_____	\$ _____	_____

Section 8

Accounts/ Notes Receivable

20. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

Use only if needed.

Description	Amount Due	Date Due	Age of Account
20a. Name _____ Street address _____ City/State/ZIP _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
20b. Name _____ Street address _____ City/State/ZIP _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
20c. Total Amount Due (Add lines 20a and 20b)	\$ _____		

Section 9

Monthly Income and Expense Analysis

Source	Total Income	Gross Monthly	Expense Items	Total Living Expenses	Actual Monthly
21. Wages (yourself) ¹		\$ _____	30. Food, clothing and misc. ⁴		\$ _____
22. Interest – dividends		_____	31. Housing and utilities ⁵		_____
23. Net income from business ²		_____	32. Transportation ⁶		_____
24. Net rental income ³		_____	33. Health care		_____
25. Pension/Social Security		_____	34. Taxes (income and FICA)		_____
26. Child support		_____	35. Court ordered payments		_____
27. Alimony		_____	36. Child/dependent care		_____
28. Other		_____	37. Life insurance		_____
			38. Other secured debt		_____
			39. Other expenses		_____
29. Total Income		\$ _____	40. Total Living Expenses		\$ _____

¹ **Wages, salaries, pensions, and social security:** Enter your gross monthly wages and/or salaries. Do not deduct withholding or allotments you elect to take out of your pay, such as insurance payments, credit union deductions, car payments etc. To calculate your gross monthly wages and/or salaries:

If paid weekly – multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33

If paid bi-weekly (every 2 weeks) – multiply bi-weekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

If paid semi-monthly (twice each month) – multiply semi-monthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

² **Net Income from Business:** Enter your monthly net business income. This is the amount you earn after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly net profit from your Form 1040 Schedule C. If it is more or less than the previous year, you should attach an explanation. If your net business income is a loss, enter "0". Do not enter a negative number.

³ **Net Rental Income:** Enter your monthly net rental income. This is the amount you earn after you pay ordinary and necessary monthly rental expenses. If your net rental income is a loss, enter "0". Do not enter a negative number.

⁴ **Food, Clothing and Misc.:** Total of clothing, food, housekeeping supplies and personal care products for one month.

⁵ **Housing and Utilities:** For your principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owners or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.

⁶ **Transportation:** Total of lease or purchase payments, vehicle insurance, registration fees, normal maintenance, fuel, public transportation, parking and tolls for one month.

Section 9
Continued

ATTACHMENTS REQUIRED: Please include:

- A copy of your last two (2) years federal income tax returns with all Schedules.
- Proof of all current expenses that you paid for the past 12 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g., car payments, lease payments, fuel, oil, insurance, parking, registration).
- Proof of payments for health care, including health insurance premiums, co-payments, and other out-of-pocket expenses, for the past 12 months.
- Copies of any court order requiring payment and proof of such payments (e.g., cancelled check, money orders earning statements showing such deductions) for the past 12 months.

Section 10

CAUTION: *Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.*

Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete.

Your signature

Date

Please make a copy of this completed form for your records and return the original in the enclosed envelope, if available, or send it to the FAS office nearest you. Please refer to the department web site at www.state.pa.us, PA Keyword: labor and industry, click on the state map to indicate your local area, select the county, and scroll down to "UC Employer Tax Services."