Utah State Tax Commission 210 N 1950 W • Salt Lake City, UT 84134 • www.tax.utah.gov

Offer Request

TC-410

Rev. 4/11

Α.	Taxp	aver	Infor	mation
----	------	------	-------	--------

Taxpayer's name	xpayer's name Social security number		Name of personal represen	tative / power o	f attorney		
Spouse's name	Social	security number	Address				
Business/corporation name	e EIN		City			State	ZIP Code
Physical address			Telephone		Fax		
City	State	ZIP Code	Email				
Mailing address							
City	State	ZIP Code					
Taxpayer's email							

B. Offer

I submit this Offer Request for the tax liabilities of the tax types and periods (plus any interest, penalties, additions to tax, and additional amounts) listed below:

Тах Туре	Account Number	Filing Period	
☐ Individual income tax			
☐ Corporate/partnership income tax			
☐ Sales tax			
☐ Withholding tax			
☐ Non-payment penalty assessment			
☐ Other state tax:			
offer to pay \$			
will get funds to pay this offer from the following	source(s):		

C. Reason for Submitting Offer Request

I submit this Offer Request for the reason(s) listed below: (Note: If you believe you have special circumstances affecting your ability to fully pay the amount due, explain your situation. Attach additional sheets if necessary.) D. Signatures I agree to comply with all the terms and conditions of this Offer Request form. Under penalty of falsification, I declare that, to the best of my knowledge, all the information in this Request and any attached documentation is true and complete. Taxpayer signature Daytime phone number Date (mm/dd/yyyy) Taxpayer signature Daytime phone number Date (mm/dd/yyyy)

Offer Request: Information and Document Check List

	Other collection methods have been attempted to resolve this liability and were unsuccessful	Currently open and operating businesses submitting an Offer Request for the business (Sole Proprietorship, Corporation, Partnership, LLC etc) should include:			
	Power of Attorney or Personal Representative State Form TC-737 for any personal representative	Documents			
	Signed Offer Request form and/or letter requesting an Offer in Compromise Agreement that includes:	☐ Complete copies of the filed federal business income tax return for the three (3) filing periods prior to the date of the Offer Request (All tax schedules and worksheets)			
	☐ Total amount of the offer payment	☐ Utah State Tax Commission Business Financial Statement			
	☐ How the payment will be made	(Form TC-803) with justification statements for all income and/c expenses			
	☐ Lump Sum 30 days from the date of the Offer in Compromise Notice of Approval	☐ Copies of the Business Annual Financial Statements (Balance Sheets and Income Statements) for the previous two (2) annual			
	Other payment arrangement (120 days or less) with	accounting periods			
	explanation Source of the offer payment	☐ Business Bank Statement(s) from each financial institution user for the previous two (2) months prior to the date of the Offer Request			
	All offer requests funded by financing or refinancing real property have included:	☐ Loan application(s) and denial(s) submitted in the business name within the previous six (6) months prior to the date of the			
	☐ Sales Agreement	Offer Request			
	☐ Property Appraisal	Closed Business or Corporation is submitted requesting the			
	☐ Title Report	offer should include:			
	☐ Proposed Loan Settlement Statement (HUD 1), if applicable	Documents			
	☐ Final Loan Settlement Statement (HUD 1)	☐ Verification of the closing date of the business			
		☐ Description and disposition of all the business assets			
bu	dividual taxpayer and/or Individual taxpayer with a closed isiness (e.g. Sole Proprietorship, General Partnership, on-Payment Penalty assessed Individual(s))	☐ Sales agreement(s) regarding the sale of the business			
Do	ocuments				
	Federal Income tax returns for the three (3) filing periods prior to the date of the Offer Request (Include all W-2's, tax schedules and worksheets)	If you need an accommodation under the Americans with			
	Utah State Tax Commission Individual Financial Statement (Form TC-805) with justification statements for all income and/or expenses	Disabilities Act, contact the Tax Commission at 801-297-3811 o TDD 801-297-2020. Please allow three working days for a response.			
	Income verification for the previous two (2) months prior to the date of the Offer Request (e.g. pay statements, IRS 1099 forms, Social Security Benefit Statement SAA-1099s, etc.)				
	Bank Statement(s) from each financial institution used for the previous two (2) months prior to the date of the Offer Request				
	Loan application(s) and denial(s) submitted within the previous six (6) months prior to the date of the Offer Request				
	Medical documentation for claims of disabilities or medical conditions limiting abilities and/or employment (e.g. Annual Social Security Disability Statement; Signed statement from a Doctor or Medical Clinic verifying your condition(s) etc.)				