A-213 (OIC)

Offer in Compromise for Business

In the following form, the pronoun "you" is used to refer to the business who has tax debt at the Wisconsin Department of Revenue.

Use this form if your business is a:

Business Trust

Cooperative

- Corporation
- Common Law Trust
- General Partnership
- Limited Liability Company (LLC)
- Limited Liability Partnership
- · Unincorporated Association
- · Limited Partnership
- · Statutory Trust

If your business is a sole proprietor or a disregarded single member LLC taxed as a sole proprietor (filing Schedule C, D, E, F, etc.), complete Form A-212 (OIC) Offer In Compromise for Wage Earners and Self-Employed Individuals.

Failure to resolve this debt is due to the following cause(s):
I have filed all required tax returns.
Is this business still active? Yes No (If not, when did it cease operations?) Date:

Part 1: Financial Statement

Note: Include attachments if additional space is needed to respond to any question.

Section 1 Bu	siness Information	
Business Name	Employer Identification Number	
Business Location Address (street, city, state, zip code)	DBA or "Trade Name"	
	Description of Business	
Mailing Address (if different from above or Post Office Box number)	Primary Phone () -	Secondary Phone () -
	Business Website Address	
	Fax Number () -	

Provide information about all members, partners, officers, directors, trustees, shareholders (or stockholders) or managers associated with the business. Include attachments if additional space is needed.

Last Name	First Name	-	Title
Percent of Ownership & Annual Salary	Social Security Number	Home Address (Str	reet, City, State, Zip Code)
Primary Phone	Secondary Phone		
() -	() -		
Last Name	First Name	-	Title
Percent of Ownership & Annual Salary	Social Security Number	Home Address (Str	reet, City, State, Zip Code)
Primary Phone	Secondary Phone		
() -	() -		

Section 2

Business Asset Information

Gather the most current statement from banks, lenders on loans, mortgages (including second mortgages), monthly payments, loan balances, and accountant's depreciation schedules, if applicable. Also, include make/model/year/mileage of vehicles and current value of business assets. To estimate the current value, you may consult resources like Kelley Blue Book (www.kbb.com), NADA (www.nada.com), local real estate postings for properties similar to yours, and any other websites or publications that show what business assets would be worth if you were to sell them. Enter the total amounts available below. Attach additional pages if necessary.

Cash and Investments

Use the most current statement for each type of account, such as checking, savings, money market and online accounts, stored value cards (such as a payroll card from an employer), and investments.

REQUIRED VERIFICATION

Attach complete copies of bank and investment account statements for the six most recent months. Also, include copies of the Corporate Resolution, if applicable.

Bank and Investment Account Information

R	cound to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, ϵ	enter	"0" on that line.
1a	☐ Cash ☐ Checking ☐ Savings ☐ Money Market/CD ☐ Online Account ☐ Stored Value C	Card	Balance
	Bank Name Account Number	1a	\$
1b	☐ Cash ☐ Checking ☐ Savings ☐ Money Market/CD ☐ Online Account ☐ Stored Value C	Card	
	Bank Name Account Number	1b	\$
1c	☐ Cash ☐ Checking ☐ Savings ☐ Money Market/CD ☐ Online Account ☐ Stored Value C	Card	
	Bank Name Account Number	1c	\$
1d	Total amount from bank accounts as shown on attachments =	1d	\$
1	Total (Add lines 1a through 1d) =	1	\$
2a	Investment Account: Stocks Bonds Other:		
	Name of Financial Institution Account Number		
	Current Market Value \$ Minus Loan Balance \$	= 2a	\$
2b	Investment Account: Stocks Bonds Other:		
	Name of Financial Institution Account Number		
	Current Market Value \$ Minus Loan Balance \$	= 2b	\$
2c	Investment Account: Stocks Bonds Other:		
	Name of Financial Institution Account Number		
	Current Market Value \$ Minus Loan Balance \$	= 2c	\$
2d	Total value of items listed as shown on attachments (current market value minus loan balance(s))	2d	\$
2	Total (Add lines 2a through 2d) =	2	\$

Accounts and/or Notes Receivable

Do you have accounts and/or notes receivable, including e-payment, factoring companies, and any bartering or online auction accounts?

Yes No

If yes, attach a current listing that includes name(s) and amount of accounts receivable.

Real Estate

Enter information about any building, commercial property, vacant land, etc., that the business owns or is buying.

REQUIRED VERIFICATION: Attach copies of a recent appraisal or property tax bill to verify the fair market value for each property owned.

Proper	ty Address (Street Address, City, State, Zip	Code)	Description of Property		
			Date Purchased		
County	and Country		Name of Creditor	Date of Final Payment	
3a	Current Market Value	Minus Loan Balance -\$	(Total Value of Real Estate) =	3a	\$
Proper	ty Address (Street Address, City, State, Zip	Code)	Description of Property		
			Date Purchased		
County	and Country		Name of Creditor	Date of Final Payment	
3b	Current Market Value \$	Minus Loan Balance -\$	(Net Value of Real Estate) =	3b	\$
3c T	otal value of property(s) as shown	on attachments (curre	nt market value minus loan bal	ances(s)) = 3c	\$
3 T	otal (add lines 3a through 3c) =			3	\$

Vehicles

Enter information about any cars, trucks, boats, motorcycles, trailers, campers, ATV's, snowmobiles, etc., that you own, are buying, or lease.

REQUIRED VERIFICATION: Attach copies of a recent appraisal or other documentation to verify the fair market value for each vehicle owned or leased.

Year	Vehicle Make & Model	Date Purchased	Mileage or Use Hours	
Lease	Name of Creditor	Date of Final Payment	Monthly Lease/Loan Amount	
Loan			\$	
	Current Market Value Minus Loan Balance	Net Value of Vehicle (If	the vehicle	
4a	\$ -\$	is leased, enter 0 as the	total value) = 4a	\$
Year	Vehicle Make & Model	Date Purchased	Mileage or Use Hours	
Lease	Name of Creditor	Date of Final Payment	Monthly Lease/Loan Amount	
Loan			\$	
	Current Market Value Minus Loan Balance	Net Value of Vehicle (I	f the vehicle	
4b	\$ -\$	is leased, enter 0 as th	ne total value) = 4b	\$
4c Total	value of vehicle(s) as shown on attachments (current marke	et value minus loan b	alances(s)) = 4c	\$
4 Total	(add lines 4a through 4c) =		4	\$

Section 2

Other Business Equipment

Enter information about any other business equipment that you own/lease/rent such as, livestock, animals, tools, books, machinery, and equipment.

REQUIRED VERIFICATION: Attach copies of a recent appraisal or other documentation to verify the fair market value for items owned or leased.

Type of	Equipment		Date Purchased	Purchase Price	
				\$	
	Current Market Value	Minus Loan Balance	Net Value of Item (If the	e item is	
5a	\$	- \$	leased, enter 0 as the t	otal value) = 5a	\$
Type of	Equipment		Date Purchased	Purchase Price	
				\$	
	Current Market Value	Minus Loan Balance	Net Value of Item (If the	e item is	
5b	\$	-\$	leased, enter 0 as the t	otal value) = 5b	\$
5c To	tal value of other business eq	uipment as shown on attachments (c	urrent market value minus	loan balances(s)) = 5c	\$
5 To	tal (add lines 5a through	5c) =		5	\$

Section 3 Business Income and Expense Information

Attach a current 36-month profit and loss (P & L) statement and move to Section 4. If you are unable to provide this statement, complete Section 3 in full.

REQUIRED VERIFICATION: Copies of the most recent statement for each expense claimed, and outstanding loan/mortgage/credit card balances. Copies of all lease agreements where you are lessee or lessor.

Business Income: Enter the average gross monthly income of your business. To determine your gross monthly income use the most recent 6-12 months documentation of commissions, invoices, gross receipts from sales/services, earnings statements, point of sale transactions, etc., from every source of income. **Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.**

6	Gross receipts	6	\$
7	Gross rental income	7	\$
8	Interest income	8	\$
9	Dividends	9	\$
10	Other income (specify on attachment)	0	\$
11	Total Business Income (add lines 6 through 10) =	1	\$

Business Expenses: Enter the average gross monthly expenses for your business using your most recent 6-12 months statements, bills, receipts, or other documents showing monthly recurring expenses.

12	Materials purchased (e.g., items directly related to the production of a product or service)	12	\$
13	Inventory purchased (e.g., goods bought for resale)	13	\$
14	Gross wages and salaries	14	\$
15	Rent	15	\$
16	Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	16	\$
17	Utilities/telephones	17	\$
18	Vehicle costs (gas, oil, repairs, maintenance)	18	\$
19	Insurance	19	\$
20	Current business taxes (e.g. Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	20	\$
21	Secured debts (not credit cards)	21	\$
22	Other business expenses (include a list)	22	\$
23	Total Business Expenses (add lines 12 through 22) =	23	\$

Section 4

Other Information

Additional information needed to consider settlement of your tax debt.

Attach additional pages as needed.

1. If this business is currently in a bankruptcy proceeding, the business is not eligible to apply for an offer.		
a. Is this business the beneficiary of any life insurance policy or any other source?		□ No
b. Is this business currently in bankruptcy?		∐ No
c. Has this business ever filed bankruptcy?	□ res	∐ No
Date Filed Location Filed		
Discharge/Dismissal Date Petition Number		
2. We may require decomposition of the complaint orders or judgements		
2. We may require documentation of the complaint, orders, or judgements.		
a. Is this business currently, or has this business been a party to a lawsuit in the last five years?	∐ Yes	∐ No
If yes, please provide details for each lawsuit, including county, case number, short description, your role (plaintiff, defendant), amount sued for, and date the lawsuit was resolved, and if not resolved, the status of the lawsuit:		
3. Provide either the federal form 709 or documentation of sale, transfer, exchange or gift.		
a. In the past four years, has this business transferred any assets valued at \$1,000 or more for less than		
their full market value by sale, transfer, exchange, gift or in any other manner?	∐ Yes	∐ No
If yes, list: Type of asset Date the asset was transferred		
4. Duavida da cumantation of cala turnofan ayahanna ayaift		
4. Provide documentation of sale, transfer, exchange or gift.		
a. In the past four years, has this business transferred any real property (land, house, etc.)?	∐ Yes	∐ No
If yes, list: Type of property Date of transfer (mm/dd/yyyy)		
5. Provide a listing of which parties owe money and how much is owed by each.		
	☐ Yes	□No
a. Do any related parties (e.g., partners, officers, employees) owe money to the business?	☐ Yes	□No
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a. Do any related parties (e.g., partners, officers, employees) owe money to the business? If yes, total amount due to business \$ 6. Provide documentation for line 6a only. a. Does the business have any funds being held in trust by a third party? If yes, how much \$ Where b. Does the business have any locations outside of Wisconsin?	☐ Yes	☐ No
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Part 2: Offer in Compromise

I/we submit this application to compromise the tax liabilities plus any costs, interest, penalties, and fees required by law for the tax type(s) and period(s) marked in Section 1 below.

Section 1	Liability Information
Tax Periods: Check each tax type included in y	our offer and list periods in right hand column. Attach additional page if needed.
Тах Туре	Tax Periods
Corporate or Partnership Income Tax	
Sales and Use Tax	
Withholding Tax	
Premier Resort Area Tax	
Local Exposition Area Tax	
Rental Vehicle Tax Fee	
Other (list):	
Other (list):	
Successor Liability (list company name):	
Additional page attached	
Section 2	Offer and Payment Terms
Total Amount Offered (cannot be left blank)	· · · · · · · · · · · · · · · · · · ·
Payment Terms: Check one of the payment op	tions below to indicate how you will pay your offer if accepted.
Check here if you will submit full payment within 10 days from the date of acceptance	of the amount offered in guaranteed funds (cash, cashier's check, or money order) ce.
	payments. Installment payments must be made by electronic funds transfer (EFT) ve in full in no more than 24 months. The first payment will be due no later than 30
Proposed Payment Amount: \$	Proposed Frequency: Monthly Weekly Bi-Weekly
Preferred due date: Enter day of the	e month (1-28) payment should be due. Date cannot be the 29 th - 31 st days of the month.
Section 3 Source of Funds, Filing	g Requirements, and Tax Payment Requirements
Source of Funds : Tell us where you will obtain out a loan, or selling assets. Documentation may	funds to pay your offer. You may consider borrowing from friends or family, taking y be required.
T	4.3
Tax Payment Requirements (check all that app	
I am not required to make any estimated in	

Section 4 Offer Terms

By submitting this offer, I have read, understand, and agree to the following terms and conditions:

Terms and Conditions

This offer in compromise will apply only to tax liability including costs, interest, penalties, and fees assessed as of the date my offer is accepted.

I am liable for the full amount of tax, cost, interest, penalty and fees, until the offer is accepted in writing, the offer is paid in full, and I have met all the terms and conditions of the offer. No adjustment to the balance due will be made and penalty and interest will continue to accrue until all the terms of the offer have been met.

If I file for bankruptcy before the terms and conditions of the offer are met, I agree that the department may file a claim for the full amount of the tax liability, accrued penalties and interest, and that any claim filed in the bankruptcy proceeding will be a tax claim.

The department reserves the right to reopen the compromise and order full payment if within three years from the date this offer is accepted, the Department discovers I have sufficient income or property to pay the remainder of the tax, cost, interest, penalty and fees in full.

If the department determines that a compromise order was granted based on an application that was untrue, incorrect, or incomplete, the order will be null and void.

If I fail to meet any of the terms of an accepted offer, the offer will be withdrawn, and the department will pursue collection of the full amount due.

Filing and Payments of Tax Returns

I must file and pay in full any required tax returns or assessments that become due during consideration of this application.

Collection Actions

Collection actions initiated prior to receipt of this Offer in Compromise will not be withdrawn until the offer is accepted in writing, the offer is paid in full, and I have met all the terms and conditions of the offer.

The department will offset any overpayment, including interest, during consideration of this application.

Tax Warrants

The department may file a tax warrant while considering my offer.

If my offer is accepted, the department may file a tax warrant if I require more than 30 days to meet the requirements of the compromise agreement.

The department will satisfy outstanding tax warrants within 45 days of full satisfaction of all requirements of the compromise agreement.

Internet Posting

Within five days of receipt of an Offer in Compromise, the debtor's name will be removed from the Delinquent Taxpayers Internet Posting. If the offer is rejected, or I fail to meet all terms and conditions of the offer, my liability may be reposted.

Section 5 Signatures

In accordance with sec. 71.92(3), 73.13 and 77.62(5) of the Wis. Stats., this petition is submitted by the undersigned who declares under penalties of perjury that this petition, including accompanying schedules and statements, is true, correct, and complete to the best of my knowledge and belief.

Signature of Authorized Officer	Authorized Officer Phone Number		Date (mm/dd/yyyy)
	() -		
Authorized Officer Name	Title of Officer		
Business Name	Business Phone Number		Date (mm/dd/yyyy)
	() -		
Section 6 Preparer U	Jse Only		
Section 6 Preparer U	Jse Only Preparer's Phone Number		Date (mm/dd/yyyy)
-			Date (mm/dd/yyyy)
-			Date (mm/dd/yyyy)
Preparer's Name	Preparer's Phone Number		Date (mm/dd/yyyy)
Preparer's Name	Preparer's Phone Number	State	Date (mm/dd/yyyy) Zip Code
Preparer's Name Firm's Name	Preparer's Phone Number	State	

Mail completed application and supporting documents to:

Wisconsin Department of Revenue PO Box 8901 Madison WI 53708-8901

For overnight delivery, mail completed application and supporting documents to:

Wisconsin Department of Revenue 2135 Rimrock Rd Madison WI 53713

Section 7

Required Attachments

The following required documents are attached to your Offer in Compromise (check each line as attached or indicate n/a):

Failure to attach required documentation may result in rejection of your Offer in Compromise.

Verific	cation of Income
	_ Current profit and loss (P & L) statement if not entered in Section 3
Verific	cation of Assets
	Complete copies of bank statements for the six most recent months
	Copies of the most recent statement of each investment account
-	List of accounts/notes receivable
	Copies of a recent appraisal or property tax bill to verify the fair market value for each property owned
	Copies of a recent appraisal to verify the fair market value for each vehicle owned
	Copies of recent appraisal or other verification of the value of other business equipment
	Copies of current rental agreements where this business is the lessor or lessee
Verific	cation of Expenses
	Complete copies of the most recent statement from lenders on loans such as mortgages, vehicles, equipment, and credit cards showing monthly payments, loan payoffs, balances and recent activity
	Copies of the most recent billing statement for each utility expense (gas, electric, phone, water, cable/internet, etc.)
	Copies of the most recent billing statements for insurance
	Complete copies of the most recent statements for other expenses claimed
	Verification of delinquent federal, other state agency, or local tax liability
Other	Documentation
	Form A-222, <i>Power of Attorney,</i> if you would like another person such as an attorney or CPA to represent you, and you do not have one on file
	Any additional information to support your request
	Documentation as described in Part 1, Section 4 regarding any lawsuit(s)