

Section 2

Employment Information for Wage Earners

Complete this section if you or your spouse are wage earners and received a Form W-2. If you or your spouse have self-employment income (you file a Schedule C, E, F, etc.) instead of, or in addition to wage income, you must also complete Business Information in Sections 4, 5, and 6. Add an attachment to list multiple employers.

Your Employer Name		Your Occupation	
Do you have ownership interest in this business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check the business interest that applies: <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Sole Proprietor		How long with this employer? (yrs.) (months)
Spouse's Employer Name		Spouse's Occupation	
Does your spouse have ownership interest in this business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check the business interest that applies: <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Sole Proprietor		How long with this employer? (yrs.) (months)

Section 3

Personal Asset Information

Include all assets owned by you and/or your spouse, if any. If additional space is needed, include attachments. 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 your assets would be worth if you were to sell them. Enter the total amounts available below. **Round to the nearest dollar. Do not enter a negative number. If any line item is a negative number, enter "0" on that line.**

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), investment and retirement accounts (IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit), life insurance policies, and safe deposit boxes. Attach a list if needed.

REQUIRED VERIFICATION

Attach complete copies of bank, investment, retirement, and life insurance policy account statements for the three most recent months. If you are self-employed, provide statements for the last six months.

Bank, Investment and Retirement Account Information

1a <input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	Balance
Bank Name _____ Account Number _____ 1a	\$
1b <input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	
Bank Name _____ Account Number _____ 1b	\$
1c Total amount from bank accounts as shown on attachments =	1c \$
1 Total (add lines 1a through 1c) =	1 \$
2a Investment Account: <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other: _____ Name of Financial Institution _____ Account Number _____ Current Market Value \$ _____ Minus Loan Balance \$ _____ = 2a	\$
2b Investment Account: <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other: _____ Name of Financial Institution _____ Account Number _____ Current Market Value \$ _____ Minus Loan Balance \$ _____ = 2b	\$
2c Total amount of investment accounts as shown on attachments (current market value minus loan balance(s)) =	\$
2 Total (add lines 2a through 2c) =	2 \$

Section 3

Personal Asset Information (Continued)

3a Retirement Account: <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Other (list): _____ Name of Financial Institution _____ Account Number _____ Current Market Value \$ _____ Minus Loan Balance \$ _____ = 3a \$	
3b Retirement Account: <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Other (list): _____ Name of Financial Institution _____ Account Number _____ Current Market Value \$ _____ Minus Loan Balance \$ _____ = 3b \$	
3c Total amount of retirement accounts as shown on attachments (current market value minus loan balance(s)) = 3c \$	
3 Total (add lines 3a through 3c) = 3 \$	
4a Life Insurance Policies Name of Insurance Company _____ Policy Number _____ Current Cash Value \$ _____ Minus Loan Balance \$ _____ = 4a \$	
4b Total cash value of life insurance policies from attachment \$ _____ Minus Loan Balance \$ _____ = 4b \$	
4 Total (add lines 4a and 4b) = 4 \$	

Real Estate

Enter information about any house, condo, co-op, vacant land, time share, cabin, etc., regardless of location, that you wholly or partially own or are buying. Attach a list if necessary.

REQUIRED VERIFICATION: Attach copies of a recent appraisal or property tax bill to verify the fair market value for each property owned. Provide any rental or lease agreements for rental properties and copies of registration, if applicable.

Property Address (Street Address, City, State, Zip Code)	Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Purchased	Monthly Payment Amount \$
County	Description of Property	
How title is held (joint tenancy, etc.)		
5a Current Market Value \$ _____	Minus Loan Balance - \$ _____	(Net Value of Real Estate) = 5a \$
Property Address (Street Address, City, State, Zip Code)	Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Purchased	Monthly Payment Amount \$
County	Description of Property	
How title is held (joint tenancy, etc.)		
5b Current Market Value \$ _____	Minus Loan Balance - \$ _____	(Net Value of Real Estate) = 5b \$
5c Total value of property(s) as shown on attachments (current market value minus loan balances(s)) = 5c	\$	
5 Total (add lines 5a through 5c) = 5	\$	

Section 3

Personal Asset Information (Continued)

Vehicles

Enter information about any cars, trucks, boats, motorcycles, trailers, campers, ATVs, snowmobiles, planes, etc., that you wholly or partially 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.

Vehicle Make & Model		Year	Date Purchased	Current Mileage	
<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Name of Creditor		Date of Final Payment	Monthly Lease/Loan Amount \$	
6a	Current Market Value \$	Minus Loan Balance – \$	Net Value of Vehicle (If the vehicle is leased, enter 0 as the total value) =		6a \$
Vehicle Make & Model		Year	Date Purchased	Current Mileage	
<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Name of Creditor		Date of Final Payment	Monthly Lease/Loan Amount \$	
6b	Current Market Value \$	Minus Loan Balance – \$	Net Value of Vehicle (If the vehicle is leased, enter 0 as the total value) =		6b \$
Vehicle Make & Model		Year	Date Purchased	Current Mileage	
<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Name of Creditor		Date of Final Payment	Monthly Lease/Loan Amount \$	
6c	Current Market Value \$	Minus Loan Balance – \$	Net Value of Vehicle (If the vehicle is leased, enter 0 as the total value) =		6c \$
6d Total value of vehicle(s) as shown on attachments (current market value minus loan balances(s)) =					6d \$
6 Total (add lines 6a through 6d) =					6 \$

Other Valuable Items

Artwork, antiques, collections, firearms, jewelry, items of value in safe deposit boxes, interest in a company or business that is not publicly traded, etc. **NOTE: Do not include clothing, furniture, and other personal effects or any one item less than \$1,000 in value.**

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

Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.					
Description of Asset					
7a	Current Market Value \$	Minus Loan Balance – \$	(Net Value of Real Estate) =		7a \$
Description of Asset					
7b	Current Market Value \$	Minus Loan Balance – \$	(Net Value of Real Estate) =		7b \$
7c Total value of item(s) as shown on attachments (current market value minus loan balances(s)) =					7c \$
7 Total (add lines 7a through 7c) =					7 \$
(Do not include amount on the lines with a letter beside the number)					
Total of Section 3 (add lines 1 through 7 and enter the amount) =					\$

Section 4

Self Employment Information

If you or your spouse are self-employed, Sections 4, 5 and 6 must be completed before continuing with Section 7. If you or your spouse are not self-employed, skip to Section 7 and continue.

If you or your spouse are self-employed (e.g., files Schedule(s) C, E, F, etc.) complete this section.

Is your business a sole proprietorship? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address of Business (if other than personal residence)	
Name of Business			
Business Telephone Number ()	Employer Identification Number	Business Website	
Trade Name or DBA		Description of Business	
Do you or your spouse have any other business interests? Include any interest in an LLC, LLP, corporation, partnership, etc. <input type="checkbox"/> Yes (Percentage of Ownership: _____ %) Title: <input type="checkbox"/> No		Business Address (Street, City, State, Zip Code)	
Business Name		Business Telephone Number ()	Employer Identification Number
Type of Business (check one): <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			

Section 5

Business Asset Information (for Self-Employed)

List business assets such as bank accounts, livestock, animals, tools, books, machinery, equipment, business vehicles and real property that is owned/leased/rented. If additional space is needed, attach a list of items. Do not include personal assets listed in Section 3.

REQUIRED VERIFICATION: Attach complete copies of bank and investment account statements for the six most recent months. Attach copies of a recent appraisal or other documentation to verify the fair market value for each additional asset.

Bank Account Information

Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.			
8a	<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	Balance	
	Bank Name _____ Account Number _____	8a	\$
8b	<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market/CD <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card		
	Bank Name _____ Account Number _____	8b	\$
8c	Total of bank accounts as shown on attachments =	8c	\$
8	Total (add lines 8a through 8c) =	8	\$
Description of Asset			
9a	Current Market Value \$	Minus Loan Balance - \$	(Total Value) = 9a \$
Description of Asset			
9b	Current Market Value \$	Minus Loan Balance - \$	(Total Value) = 9b \$
9c	Total value of item(s) as shown on attachments (current market value minus loan balances(s)) =		9c \$
9	Total (add lines 9a through 9c) =		9

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.

Section 6 Business Income and Expense Information (for Self-Employed)

Attach a current 36-month profit and loss (P & L) statement and move to Section 7. If you are unable to provide this statement, complete Section 6 in place of the statement.

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

Business Income (Average the last 12 months income/receipts to determine your gross monthly income/receipts.)

Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.		
10	Gross receipts	10 \$
11	Gross rental income	11 \$
12	Interest income	12 \$
13	Dividends	13 \$
14	Other income	14 \$
15	Total Business Income (add lines 10 through 14) =	15 \$

Business Expenses (Average the last 12 months expenses to determine your monthly expenses.)

Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.		
16	Materials purchased (e.g., items directly related to the production of a product or service)	16 \$
17	Inventory purchased (e.g., goods bought for resale)	17 \$
18	Gross wages and salaries	18 \$
19	Rent	19 \$
20	Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)	20 \$
21	Utilities/telephones	21 \$
22	Vehicle costs (gas, oil, repairs, maintenance)	22 \$
23	Business insurance	23 \$
24	Current business taxes (e.g., real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	24 \$
25	Secured debts (not credit cards)	25 \$
26	Other business expenses (include a list)	26 \$
27	Total Business Expenses (add lines 16 through 26) =	27 \$
	Total (subtract line 27 from line 15) and enter the amount =	27a \$

Section 7

Monthly Household Income and Expense Information

Monthly Household Income

Enter your household's gross monthly income. The information below is for yourself, your spouse and anyone else who contributes to your household's income. The entire household includes spouse, non-liable spouse, partner, children, and others who contribute to the household. This is necessary for the Department of Revenue to accurately evaluate your offer.

REQUIRED VERIFICATION - Attach copies of the following:

- You and your spouse's three most recent pay stubs, earnings statements, etc., from each employer
- The most recent statement from all other sources of income such as pensions, Social Security, rental income, interest and dividends (including any received from a related partnership, corporation, LLC, LLP, etc.), court order for child support, alimony, and rent subsidies
- Lease agreements for rental 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.					
You	Wages	Social Security	Pension	Other Income (e.g., unemployment)	
28	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	Total Income = 28 \$
Spouse or Partner	Wages	Social Security	Pension	Other Income (e.g., unemployment)	
29	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	Total Income = 29 \$
30	Additional sources of income used to support the household				30 \$
31	Other individuals who may contribute to the household income. Relationship _____				31 \$
32	Interest and dividends				32 \$
33	Distributions (e.g., income from partnerships, sub-S corporations, etc.)				33 \$
34	Net rental income				34 \$
35	Net business income from 27a				35 \$
36	Child support received				36 \$
37	Alimony received				37 \$
Total (add lines 28 through 37) and enter the amount =					\$

Monthly Household Expenses

- Enter your actual average monthly expense amount for each line (38 - 54).
- Do not enter the IRS standard amount

REQUIRED VERIFICATION - Attach complete copies of the most recent statement or other verification for the following:

- Loan balances such as mortgages, vehicles, student loans, and credit cards showing monthly payments, loan payoffs, balances, and recent activity
- Lease agreements
- Each utility expense (gas, electric, phone, water, cable/internet)
- Insurance (home, vehicle, life, health, etc.)
- Child or dependent care provider showing amount paid monthly for ongoing care (e.g., daycare)
- Delinquent federal, other state agency, or local tax liability

Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.			
38	Food	38	\$
39	Clothing and other (e.g., housekeeping supplies, personal care products). A reasonable estimate of these expenses may be used	39	\$
40	Housing (e.g., rent or mortgage payment and average monthly cost or property taxes, home/rental insurance, maintenance, dues and fees)	40	\$
41	Utilities (e.g., electricity, gas, other fuels, trash collection, water, television, internet, telephone, or cell phone)	41	\$
42	Vehicle loan and/or lease payments	42	\$
43	Vehicle operating costs (e.g., average monthly cost of maintenance, repairs, insurance, fuel, registrations licenses, inspections, parking, tolls, etc.). A reasonable estimate of these expenses may be used	43	\$

Section 7

Monthly Household Income and Expense Information (Continued)

Round to the nearest whole dollar. Do not enter a negative number. If any line item is a negative, enter "0" on that line.		
44	Public transportation costs (e.g., average monthly cost of fares for mass transit such as bus, train, taxi, etc.) A reasonable estimate of these expenses may be used	44 \$
45	Health insurance premiums	45 \$
46	Out-of-pocket health care costs (e.g., average monthly costs of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.)	46 \$
47	Court-ordered payments (e.g., monthly cost of alimony, child support, etc.)	47 \$
48	Child/dependent care payments (e.g., daycare)	48 \$
49	Life insurance premiums	49 \$
50	Current monthly taxes (e.g., monthly cost of federal, state & local tax, personal property tax, etc.)	50 \$
51	Secured debts (e.g., any loan where you pledged an asset as collateral not previously listed, government guaranteed)	51 \$
52	Unsecured debts (e.g., any other loans not previously listed such as credit cards) Enter minimum monthly payment	52 \$
53	Enter the amount of your monthly delinquent federal, other state agency or local tax payments	53 \$
54	Miscellaneous (provide breakdown on a separate paper)	54 \$
Total (add lines 38 through 54) and enter the amount =		\$

Section 8 Other Information

Additional information needed to consider settlement of your tax debt.

Attach additional pages as needed.

1. If you or your business are currently in a bankruptcy proceeding, you are not eligible to apply for an offer.

a. Are you or your spouse the beneficiary of a trust, estate, or life insurance policy? Yes No

b. Are you or your spouse currently in bankruptcy? Yes No

c. Have you or your spouse filed bankruptcy in the past 10 years? Yes No

Discharge/Dismissal Date _____ Location Filed _____
(mm/dd/yyyy)

2. We may require documentation of the complaint, orders, or judgements.

a. Are you or your spouse or have you or your spouse been 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, have you or your spouse 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 _____
(mm/dd/yyyy)

4. Provide either the federal Form 709 or documentation of sale, transfer, exchange or gift.

a. In the past four years, have you or your spouse transferred any real property (land, house, etc.)? Yes No

If yes, list: Type of property _____ Date of transfer _____
(mm/dd/yyyy)

Part 2: Offer in Compromise

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

Section 1	Liability Information
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Tax Periods: Check each tax type included in your offer and list periods in right hand column. Attach additional sheets if needed.

Tax Type	Tax Periods
____ Individual Income Tax	
____ Sales and Use Tax	
____ Withholding Tax	
____ Premier Resort Area Tax	
____ Local Exposition Area Tax	
____ Rental Vehicle Fee	
____ Other (list):	
____ Other (list):	
____ Personal or Partnership Liability (list company name):	
____ Additional page attached (please label it Liability Information)	

Section 2	Offer and Payment Terms
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Total Amount Offered <i>(cannot be left blank)</i>	\$
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Payment Terms: Check one of the payment options below to indicate how you will pay your offer if accepted.

____ Check here if you will submit full payment of the amount offered in guaranteed funds (cash, cashier's check, or money order) within 10 days from the date of acceptance.

____ Check here if you cannot make full payment but can make installment payments. Installment payments must be made by electronic funds transfer (EFT). The first payment will be due no later than 30 days from the date of acceptance.

Proposed Payment Amount: \$ _____ Proposed Frequency: Monthly Weekly Bi-Weekly

Preferred due date: ____ Enter day of the month (1-28) payment should be due. Date cannot be the 29th - 31st days of the month.

Section 3	Source of Funds, Filing Requirements, and Tax Payment Requirements
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Source of Funds: Tell us where you will obtain funds to pay your offer. You may consider borrowing from friends or family, taking out a loan, or selling assets. Documentation may be required.

Tax Payment Requirements *(check all that apply)*

____ I have made all required estimated income tax payments for the current tax year.

____ I am not required to make any estimated income tax payments for the current year.

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 only includes those taxes, costs, interest, penalty and taxable periods specifically identified on any Order that may be entered.

This offer does not provide relief from liability until the offer is accepted in writing by the department and paid within ten days from the date of such acceptance, or by installment schedule approved by the department.

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 costs, penalties and interest, and that any claim filed in the bankruptcy proceeding will be a tax claim.

The department may offset any overpayments, federal refunds and payments, refunds from other states, vendor payments, lottery prize winnings, and unclaimed property until all the terms and conditions of an order are complete.

It is mutually agreed that if within three years from the date this offer is accepted, the petitioner has income or property sufficient to enable him/her to pay the remainder of the tax including penalties, costs, and interest, the department may reopen this matter and order payment in full, or in part, of such tax, penalty and interest.

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

Collection Actions

Collection actions initiated prior to receipt of this Offer in Compromise will not be ceased 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 overpayments, federal refunds and payments, refunds from other states, vendor payments, lottery prize winnings, and unclaimed property while considering this application and 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.

Tax Warrants

The department may file a tax warrant while considering my offer or after acceptance during any installment period.

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

Internet Posting

The debtor's name will be temporarily removed from the Delinquent Taxpayers Internet Posting within five days of receipt of this Offer in Compromise.

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.

Your Signature	Phone Number	Date (mm/dd/yyyy)
Spouse's Signature	Spouse's Phone Number	Date (mm/dd/yyyy)

Section 6**Preparer Use Only**

Preparer's Name	Preparer's Phone Number	Date (mm/dd/yyyy)	
Firm's Name	Address		
City	State	Zip Code	

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 my 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.

Verification of Income

- Copies of my and my spouse's three most recent pay stubs, earnings statement, etc., from each employer
- Copies of the most recent statement from all other sources of income such as pensions, Social Security, rental income, interest and dividends (including any received from a related partnership, corporation, LLC, LLP, etc.), court order for child support, alimony, and rent subsidies
- If self-employed, a current 36-month profit and loss (P & L) statement. If not provided, section 6 is complete.

Verification of Assets

- Complete copies of bank statements for the three most recent months (six most recent months if I am self-employed)
- Copies of the most recent statement of each investment and retirement account
- Copies of the most recent statement of each cash value life insurance policy
- Copies of a recent appraisal or property tax bill to verify the fair market value for each property owned
- Copies of current rental agreements where I or my spouse is the lessor or lessee
- Copies of recent appraisal or other verification of the value of other valuable items
- List of notes receivable, if applicable (see Part 1, Section 5)
- List of accounts receivable, if applicable (see Part 1, Section 5)

Verification of Expenses

- If self-employed, copies of the most recent statements for expenses claimed
- Complete copies of the most recent statement from lenders on loans such as mortgages, vehicles, student loans, 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 (home, vehicle, life, health, etc.)
- Statement from child or dependent care provider showing amount paid monthly for ongoing care (e.g., daycare)
- Verification of delinquent federal, other state agency or local tax liability

Other Documentation

- Form A-222, *Power of Attorney*, if you would like another person such as an attorney or CPA to represent you and you do not have one on file
- Certified copies of Letters of Guardianship and Domiciliary Letters
- Copies of any transfers of assets valued over \$1,000, including real property within the past four years
- Documentation to support any special circumstances or medical conditions, if applicable
- Proof of funds for your proposed offer, if applicable
- Documentation as described in Part 1, Section 8 regarding any lawsuit(s)