



Statement of Financial Condition

Please complete this form and include it with your offer in compromise or other proposal. You must answer all questions. If a question does not apply, mark an **X** in the *Not applicable* box, or enter **N/A**. If you need additional space, **include attachments**. For an offer in compromise, you must also include:

Form DTF-4, *Offer in Compromise: For Liabilities Not Fixed and Final, and Subject to Administrative Review*, or
Form DTF-4.1, *Offer in Compromise: For Fixed and Final Liabilities*

• Taxpayer information

Name of taxpayer(s)/trade or business name(s)	Date of birth	Social security number(s)
	Spouse's date of birth	Spouse's social security number
	Employer identification number (EIN)	

Physical home address	Telephone number ()
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Mailing address (if different from above, or if a PO box number)

Business address	Telephone number ()
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Do you: Own your home Rent Other (share rent, live with relatives, etc.)

Employer's name, address, and phone number

Spouse's employer's name, address, and phone number

All other persons in your household, or claimed as dependents

Name	Age	Relationship	Social security number	Can be claimed as a dependent?	Contributes to household income?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you or your spouse have any other business interests? <input type="checkbox"/> Yes (percentage of ownership) _____ <input type="checkbox"/> No	Employer identification number (EIN)
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Business name	Business telephone number ()
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Type of business (select one)

Single member LLC LLC Partnership Corporation Self-employed

Other _____

• Taxpayer's representative information I have no representative

Name of representative, if any (attach form POA-1 if required)	Telephone number ()
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Address

● **Assets** As of _____
Date

Enter the balance for each of the following, using the most current value. If any amount below is **negative**, enter 0.

Cash Not applicable

Cash available	<i>(also enter on page 6, line 1)</i>	1. \$
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Accounts with financial institutions (domestic and foreign) Not applicable

Account type <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money market <input type="checkbox"/> Online account <input type="checkbox"/> Stored value card		
Financial institution name	Account number	2A. \$

Account type <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money market <input type="checkbox"/> Online account <input type="checkbox"/> Stored value card		
Financial institution name	Account number	2B. \$

Account type <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money market <input type="checkbox"/> Online account <input type="checkbox"/> Stored value card		
Financial institution name	Account number	2C. \$

Account type <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money market <input type="checkbox"/> Online account <input type="checkbox"/> Stored value card		
Financial institution name	Account number	2D. \$

Add lines 2A through 2D (also enter on page 6, line 2) **2.** \$

Investment accounts (domestic and foreign) Not applicable

Investment account type <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other _____		
Financial institution name	Account number	
Current market value	minus loan balance	
\$ _____ × 0.8 = \$ _____	– \$ _____ =	3A. \$

Investment account type <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other _____		
Financial institution name	Account number	
Current market value	minus loan balance	
\$ _____ × 0.8 = \$ _____	– \$ _____ =	3B. \$

Add lines 3A through 3B (also enter on page 6, line 3) **3.** \$

Retirement accounts (domestic and foreign) Not applicable

Retirement account type <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Other _____		
Financial institution name	Account number	
Current market value	minus loan balance	
\$ _____ × 0.7 = \$ _____	– \$ _____ =	4A. \$

Retirement account type <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Other _____		
Financial institution name	Account number	
Current market value	minus loan balance	
\$ _____ × 0.7 = \$ _____	– \$ _____ =	4B. \$

Add lines 4A through 4B (also enter on page 6, line 4) **4.** \$

Attach additional sheets if necessary.

Cash value of life insurance policies Not applicable

Insurance company name		Policy number
Current cash value	minus loan balance	
\$ _____	- \$ _____ =	
		5A. \$
Insurance company name		Policy number
Current cash value	minus loan balance	
\$ _____	- \$ _____ =	
		5B. \$
Add lines 5A through 5B (also enter on page 6, line 5)		5. \$

Real estate (any house, condo, co-op, time-share, etc., that you own or are buying) Not applicable

Property address

Primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unpaid interest and taxes	Name(s) on title	Date mortgage was recorded
Current market value	minus loan balance		
\$ _____ × 0.8 = \$ _____	- \$ _____		Total value of real estate =
			6A. \$
Property address			
Primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unpaid interest and taxes	Name(s) on title	Date mortgage was recorded
Current market value	minus loan balance		
\$ _____ × 0.8 = \$ _____	- \$ _____		Total value of real estate =
			6B. \$
Property address			
Primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unpaid interest and taxes	Name(s) on title	Date mortgage was recorded
Current market value	minus loan balance		
\$ _____ × 0.8 = \$ _____	- \$ _____		Total value of real estate =
			6C. \$
Add lines 6A through 6C (also enter on page 6, line 6)			6. \$

Vehicles (any cars, boats, motorcycles, trucks, delivery equipment, etc., that you own or lease) Not applicable

Vehicle make	Year	Model	Mileage	<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly lease or loan amount
Current market value	minus loan balance		Total value of vehicle (if leased, enter 0) =		
\$ _____ × 0.8 = \$ _____	- \$ _____				7A. \$
Vehicle make	Year	Model	Mileage	<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly lease or loan amount
Current market value	minus loan balance		Total value of vehicle (if leased, enter 0) =		
\$ _____ × 0.8 = \$ _____	- \$ _____				7B. \$
Vehicle make	Year	Model	Mileage	<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly lease or loan amount
Current market value	minus loan balance		Total value of vehicle (if leased, enter 0) =		
\$ _____ × 0.8 = \$ _____	- \$ _____				7C. \$
Vehicle make	Year	Model	Mileage	<input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly lease or loan amount
Current market value	minus loan balance		Total value of vehicle (if leased, enter 0) =		
\$ _____ × 0.8 = \$ _____	- \$ _____				7D. \$
Add lines 7A through 7D (also enter on page 6, line 7)					7 \$

Attach additional sheets if necessary.

Other valuable items (artwork, collections, jewelry, items in safe deposit boxes, tools, machinery, equipment, furniture, fixtures, etc.) Not applicable

Description				
Current market value		minus loan balance		
\$	× 0.8 = \$	– \$	=	8A. \$
Description				
Current market value		minus loan balance		
\$	× 0.8 = \$	– \$	=	8B. \$
Description				
Current market value		minus loan balance		
\$	× 0.8 = \$	– \$	=	8C. \$
Description				
Current market value		minus loan balance		
\$	× 0.8 = \$	– \$	=	8D. \$
Description				
Current market value		minus loan balance		
\$	× 0.8 = \$	– \$	=	8E. \$
Description				
Current market value		minus loan balance		
\$	× 0.8 = \$	– \$	=	8F. \$
Description				
Current market value		minus loan balance		
\$	× 0.8 = \$	– \$	=	8G. \$
Add lines 8A through 8G (also enter on page 6, line 8)				8. \$

Contingent claims or actions Not applicable

Attach listing including name(s) and amount of current contingent claims or actions	
Total all amounts (also enter on page 6, line 9)	9. \$

Any other assets or interest in assets: Have you any other assets or an interest in assets either actual or contingent, other than those listed here? (that is, profit-sharing plans or pension plans) Yes No

If Yes, describe on a separate sheet. Enter total value on page 6, line 10.

Disposal of assets: Did you transfer any assets during the period beginning with the start of your proposal's taxable period and the present? Include assets only with a cost or fair market value over \$500, and that were transferred for less than fair market value. Yes No

If Yes, enter information below and attach a copy of the transfer document or bill of sales.

Asset type	Relationship of transferee	Transfer date	Fair market value when transferred	Consideration received

Attach additional sheets if necessary.

Interest in trust or estate:

Are you the grantor, donor, or trustee for any trust?

Yes No

Are you the beneficiary of any trust or estate?

Yes No

Have you any life interest or remainder interest, either vested or contingent, in any trust or estate?

Yes No

If Yes to any of the above, furnish a copy of the instrument creating the trust or estate. Also give the following information.

Name of trust	Present value of assets	Value of your interest	Annual income received from source

Foreclosure proceedings: Do you have any foreclosure proceedings pending on any real estate which you own or have interest in?

Yes No

If Yes, please give location of real estate: _____

Was the Tax Department made party to the suit?

Yes No

Are bankruptcy or receivership proceedings pending?

Yes No

If a corporation, is it in the process of liquidation?

Yes No

Is the sum offered in compromise or submitted as a partial payment borrowed money?

Yes No

If Yes, please give name and address of lender and list collateral, if any, pledged to secure loan.

Unlawful activities: Have you (or any one of you) been convicted of any crime involving unlawful possession or acquisition of property or income obtained by fraud, theft, or other illegal means within the last 10 years? (If Yes, provide details.)

Yes No

Are you the subject of, or defendant in, any pending criminal or grand jury action or proceeding which may involve or affect in any way, your right, title, or interest to any real or personal property whether or not listed herein? (If Yes, provide details)

Yes No

Increase in value: What is the prospect of an increase in value of assets or present income? Provide a general statement.

• Judgments As of _____
Date

Creditor's name	Debtor's name on judgment	Date recorded	Where recorded	Amount of judgment
Total (also enter on page 6, line 13)				\$

● Household income and expenses

Enter your household's gross **monthly** income, including income from you, your spouse, significant other, children, and others who contribute to the household.

Monthly gross receipts or income	Amount
Salaries, wages, commissions	
Spouse or partner's salaries, wages, or commissions	
Dividends	
Interest	
Income from business or profession (<i>self-employed income</i>)	
Partnership income	
Gains or losses (<i>from 1040, schedule D</i>)	
Annuities and pensions	
Rents and royalties	
Income for estates and trusts	
Gifts	
Other income (<i>include accounts receivable from spouse, relatives, social security, disability, unemployment, welfare, etc.</i>)	
Total monthly household income	A. \$
Monthly expenses	Amount
Food, clothing, and miscellaneous (<i>such as housekeeping supplies, personal care products; you may provide reasonable estimates</i>)	
Housing (<i>rent or mortgage payment, plus average monthly cost of property taxes, home insurance, maintenance, dues, or fees</i>)	
Utilities including electricity, gas, other fuels, trash collection, water, cable, telephone, and cell phone	
Vehicle loan or lease payments	
Vehicle operating costs (<i>average monthly cost of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, tolls, etc; you may provide reasonable estimates</i>)	
Public transportation costs (<i>average monthly cost of fares for mass transit such as bus, train, ferry, taxi, etc; you may provide reasonable estimates</i>)	
Health insurance premiums	
Out-of-pocket health care costs (<i>average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.</i>)	
Court-ordered payments (<i>monthly cost of any payments such as alimony, child support, etc.</i>)	
Child or dependent care payments (<i>for example, daycare, home health care, etc.</i>)	
Life insurance premiums	
Taxes (<i>monthly cost of federal, state, and local tax, etc.</i>)	
Other secured debts (<i>such as any loan where you pledged as asset a collateral not previously listed; do not include unsecured debt such as credit cards</i>)	
Total monthly household expenses	B. \$
Remaining monthly income (<i>subtract line B from line A</i>)	

Attach additional sheets if necessary.

● **Corporation income**

If this proposal is from a corporation, enter the information below for the two previous years, and for this year to the current date.

Type of corporation Business Not-for-profit Professional corporation

Attach a detailed statement of carry over and carry back loss intentions. If you do not intend to use this offset, attach a full explanation.

Gross receipts or income	Year before last 20__	Last year 20__	This year January 1 to _____, 20__
Gross sales or receipts <i>(subtract returns and allowances)</i>			
Cost of goods sold			
Gross profit from trading and manufacturing			
Gross profit from other sources			
Interest income			
Rents and royalties			
Gains or losses <i>(from 1040, schedule D)</i>			
Dividends			
Other <i>(specify)</i>			
Total income			

Deductions	Year before last 20__	Last year 20__	This year January 1 to _____, 20__
Compensation of officers			
Salaries and wages <i>(not deducted elsewhere)</i>			
Rents			
Repairs			
Bad debts			
Interest			
Taxes			
Losses			
Dividends			
Depreciation and depletion			
Contributions			
Advertising			
Other <i>(specify)</i>			
Total deductions			
Net income			
Nontaxable income			
Unallowable deductions			

Salaries paid to principal officers

If the proposal is from a corporation, enter salaries paid to principal officers for the past three years, including amounts distributed in dividends, if any, during and since the taxable years covered by this offer.

Name and title	20__	20__	20__
_____, President			
_____, Vice President			
_____, Treasurer			
_____, Secretary			

Total			

Dividends distributed by corporation for past three years	Dividends paid
Year 20__	
Year 20__	
Year 20__	
Total	

Attach additional sheets if necessary.

● Attachments

Failure to provide these returns, statements, and documents will cause **immediate rejection** of your compromise request, request for payment plan, or other proposal.

Must be attached:

1. Federal returns for the preceding three years, with all schedules attached. Include all Schedules K-1 from Form 1120S or Form 1065, as applicable. If you were not required to file, include an explanation.
2. All financial institution statements (including checking accounts) for the preceding 12 months
3. Recent credit report from local bureau within last 30 days

Must be attached if applicable:

4. Real estate appraisal
5. Chapter 7 discharge papers
6. All mortgage indentures and conveyances, as grantor or grantee for the preceding 10 years
7. Legal instruments related to pending claims (insurance or otherwise), rights to sue, subrogations, assignments, and other assets
8. Contracts of sale of any sizable assets, either pending or within last five years
9. Federal application to compromise, with results
10. Leases, both as landlord and as tenant
11. Corporations only: Audited financial statement (profit and loss or balance sheet)
12. Copies of the most recent statements on loans, mortgages (including second mortgages), showing monthly payment amounts, and balances owed or loan payoffs, or both

● Declaration

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement. I make this statement with the knowledge that a willfully false representation is a misdemeanor punishable under New York State Penal Law section 210.45.

I authorize the New York State Department of Taxation and Finance (DTF) to contact certain third parties, including but not limited to financial institutions and consumer credit reporting agencies, and to obtain my consumer credit report for the purpose of verifying the information I provided to DTF for determining my eligibility for an Installment Payment Agreement or other payment terms. In addition, I authorize DTF to use my social security number when requesting my credit history from consumer reporting agencies or when verifying the information provided. I understand that DTF will not notify me about which third parties, if any, are contacted by DTF as part of this review process.

Taxpayer's signature	Date

Attach additional sheets if necessary.