

# Missouri Department of Revenue



# Missouri Individual Income Tax Offer in Compromise

- Offer in Compromise documentation checklist.
- Offer in Compromise Application:
  - ◆ Form MO-656 use for Missouri **Individual Income Tax**
    - ◆ Doubt as to Collectability
    - ◆ Severe Economic Hardship

Please refer to the [instructions](#) for qualifications.

- Terms and Conditions for the Offer in Compromise.



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# Offer in Compromise Checklist

- Form MO-656, Offer In Compromise (enclosed)
- Power of Attorney, [Form 2827](#) (if applicable)
- Three Months of Supporting Documentation
  - Proof of monthly gross earnings, pension, social security, and other income. This includes: **Paystubs** or **earning statements** that show all deductions (including health insurance and taxes) for the past three (3) months.
  - Copies of **ALL** bank statements for all checking and savings accounts as well as itemized statements for all credit cards for the past three (3) months.
- Complete all parts of Form MO-656 to the best of your knowledge.

The Department may ask for additional records to verify your offer. For example, we may ask for records documenting your income, expenses, assets, or other debts. You will be given a reasonable amount of time to comply with the request.



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Missouri Department of Revenue  
**Offer in Compromise Application  
for Individual Income Tax**

Department Use Only (MM/DD/YY) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Section 1 - Personal Information

Taxpayer Name	[Redacted]	Social Security Number	[Redacted]	[Redacted]	[Redacted]
Spouse's Name	[Redacted]	Spouse's Social Security Number	[Redacted]	[Redacted]	[Redacted]

Taxpayer Date of Birth(MM/DD/YYYY)	Spouse's Date of Birth(MM/DD/YYYY)	Marital Status
____/____/____	____/____/____	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, or Widowed)
Other Names or Aliases Used		Spouse's Other Names or Aliases Used

Provide information for all other persons in the household and claimed as a dependent. Attach additional pages as needed. (This information is optional if offer is based on doubt as to liability or exceptional circumstances).

Name	Age	Relationship	Claimed as a Dependent on your Form 1040?	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

Your Current Street Address	City	State	ZIP Code	County
E-Mail Address	Phone Number (____)____-____	Secondary Phone Number (____)____-____		
Your Mailing Address (If Different From Above)	City	State	ZIP Code	
Name of your Tax Representative (CPA, Attorney, Etc.) Attach POA <a href="#">Form 2827</a>	Phone Number (____)____-____	Fax Number (____)____-____		
Tax Representative's Address	City	State	ZIP Code	

Section 2 - Your Offer Information

Tax Type	Tax Periods
<input type="checkbox"/> Personal Income Tax	
I offer to pay \$ _____. (Must be more than zero.) Select one of the following:	<b>Comments</b>
<input type="checkbox"/> One-Time Payment in Full \$ _____ within 30 days.	
<input type="checkbox"/> Short-Term Deferred Payment Plan \$ _____ on the _____ day of each month starting the first month after written notice of acceptance of the offer for a total of _____ months.	



Section 2 - Continued

Explain why you are requesting an offer in compromise. Include any extraordinary circumstances you think we should know about. Attach a written statement and any supporting documents you believe support your claim.

"I do not have the means to pay the entire debt (Doubt as to Collectability)."

"I will suffer severe economic hardship if the entire debt is collected."

Section 3 - Income Information

Employment			
Name of Employer (Taxpayer)	Phone Number (____)____-____	How Long Employed ____ Years ____ Months	
Address	City	State	ZIP Code
Occupation	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly (e.g., 1st & 15th)		

Spouse's Employment			
Name of Employer (Spouse)	Phone Number (____)____-____	How Long Employed ____ Years ____ Months	
Address	City	State	ZIP Code
Occupation	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly (e.g., 1st & 15th)		

Additional Employment			
Name of Employer <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	Phone Number (____)____-____	How Long Employed ____ Years ____ Months	
Address	City	State	ZIP Code
Occupation	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly (e.g., 1st & 15th)		

Section 4 - Financial Information

If you select "yes", provide dates, an explanation. Attach additional pages as needed.	
Are you a party to any court proceedings? (litigation, probate, etc.) . . . . .	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Do you anticipate a change in your income? . . . . .	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Are you a party to any bankruptcies or receiverships? . . . . .	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Are you a beneficiary to a trust, estate, profit sharing, etc? . . . . .	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Do you owe taxes to the IRS? How much is your debt? . . . . .	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Do you owe taxes to other states, counties, districts, agencies, etc? . . . . .	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Do you owe other debt? Explain. . . . .	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Have you made any major purchases over \$2,000 in the last 12 months? . . . . .	<input type="checkbox"/> No <input type="checkbox"/> Yes _____



Property 1			
Physical Address and Description (Single Family Home, Multi-Family Home, Bare Lot, Acreage, etc.)		County	Parcel Number
Mortgage Lender's Name and Address		Current Market Value	Loan Value Balance Available Equity
Name(s) of Owners on Deed		Purchase Price	Purchase Date (MM/DD/YYYY)
			___/___/_____

Property 2			
Physical Address and Description (Single Family Home, Multi-Family Home, Bare Lot, Acreage, etc.)		County	Parcel Number
Mortgage Lender's Name and Address		Current Market Value	Loan Value Balance Available Equity
Name(s) of Owners on Deed		Purchase Price	Purchase Date (MM/DD/YYYY)
			___/___/_____

Bank Accounts: Include IRA's, other retirement plans, certificates of deposit, etc. Attach all pages of the most recent three months bank statements for all accounts of each person in the household. Attach additional pages as needed. If you owe more than \$50,000, six months bank statements are required.

Provide information for all persons in the household or claimed as a dependent.

Name of Institution	Address	Type	Date Opened	Account Number	Balance
Total of all bank accounts with positive balance .....					

Personal Property: Include automobiles, boats, ATV's, motorcycles, recreational vehicles, airplanes, machinery, etc., not used in your business. Attach additional pages as needed. Be sure to include anything with a value over \$1,000.

Year	Make	Model	License Number	Lender or Lienholder	Current Market Value	Current Payoff	Available Equity (cannot be less than 0)
Total equity of all personal property .....							

Personal credit cards and unsecured lines of credit.

Type	Name of Creditor	Record Owner	Balance Owed	Available Credit
Total unsecured credit balance amount .....				



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1. I will remain in compliance with all tax types for three years after acceptance of the offer.
2. The offer remains pending until an authorized Department official issues notification of acceptance or rejection, or until the offer is withdrawn by me.
3. I understand that I voluntarily submit any payment made with this offer.
4. If the Department rejects the offer or if the offer is withdrawn, the Department will treat any paid amount with the offer as payment toward the outstanding tax liability.
5. The Department will retain any payment(s) toward the liability from enforced collections, offsets, or other payment(s) sent to the Department prior to the submission of this offer.
6. I understand that collection activity may continue if it is determined to be in the state's best interest, or if it is otherwise determined that the filing of the offer has not been made in good faith. In addition the Department may:
  - a. Immediately issue and record any tax liens necessary to protect the state's legal interest;
  - b. Proceed with enforced collection of the total outstanding liability;
  - c. Apply amounts already paid under the offer to the total liability.
7. I understand that the tax I owe is, and will remain, a tax liability until I meet all the terms and conditions of the offer. If I file bankruptcy before the terms and conditions of the offer are completed, any claim the Department filed will be for the full amount, less any payments.
8. Once the Department accepts the offer in writing, I have no right to contest, in court or otherwise, the amount of the tax liability.
9. I, the taxpayer, shall bear all of my own costs, including attorney fees.
10. If I fail to meet the terms and conditions of an accepted offer, the compromise will be considered null and void. Updated interest and penalties will be added to the total balance due until paid in full.

I agree to be bound by all the terms and conditions set forth in this offer. Under penalties of perjury, I declare that I have examined this offer, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I also declare under penalties or perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Taxpayer Signature	Date (MM/DD/YYYY) ____/____/____
Signature of Taxpayer Spouse or Partner	Date (MM/DD/YYYY) ____/____/____

On behalf of the Missouri Department of Revenue, I accept the offer to pay for the reasons listed in Section 2.		
Signature of Authorized Department Official	Title	Date (MM/DD/YYYY) ____/____/____

**Mail to:** Taxation Division  
P.O. Box 1646  
Jefferson City, MO 65105-1646

**Phone:** (573) 751-7200  
**Fax:** (573) 522-3218  
**TTY:** (800) 735-2966  
**E-mail:** [collections@dor.mo.gov](mailto:collections@dor.mo.gov)

Visit <http://www.dor.mo.gov/>  
for additional information.

