

Missouri Department of Revenue



Missouri Business Tax Offer in Compromise

- Offer in Compromise documentation checklist.
- Offer in Compromise Application:
 - ◆ Form MO-656B for Missouri **Business Tax**.
 - ◆ If you owe Individual Income Tax and Business Tax, this form should be used to submit an offer on your entire balance.
 - ◆ Must complete all sections on this form.

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-656B (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.
 - Profit and Loss statements of the business 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. (If the debt is over \$50,000.00, will need past six (6) months for all checking and savings accounts and itemized statements for all credit cards.)
 - A list of **all** accounts receivable, showing the payer, amount due, age, and status of each business account.
- Complete all sections of Form MO-656B 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 and Business Tax**

Department Use Only
 (MM/DD/YY)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|---------------|--|---------------------------------|--|--|--|--|--|--|--|
| Taxpayer Name | | Social Security Number | | | | | | | |
| Spouse's Name | | Spouse's Social Security Number | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|--|
| Business Name | | | | | | | | | | | | | | | | | | | | | |
| Missouri Tax I.D. Number | | | | | | | | | | | Federal Employer I.D. Number | | | | | | | | | | |
| Charter Number | | | | | | | | | | | | | | | | | | | | | |

If additional businesses, please list below.

| | | |
|------------------------------------|------------------------------------|--|
| 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 | | Spouses Other Names or Aliases Used |

Provide information for all other persons in the household and claimed as a dependent. Attach additional pages as needed.

| 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 |
| 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 Form 2827 | | Phone Number (____) _____ - _____ | Fax Number (____) _____ - _____ | |
| Tax Representative's Address | | City | State | ZIP Code |

Section 1 - Personal Information



Include an explanation of why you are requesting an offer in compromise.

"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."

| Tax Type | Tax Periods |
|---|-----------------|
| <input type="checkbox"/> Personal Income Tax <input type="checkbox"/> Business Tax | |
| I offer to pay \$ _____. (Must be more than zero.) Select one of the following: <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. | Comments |

| 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) | | |



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If you select "yes", provide dates, and an explanation. Attach additional pages as needed.

Are you a party to any court proceedings? (litigation, probate, etc.) No Yes _____

Do you anticipate a change in your income? No Yes _____

Are you a party to any bankruptcies or receiverships? No Yes _____

Are you a beneficiary to a trust, estate, profit sharing, etc? No Yes _____

Do you owe taxes to the IRS? How much is your debt? No Yes _____

Do you owe taxes to other states, counties, districts, agencies, etc? No Yes _____

Do you owe other debt? Explain. No Yes _____

Have you made any major purchases over \$2,000 in the last 12 months? No Yes _____

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 | | | | |



Section 6 - Business Information

| | | | |
|--|--|------------------------------|--|
| Business Name | Missouri Tax Identification Number | Average Gross Monthly Income | Total Employees |
| Business Address | Business Telephone Number (____) _____-____ | Business Website | |
| City | State | ZIP | Do you or your spouse have any other business interests? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete additional attachment for each business interest. |
| Type of Business (Select One) <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other | | | |
| Description of Business | | | |

List all owners or responsible parties of the business.

An offer will not be approved unless the Department has received a separate OIC form for all owners or responsible parties of the business or an explanation of why it can't be obtained.

Section 7 - Business Financial Information

Bank Accounts: Include certificates of deposit, etc. Attach all pages of the most recent three months bank statements for all accounts. Attach additional pages as needed. If you owe more than \$50,000, six months bank statements are required

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

Business Property: Include automobiles, boats, ATV's, recreational vehicles, airplanes, machinery, etc., used in your business. Attach additional pages as needed.

| 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 | | | | | | | |

List of equipment used for business and current value. Attach additional pages as needed.

| Type | Location | Record Owner | Quantity or Denomination | Current Value |
|---------------------------------------|----------|--------------|--------------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total value of all equipment. | | | | |



| Other Valuable Items: Include cash, accounts receivable, and any other valuable items. Attach additional pages as needed. | | | | |
|---|----------|--------------|--------------------------|---------------|
| Type | Location | Record Owner | Quantity or Denomination | Current Value |
| | | | | |
| | | | | |
| Total value of all valuable items | | | | |

| 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) ____/____/____ |

| Business credit cards and unsecured lines of credit. | | | | |
|--|------------------|--------------|--------------|------------------|
| Type | Name of Creditor | Record Owner | Balance Owed | Available Credit |
| | | | | |
| | | | | |
| Total unsecured credit balance amount | | | | |

If you select "yes", provide dates, and an explanation. Attach additional pages as needed.

Are you a party to any court proceedings? (litigation, probate, etc.) No Yes _____

Do you anticipate a change in your income? No Yes _____

Are you a party to any bankruptcies or receiverships? No Yes _____

Are you a beneficiary to a trust, estate, profit sharing, etc? No Yes _____

Do you owe taxes to the IRS? How much is your debt? No Yes _____

Do you owe taxes to other states, counties, districts, agencies, etc? No Yes _____

Do you owe other debt? Explain. No Yes _____

Have you made any major purchases over \$2,000 in the last 12 months? No Yes _____



| Total Monthly Business Revenue | | Total Monthly Business Expenses | |
|--|---------------|---------------------------------|--------|
| Source | Gross Monthly | Source | Amount |
| Gross Receipts from Sales and Services | | Materials Purchased | |
| Gross Rental Income | | Inventory Purchased | |
| Interest Income | | Gross Wages and Salaries | |
| Dividends | | Rent | |
| Cash | | Supplies | |
| Other Income (Specify below) | | Utilities and Telephone | |
| | | Vehicle Gasoline and Oil | |
| | | Repairs and Maintenance | |
| | | Insurance | |
| | | Current Taxes | |
| | | Other Expenses (Specify) | |
| | | | |
| Total Income | | Total Expenses | |



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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 any 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

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



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