

# Request for Appeal of Offer in Compromise

Please complete the information in the spaces below, including your signature and the date.

Taxpayer name(s)		Taxpayer Identification Number(s)
Mailing address		Tax form number
City		Tax period(s) ended
State	ZIP Code	

**Identify the specific item(s) you don't agree with as shown on the Income and Expense Table (IET) and Asset and Equity Table (AET) you received with your rejection letter. In the space next to the item, provide a brief statement why you don't agree with our determination (for example: incorrect valuation of real estate, omitted mileage from vehicle deduction, etc.). Attach supporting documents and indicate on them which issue they apply. Additional pages may be attached. If you do not agree with the Service's analysis of economic hardship or ETA, please provide an explanation with documentation.**

Disagreed item	Reason for disagreement	Supporting Documentation Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Disagreed item	Reason for disagreement	Supporting Documentation Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Disagreed item	Reason for disagreement	Supporting Documentation Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Taxpayer(s)	Date
Signature of Taxpayer(s)	Date

If this application was prepared by someone other than the taxpayer, please fill in that person's name and address

Name	Address

**Name and signature of authorized representative (If a representative is signing this form, please attach a copy of your completed Form 2848, Power of Attorney and Declaration of Representative.)**

Name	
Signature	Date
Your telephone number	Best time to call