

Insolvency Settlement Request

See Rule 1.30, 34 TAC Section 1.30.

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or number listed on this form.

Comptroller of Public Accounts, Hearing No. _____ (Required)

Taxpayer name and Texas taxpayer number ("Taxpayer")

Name	Texas taxpayer number
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Name of person completing form and relationship to Taxpayer

Name	Relationship to Taxpayer
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Tax amount due \$ _____

Eligibility

Eligibility Basis 1

Collection of the total amount due would make Taxpayer insolvent; OR

Eligibility Basis 2

Taxpayer is already insolvent;
 Taxpayer has ceased to do business;
 Taxpayer is in liquidation; and
 Taxpayer has no property that may be seized by the courts of this or another state, or the value of Taxpayer's property is less than the total amount of debts against the property.


Records

The following records are attached to this request for settlement:

Taxpayer's federal income tax return for the three years immediately prior to the date of this insolvency settlement request;
 Financial statements for the three years immediately prior to the date of this insolvency settlement request, including any year-to-date financial statements for the period following Taxpayer's last federal income tax return filing;
 All bank or financial institution statements (active or closed) for the six months immediately prior to the date of this insolvency settlement request; and
 Documentation of assets (including inventory of all property owned, wherever located); liabilities; ongoing financial obligations of Taxpayer; and proof of any claimed insolvency, liquidation, or business cessation.
 Other (Describe) _____

Declaration and Signature

Under penalty of perjury, I declare that I have examined this offer, including accompanying documents, and to the best of my knowledge, it is true, correct and complete.

Name (Print or type)	Phone (Area code and number)
 Signature	Date

For assistance

If you have any questions,
 email AHS.Service@cpa.texas.gov,
 or call 512-463-3830.

Mail form to

Texas Comptroller of Public Accounts
 ATTN Administrative Hearings Section
 P.O. Box 13528
 Austin, TX 78711-3528

or FAX to

512-463-4617

