

CITY OF CHICAGO DEPARTMENT OF FINANCE APPLICATION FOR OFFER IN COMPROMISE OF A TAX DEBT BASED ON FINANCIAL HARDSHIP

CITY OF CHICAGO

DEPARTMENT OF FINANCE

FINANCIAL HARDSHIP APPLICATION

- Who should apply? This Financial Hardship Application (AApplication@) is a request for an agreement between a business or an individual and the Chicago Department of Finance (the ADepartment@) that resolves the business=s or individual=s tax liability to the City of Chicago. Under section 3-4-153 of the Municipal Code of Chicago, the City Comptroller (the AComptroller@), with the approval of the Department of Law, has the authority to abate any tax liabilities that have been assessed when the Comptroller determines that there is an uncertainty as to the collectability of the assessment within a reasonable period of time. The Comptroller=s decision will be made after a review of the recommendations presented by the Financial Hardship Committee (the ACommittee@). It is expected that the Committee will make its recommendation to the Comptroller within 45 days of its receipt of a completed Application, and that the Comptroller=s decision will be made within 30 days of the Comptroller=s receipt of the Committee=s recommendation.
- 2) **Power of Attorney** If this Application is completed by someone other than a) an owner or officer of the business that has been assessed a tax liability or b) an individual who has been assessed a tax liability, a completed Power of Attorney form must be on file with the Department or submitted with this Application.
- 3) Completed Application This Application is complete when all schedules and line items have been completed or answered, and all supporting documents are attached or included. The applicant will be contacted for any missing required information. If no response is received from the applicant or the required information is not received within 45 days of the letter requesting this information, the Application will be rejected as being incomplete, and the Department will continue its efforts to collect the total amount of the tax liability.
- 4) **Post Assessment Periods** The business must provide all City of Chicago tax returns for the periods subsequent to the close of the period for which the assessment or assessments has been made. If these returns have previously been filed, amended returns must be filed which conform to the methodology that the Department used in computing the tax liability on the notice of assessment.
- 5) **Federal Income Tax Returns** Applicant must provide copies of applicant=s federal and state income tax returns that were signed by applicant, including all schedules, that encompass the periods of the assessment, as well as any recent returns that include periods subsequent to the assessment periods.
- 6) Other Supporting Documents All documents that support the applicant=s claim of an inability to pay a tax liability owed to the City of Chicago because of financial hardship should be included. In addition to the documents requested in the Application, supporting documents which must also be submitted are a) bank statements for the last six months, b) debts secured by liens or mortgages, and c) for individuals, paycheck vouchers for the last two months.
- 7) **Responsible Owner/Officer/Partner/Employee's Personal Credit Information** Any owner of a sole proprietorship, or any officer, employee, partner or other individual who controls, supervises, or is responsible for the filing of Chicago tax returns or the payment of Chicago taxes must complete an application for himself or herself and provide and include personal federal and state income tax returns for the same periods as the business.
- 8) **Related Entity** For purposes of this application, a related entity is any company, partnership, or other legal entity, including but not limited to individuals, that owns the applicant, is owned by the applicant, or is owned by the owner of the applicant. Individuals are related if they are spouses, parents, siblings, children, grandparents, or grandchildren.

SEND YOUR COMPLETED APPLICATION TO:

FINANCIAL HARDSHIP COMMITTEE Chicago Department of Finance 2 N. La Salle Street, Suite 1310 Chicago, Illinois 60602

SECTION I. GENERAL INFORMATION FOR BUSINESS

1)	Name of Busi	ness:		FEIN	N:	
	Street Addres	s:		Ema	ail:	
	City, State, Z	IP:		Pho	ne Number: ()	
2)			ing concern?		If no, attach a writt operations.	en statement and
3)	Is business cu Ban Rec	kruptcy	check applicable st	Assignment For	pporting documents the Benefit Of Cree hip with another tax	ditors
4)	Business is a	sole pro	oprietorship p	oartnership co	orporation othe	r (specify)
5)	Complete for	each owner	, partner, major sh	areholder (25% or	more), etc. (attach	separate sheet if necessary)
	<u>Name</u>	<u>Title</u>	Home <u>Addres</u>	Phone SS	Ownershi <u>%</u>	ρ
6)	Describe busi	ness of taxp	payer and all servic	es and products it	provides (attach se	parate sheet if necessary):
7)						the person who controls, taxes (attach separate sheet
	Name	<u>Title</u>	Home Addres	ss	<u>Duties</u>	

SECTION II. GENERAL FINANCIAL INFORMATION FOR BUSINESSES

1)		Provide below the name checking, payroll, savi			
Name	e of Institution	<u>Address</u>	Account Type	Account <u>Number</u>	
2)	-	- Provide the location, eparate sheet if necessa		contents of all safe of	leposit boxes rented or
Name	of Institution	Address	Box <u>Number</u>	Contents	
3)		Property - Provide the tope of ownership in any in	• 1		. 1
Descr	r <u>iption</u>	Address Purchase Pri	Date of ce Purc	Ownership hase <u>%</u>	Type of <u>Ownership</u>
4)	money market fur	de the type and quantity ds, non-bank certificate (attach separate sheet i	es of deposit), or		, bonds, mutual funds, and e firm in which these
Descr	iption/Institution	Quantity/Acc	ount #		

5)	Life Insurance - I separate sheet if no	•	surance po	olicies owned,	the beneficiary	y, and face an	nount (attach
Name	of Insured	Insurance Company	Policy Number	<u>Beneficia</u>	<u>ry Type</u>	<u>Amount</u>	Face
6)	Notes/Accounts For officers, partners,				bles, including	g loans to con	npanies, partnerships,
Name	of Debtor	Address	A	Amount Date <u>Due</u>	Stat Due	us.	Rate of <u>Interest</u>
7)	Motor Vehicles -	Identify the moto	or vehicles	owned or lease	ed (attach sepa	rate sheet if i	necessary):
Mode	<u>l</u>	Year	License 7	<u> </u>	Creditor/Les	<u>ssor</u>	Owned or Leased?
8)	Lines of Credit -	Provide the credi	t available	from a financia	al institution (attach separa	te sheet if necessary):
Name	of Institution	<u>Address</u>		Credit <u>Limit</u>	Amount Cr Owed Ava		Monthly <u>Payments</u>
9)	Are payments curr Rentals - Identify						(amount). sheet if necessary):
,	1 Property	<u>Lessor</u>	Lessor Address	Length		se Payment	meessary).

-	l above, a related ei	ntity?Yes _	No. If yes, explain how the re	ental fee was
the purpose of such con	mmitments, and ide	entify the anticipate	1 1	
Capital <u>Expenditure</u>	Year <u>Required</u>	<u>Purpose</u>	Source of <u>Funds</u>	
	Future capital expending the purpose of such concommitments (attach see Capital	Future capital expenditures - Identify th the purpose of such commitments, and ide commitments (attach separate sheets if near Capital Year	Future capital expenditures - Identify the applicant's comm the purpose of such commitments, and identify the anticipate commitments (attach separate sheets if necessary). Capital Year Purpose	Future capital expenditures - Identify the applicant's commitments for future capital expendit the purpose of such commitments, and identify the anticipated sources of funds needed to fulfic commitments (attach separate sheets if necessary). Capital Year Purpose Source of

SECTION III. BALANCE SHEET ANALYSIS FOR BUSINESS

Description	Market Value	Amount Owing	Equity	Monthly Payment	Name & Address of Creditor	Date of Debt	Last Paymt Date
Cash on hand							
Bank accounts							
Securities							
Accounts/notes receivable							
Life insurance loan value							
Real property:							
a							
b							
Vehicles:							
a							
b							
Machinery & Equipment							
Inventory							
Other assets:							
a							
b							
С							
Other liabilities:							
a							
b							
С							
Taxes owed							
Totals							
Net equity							

SECTION IV. INCOME AND EXPENSE ANALYSIS FOR BUSINESS

Income for period since last federal income tax return	Amount	Total Income
Gross receipts from sales and services		
Gross rental income		
Interest		
Dividends		
Other income (specify)		
TOTAL INCOME		
	Γ	Γ
Expenses for period since last federal income tax return	Amount	Total Expenses
Purchases		
Wages, contract services		
Rents paid		
Utilities		
Transportation		
Repairs		
Insurance		
Other (specify on attachment)		
TOTAL EXPENSES		
NET INCOME for period since tax return	last federal income	

SECTION V. GENERAL FINANCIAL INFORMATION FOR INDIVIDUALS

This section must be completed by a) any individual assessed for a tax liability as a responsible officer, partner, employee, or limited liability company manager or member who is requesting a comprise of the assessed liability; b) the owner of the sole proprietorship that is requesting a

NOTE:

	compromise of the business=s tax liability; and c) each individual identified in Section I, paragrap above, who is responsible for filing, paying, or remitting Chicago tax returns for the company, partnership, or limited liability company that is requesting a compromise of the business=s tax liability (the Aresponsible individual@). The information for the spouse need only be provided where the spouse is jointly liable for the tax liabilities or has received property, including money, from the applicant or the responsible individual without adequate consideration.	
1) Na	ame:	
2) Re	sidence Address:	
3) Ar	e you married? Yes No. If yes, provide name:	
4)	Do you have any children? Yes No. If yes, provide name and age of each child living with y	ou:
5)	Is your spouse currently employed? Yes No. If yes, provide the name and address of employed	er:
6)	Are you an employee of any other business or enterprise? Yes No. If yes, provide the name address of your employer, and your job title:	and
7)	Have you or your spouse filed for (check applicable status and attach supporting documents): Bankruptcy Financial Hardship with another taxing body	
8)	Bank Accounts - Provide the name, address, and account number of all bank accounts over which the responsible individual has signature authority. Include checking, payroll, savings, certificates of deposit, (attach separate sheet if necessary):	etc.
	Name of Institution Address Account Account Type Number	

	Name of Instituti	<u>on</u> .	<u>Address</u>	Box <u>Numbe</u>		<u>ntents</u>	
10)	Interest in Real ownership and ty property (attach a	pe of ownersl	hip in any real	property, include			e, percentage of trusts that own real
<u>Desc</u>	<u>ription</u>	Address Pu	rchase <u>Price</u>	Date of Purcha	Ownership se	Type o	of <u>Ownership</u>
11)		n-bank certificate sheet if no	cates of deposecessary). Inc	it), or identify th	ie brokerage f	irm in which	mutual funds, money these securities are
12)	Trusts - Identify (attach separate s	sheet if necess	•	either the creator	r, the designa <u>Type</u>	ted beneficia	ary, or the trustee
	Life Insurance -	Identify the l	ife insurance	policies owned,	the beneficiar	y, and face a	mount:

Name	e of Debtor	<u>Address</u>		Amount Dat <u>Due</u>	e <u>Due</u>	<u>Status</u>	Rate of	Interest	
15)	Motor Vehicle	es - Identify the me	otor vehicle	es owned or le	ased (attac	h separate sheet	if necessar	ry):	
	Model	<u>Year</u>	License	Tag#	Credit	or/Lessor		_	
16)		her businesses - I ach a copy of the l			-	entage of owner	ship in all o	other	
	<u>Name</u>	<u>Addr</u>	<u>ess</u>	Own	nership %				
18)	include items s	her Assets - Ident uch as stamp or co ated legal claims o	oin collection	ons, artwork, j					
	~~ .					1 . 1	+ :f		
19)	Credit Cards	- Provide the cred	t available	from a credit	cards (atta	ch separate shee	t II necessa	ry):	
,	e of Institution	- Provide the cred Account <u>Number</u>	t available	from a credit Credit Limit	Amou	ch separate shee nt Credit <u>l Available</u>	Month Paymen	ly	
Name	e of Institution	Account		Credit <u>Limit</u>	Amou Owed	nt Credit <u>Available</u>	Month	ly	

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Cash on hand

Bank accounts

Securities				
Accounts/notes receivable				
Life insurance loan value				
Real property:				
a				
b				
Vehicles:				
a				
b				
Other assets:				
a				
b				
С				
Other liabilities:				
a				
b				
c				
Taxes owed				
Totals				
Net equity				

SECTION VII. INCOME AND EXPENSE ANALYSIS FOR INDIVIDUAL

Income for most recent quarter	Amount	Total Income
Wages (taxpayer)		
Wages (spouse)		
Interest, dividends		
Retirement/pension (taxpayer)		
Retirement/pension (spouse)		
Rents received		
Alimony received		
Child support received		
Other		
TOTAL INCOME		
Living Expenses for quarter	Amount	Total Expenses
Food & clothing		
Personal & miscellaneous		
Housing		
Utilities		
Transportation		
Health care & insurance		
Taxes (income & FICA)		
Life insurance		
Child/dependent care		
Court ordered payments		
Secured debts (other than house or auto payments)		
Other (specify on attachment)		
TOTAL EXPENSES		
SURPLUS INCOME for quarter		

SECTION VIII. OFFER IN COMPROMISE OF TAX LIABILITY

1) Identify the tax type, total amount assessed, and interest accrued to date (attach supporting documents):

	Tax #1	Tax #2	Tax #3	Totals
Tax Type				
Periods				
Principal Tax Due				
Assessed Interest				
Penalties				
Additional interest to date				
Totals				

2) Identify the tax type and total amounts owed for periods subsequent to the date of the assessment as of the date of this Application (attach supporting documents):

	Tax #1	Tax #2	Tax #3	Totals
Tax Type				
Periods				
Principal Tax Due				
Interest				
Penalties				
Totals				

3)	The total amount offered in compromise of the tax liabilities due in paragraph 1 above is \$					
4)	Will the amount offered be paid in full with this offer? Yes No. If no, explain why applicant is unable to pay the full amount due in paragraph 1 above.					
5)	If the amount offered will not be paid in full as a lump sum, describe how and when full payment will be made.					

6)	From what source(s) will the amount offered be paid?
7)	Identify and explain any known commitments or events that affect the applicant's offer of compromise and the applicant=s ability to pay the amount offered which have not otherwise been identified in this Application (attach additional sheets if necessary).
	CERTIFICATION
exar are t grou upon perj	, the undersigned, under penalty of perjury, certify that I have ined this Application, and that the statements set forth in this instrument and its accompanying attachments ue, correct and complete. I understand that falsification of this Application, or any part thereof will be add for rejection of this Application as well as the rescission of any subsequent settlement agreement based any material misrepresentations of fact found by the Chicago Department of Finance. Under penalty of ry, I further certify that all required City of Chicago tax returns have been filed as of the date of this lication.
Sign	nture Date
Prin	Name
Prin	Title