



STATE OF CALIFORNIA
OFFER IN COMPROMISE MS A453
FRANCHISE TAX BOARD
PO BOX 2966
RANCHO CORDOVA CA 95741-2966

August 7, 2020

ARNOLD B ROSE
21004 NORDHOFF ST STE B
CHATSWORTH CA 91311

| | |
|--------------------|---------------------|
| Subject: | Offer in Compromise |
| Taxpayer(s): | Patty |
| Account Number(s): | 1111 |
| Tax Year(s): | 1998-2000 |
| Liability: | \$12,479.10 |

Dear Mr. Rose:

This letter is confirmation regarding our recent telephone conversation. Your client(s) Offer in Compromise (OIC) has been withdrawn.

Pursuant to Government Code section 13943.1, the department has permanently written off your client(s) liability listed above. As a result, they will no longer be subject to collection action on this liability, and all billings and notices will be discontinued.

Sincerely,

Sergio Manzo

Sergio Manzo
Senior OIC Specialist

Department of the Treasury

Date of this Letter: JUL 30 2020

Internal Revenue Service
Centralized OIC
PO Box 9011 Stop 682
Holtsville, NY 11742

COPY

Person to Contact:
Christopher Peters
Employee #:1000178843
Phone#:(844)805-4980 EXT.
08:00am-08:00pm Mon-Fri

Taxpayer ID#:
Offer Number:

PATTY

Dear . A.

We have accepted the offer in compromise you signed and dated on 06/25/2019. The acceptance date is the date of this letter and acceptance is subject to the terms and conditions on the enclosed Form 656, Offer in Compromise.

The conditions of the offer require you to timely file and pay all required taxes for five tax years (including any extensions). This requirement begins on the date of this letter.

Under the conditions of the offer, we will keep any refunds or credits you may be entitled to for 2020 or for earlier tax years, including refunds you may be entitled to receive in 2021 for any overpayments you made toward tax year 2020 or earlier tax years. We will apply any refunds or credits to your liability, not to your accepted offer. If we filed a Notice of Federal Tax Lien against you, we will release it when you pay the offer in full. If you make the final payment by credit or debit card, we won't be able to release the Notice of Federal Tax Lien for up to 120 days from the date of the credit or debit payment.

If you are required to make any payments under this agreement, make your check or money order payable to the United States Treasury and send it to:

Internal Revenue Service
P.O. Box 24015
Fresno, CA 93779

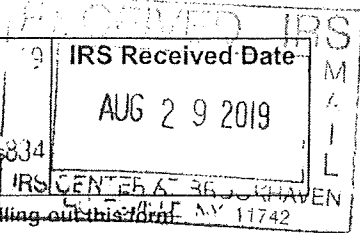
Please send all other correspondence to:

Internal Revenue Service
PO Box 9006
Holtsville, NY 11742-9006

You must promptly notify us of any change in your address or marital status to ensure we can communicate with you about the status of your offer.

continued on next page

Offer in Compromise



To: Commissioner of Internal Revenue Service

In the following agreement, the pronoun "we" may be assumed in place of "I" when there are joint liabilities and both parties are signing this agreement.

I submit this offer to compromise the tax liabilities plus any interest, penalties, additions to tax, and additional amounts required by law for the tax type and period(s) marked in Section 1 or Section 2 below.

Did you use the Pre-Qualifier tool located on our website at http://irs.treasury.gov/oic_pre_qualifier/ prior to filling out this form?

Yes No

Note: The use of the Pre-Qualifier tool is not mandatory before sending in your offer. However, it is recommended.

Include the \$186 application fee and initial payment (*personal check, cashier's check, or money order*) with your Form 656 unless you qualify for the low-income certification. You must also include the completed Form 433-A (OIC) and/or 433-B (OIC) and supporting documentation. You should fill out either Section 1 or Section 2, but not both, depending on the tax debt you are offering to compromise.

Section 1 Individual Information (Form 1040 Filers)

If you are a 1040 filer, an individual with personal liability for Excise tax, individual responsible for Trust Fund Recovery Penalty, self-employed individual, individual personally responsible for partnership liabilities, and/or an individual who operated as a disregarded single member Limited Liability Company (LLC) taxed as a sole proprietor prior to 2009 you should fill out Section 1.

Your first name, middle initial, last name Patty Social Security Number (SSN)

If a joint offer, spouse's first name, middle initial, last name Social Security Number (SSN)

Your home physical address (*street, city, state, ZIP code, county of residence*)

Your home mailing address (*if different from above or post office box number*)

Is this a new address Yes No

If yes, would you like us to update our records to this address Yes No

Your Employer Identification Number (*if applicable*)

Individual Tax Periods (If Your Offer is for Individual Tax Debt Only)

1040 Income Tax-Year(s) 2004, 2006, 2007, 2017, 2018

Trust Fund Recovery Penalty as a responsible person of (*enter business name*) _____
for failure to pay withholding and Federal Insurance Contributions Act taxes (Social Security taxes), for period(s) ending _____

941 Employer's Quarterly Federal Tax Return - Quarterly period(s) _____

940 Employer's Annual Federal Unemployment (FUTA) Tax Return - Year(s) _____

Other Federal Tax(es) [specify type(s) and period(s)] _____

Note: If you need more space, use attachment and title it "Attachment to Form 656 dated _____." Make sure to sign and date the attachment.

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Section 3 Reason for Offer

- Doubt as to Collectibility** - I do not have enough in assets and income to pay the full amount
- Exceptional Circumstances (Effective Tax Administration)** - I owe this amount and have enough in assets and income to pay the full amount, but due to my exceptional circumstances, requiring full payment would cause an economic hardship or collection of the full liability would undermine public confidence that the tax laws are being administered in a fair and equitable manner. I am submitting a written narrative explaining my circumstances

Explanation of Circumstances (Add additional pages, if needed) - The IRS understands that there are unplanned events or special circumstances, such as serious illness, where paying the full amount or the minimum offer amount might impair your ability to provide for yourself and your family. If this is the case and you can provide documentation to prove your situation, then your offer may be accepted despite your financial profile. If applicable, describe your special circumstances below and attach appropriate documents to this offer application

I do not have enough income and assets to pay the full amount. Please accept this offer and allow me a fresh start.

Section 4 Payment Terms

Check one of the payment options below to indicate how long it will take you to pay your offer in full. You must offer more than \$0. The offer amount should be in whole dollars only.

Lump Sum Cash

- Check here if you will pay your offer in 5 or fewer payments within 5 or fewer months from the date of acceptance:

Enclose a check for 20% of the offer amount (waived if you met the requirements for Low-Income Certification) and fill in the amount(s) of your future payment(s).

| Total offer amount | - | 20% Initial payment | = | Remaining balance |
|--|------|---------------------|------|-------------------------|
| \$ 100 | - \$ | | = \$ | 100 |
| You may pay the remaining balance in one payment after acceptance of the offer or up to five payments, but cannot exceed 5 months. | | | | |
| Amount of payment \$ | | payable within | | Month after acceptance |
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| Amount of payment \$ | | payable within | | Months after acceptance |
| Amount of payment \$ | 100 | payable within | | Months after acceptance |

Periodic Payment

- Check here if you will pay your offer in full in 6 to 24 months.

Enter the amount of your offer \$ _____

Note: The total months may not exceed a total of 24, including the first payment. Your first payment is considered to be month 1; therefore, the remainder of the payments must be made within 23 months for a total of 24.

Enclose a check for the first month's payment (waived if you met the requirements for the Low-Income Certification).

The first monthly payment of \$ _____ is included with this offer then \$ _____ will be sent in on the _____ day of each month thereafter for a total of _____ months with a final payment of \$ _____ to be paid on the _____ day of the _____ month.

You must continue to make these monthly payments while the IRS is considering the offer (waived if you met the requirements for Low-Income Certification). Failure to make regular monthly payments until you have received a final decision letter will cause your offer to be returned with no appeal rights.

IRS Use Only

Attached is an addendum dated (insert date) _____ setting forth the amended offer amount and payment terms.