

# Insolvency Settlement Proposal

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
------	-----------------------

**Name of person completing form and relationship to Taxpayer**

Name	Relationship to Taxpayer
------	--------------------------

**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:**

all federal income tax returns from the year immediately prior to the date of assessment to the most recent federal income tax return;

financial statements from the year immediately prior to the date of assessment to the year of the most recent federal income tax return, and year-to-date financial statements for the period following the taxpayer's most recent federal income tax return;


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; 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](mailto: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

