NORTH CAROLINA DEPARTMENT OF REVENUE

Third Party Affirmation of Offered Amount

Taxpayer Name: _____

Taxpayer SSN/FEIN: _____

Amount Offered: _____

I, _____ (third party name), will provide $ _____ (amount of offer) in certified funds for _____ (taxpayer name) payable to the North Carolina Department of Revenue within 30 days after acceptance of the offer in compromise.

Printed Third Party Name: _____

Third Party Address: _____

Third Party Signature: _____

Date: _____

_____ State

_____ County

I, _____ , a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the_____day of

_____ , 20__.

_____

Notary Public

My commission expires _____ , 20__.

An Equal Opportunity Employer