## NORTH CAROLINA DEPARTMENT OF REVENUE

## Third Party Affirmation of Offered Amount

expayer Name:
axpayer SSN/FEIN:
mount Offered:
(third party name), will provide \$
mount of offer) in certified funds for(taxpayer name) yable to the North Carolina Department of Revenue within 30 days after acceptance of the fer in compromise.
inted Third Party Name:
nird Party Address:
nird Party Signature:
ate:
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
Nata na Dada Ba
Notary Public
My commission expires, 20, 20