

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