

Form OR-SOA

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(Rev. 12-04-24)

Settlement Offer Application



Revenue use only	
Date received	
Revenue agent	

Section 1. Personal information

First name	Initial	Last name	Social Security number — —	Your date of birth
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Other names or aliases used

Spouse/RDP first name	Initial	Last name	Spouse/RDP Social Security number — —	Spouse/RDP date of birth
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Spouse/RDP other names or aliases used

Phone — —	Driver license number	State	Spouse/RDP phone — —	Spouse/RDP's driver license no.	State
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Email	Spouse/RDP email
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1. Dependent name (living with you)	Date of birth	Social Security number — —	Relationship
2. Dependent name (living with you)	Date of birth	Social Security number — —	Relationship
3. Dependent's name (living with you)	Date of birth	Social Security number — —	Relationship

Current physical address	City	State	ZIP code	County	Home phone — —
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Your mailing address (if different from above)	City	State	ZIP code
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Tax representative name (CPA, attorney, enrolled agent)	Fax number — —	Phone — —
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Tax representative address	City	State	ZIP code
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Section 2. Employment information (personal and business)

Employer or business name	Business phone — —	Payroll fax — —
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Address	City	State	ZIP code
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Date hired: _____ Occupation: _____ ☐ Wage earner ☐ Sole proprietor ☐ Partner ☐ Owner officer

Paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month Number of allowances claimed on Form W-4: _____

Spouse/RDP employer or business name	Business phone — —	Payroll fax — —
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Address	City	State	ZIP code
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Date hired: _____ Occupation: _____ ☐ Wage earner ☐ Sole proprietor ☐ Partner ☐ Owner officer

Paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month Number of allowances claimed on Form W-4: _____

Section 2. (continued) Employment information (personal and business)

If self-employed: List all responsible owner(s), partner(s), officer(s), major shareholder(s), etc.

Identify the major responsibilities of each by circling the codes that apply: 1 = Files returns; 2 = Pays taxes; 3 = Prefers creditors; 4 = Hires and fires

Name and title	Effective date	Home address	Home phone	SSN	Code
					1 2 3 4
					1 2 3 4
					1 2 3 4

Section 3. General financial information (personal and business)

Bank accounts. Include IRA and retirement plans certificates of deposit, etc. For all accounts, attach copies of your last three bank statements.

Attach additional pages as needed.

Name of institution	Address	Type	Date opened	Account number	Balance

Total. Enter this amount on line 2, Section 4 (asset and liability analysis)..... \$

Safe deposit boxes (rented or accessed). Include location, box number, and contents. Attach additional pages as needed.

Name of institution	Address	Box identification	Current value of assets

Total. Enter this amount on line 3, Section 4 (asset and liability analysis)..... \$

Vehicles. Attach supporting documentation of current payoff. Attach additional pages as needed, and vehicles paid in full.

Year, make, model, license number	Lender/lien holder	Current market value	Current payoff	Available equity (cannot be less than \$0)

Total. Enter this amount on line 4, section 4 (asset and liability analysis) \$

Personal property. Include water craft, RVs, air craft, business equipment, and/or machinery. Attach additional pages as needed.

Year, make, model, license number	Lender/lien holder	Current market value	Current payoff	Available equity (cannot be less than \$0)

Section 3. (continued) **General financial information** (personal and business)**Personal property.** (continued) Include water craft, RVs, air craft, business equipment, and/or machinery. Attach additional pages as needed.

Year, make, model, license number	Lender/lien holder	Current market value	Current payoff	Available equity (cannot be less than \$0)
Total. Enter this amount on line 6, section 4 (asset and liability analysis)				\$

Life insurance. Attach additional pages as needed.

Name of insurance company	Agent's name and phone	Policy number	Type	Face amount	Loan/cash surrender value
Total. Enter this amount on line 7, section 4 (asset and liability analysis)					\$

Securities. Include stocks, bonds, mutual funds, money market funds, securities, 401(k), etc. Attach additional pages as needed.

Type	Where located	Owner of record	Quantity or denomination	Current value
Total. Enter this amount on line 8, section 4 (asset and liability analysis)				\$

Real property. Include a copy of the deed and a copy of homeowners/rental insurance policy with riders and supporting documentation of loan balance. Attach additional pages as needed.

A. Physical address	Type (single- or multi-family dwelling, lot, rental, etc.)	Mortgage lender's name and address
Parcel number: _____		

How is title held: _____ Purchase price: _____ Purchase date: _____

Current market value: _____ Mortgage balance: _____ Equity: _____

B. Physical address	Type (single- or multi-family dwelling, lot, rental, etc.)	Mortgage lender's name and address
Parcel number: _____		

How is title held: _____ Purchase price: _____ Purchase date: _____

Current market value: _____ Mortgage balance: _____ Equity: _____

C. Physical address	Type (single- or multi-family dwelling, lot, rental, etc.)	Mortgage lender's name and address
Parcel number: _____		

How is title held: _____ Purchase price: _____ Purchase date: _____

Current market value: _____ Mortgage balance: _____ Equity: _____

Section 3. (continued) **General financial information** (personal and business)

D. Physical address	Type (single- or multi-family dwelling, lot, rental, etc.)	Mortgage lender's name and address
Parcel number: _____		

How is title held: _____ Purchase price: _____ Purchase date: _____

Current market value: _____ Mortgage balance: _____ Equity: _____

Total Equity. Enter this amount on line 9, Section 4 (asset and liability analysis) \$**Credit cards and lines of credit.** Credit cards and unsecured lines of credit may only be allowed with three months of statements showing they are used for living expenses.

Type of account	Name and address of creditor	Monthly payment	Credit limit	Credit available	Amount owed
Total				\$	

Total. Enter this amount on line 28, Section 4 (asset and liability analysis) \$**Other financial information.** Please provide the following information relating to your financial conditions. If you check "Yes" in any box, provide dates, an explanation, and documentation. Attach additional pages as needed.

Court proceedings..... ☐ No ☐ Yes _____

Repossessions ☐ No ☐ Yes _____

Anticipated increase in income ☐ No ☐ Yes _____

Bankruptcies/receiverships ☐ No ☐ Yes _____

Recent transfer of assets ☐ No ☐ Yes _____

Beneficiary to trust, estate, profit sharing, etc.... ☐ No ☐ Yes _____

Last Oregon income tax return filed Year: _____

Total number of exemptions claimed _____

Adjusted gross income from return \$ _____

List any vehicles, equipment, or property sold, given away, or repossessed during the past three years. Attach additional pages as needed.

Year, make, model of vehicle, or property address	Who took possession	Value

Section 4. Assets and liability analysis**Immediate assets.**

	Totals
1. Cash	
2. Bank accounts / balance (from section 3)	
3. Safe deposit box value of contents (from section 3)	
4. Enter vehicles / available equity (from section 3) here:	
5. Vehicle equity formula (line 4 - \$3000, if less than \$0, enter \$0)	
6. Personal property (from section 3)	
7. Loan / cash surrender value for life insurance (from section 3)	
8. Securities (from section 3)	
9. Current real estate equity (from section 3)	
10. Notes	
11. Accounts receivable	
12. Judgements / settlements received or pending	
13. Interest in trusts	
14. Interest in estates	
15. Partnership interests	
16. Major machinery / equipment, etc.	
17. Business inventory	
18. Other assets: (specify): (Example: \$1,000 guns / \$200 jewelry / \$800 gold)	
19. Other assets (specify):	
20. Total assets	\$

Real property equity. From Section 3. Liens or cost of sale don't reduce equity (can't be less than \$0).

Address or location	RMV from property tax statement	Mortgage payoff amount	Equity	Totals
21. Property 1:				
22. Property 2:				
23. Property 3:				
24. Total equity from properties listed on additional sheet (if applicable)				
25. Total of all real property equity (add the Equity column from lines 21 thru 24)				
26. Enter dollar amount from line 20				
27. Total value of all immediate assets and real property equity (line 25 plus line 26)				\$

Current liabilities. Include judgements, notes, and other charge accounts. Do **not** include vehicle or home loans.

28. Amount owed to credit cards and lines of credit (from Section 3)	
29. Taxes owed to IRS (provide a copy of recent notices)	
30. Other liabilities (specify):	
31. Other liabilities (specify):	
32. Other liabilities (specify):	
33. Total liabilities	\$

Section 5. Monthly income and expense analysis**Income.** Attach copies of all income sources that contribute to household expenses (minimum three months).

List Net Income	Totals
34. Wages / salaries / tips (yours)	
35. Social Security income (yours)	
36. Pension / annuities (yours) <input type="checkbox"/> pension <input type="checkbox"/> annuities <input type="checkbox"/> both	
37. Disability (yours)	
38. Wages / salaries / tips (spouse/RDP's)	
39. Social Security income (spouse/RDP's)	
40. Pension / annuities (spouse/RDP's) <input type="checkbox"/> pension <input type="checkbox"/> annuities <input type="checkbox"/> both	
41. Disability (spouse/RDP's)	
42. Interest / dividends / royalties (average monthly)	
43. Payments from trust / partnerships / entities	
44. Unemployment	
45. Other income (specify)	
46. Other income (specify)	
47. Other income (specify)	
List Gross Income	
48. Business income (yours)	
49. Business income (spouse/RDP's)	
50. Rental income	
51. Child support	
52. Alimony	
53. Seller carried contracts / sales	
54. Total income	\$

Personal expenses (actually paid). (May be limited by federal standards.)

	Amount
55. Rent / mortgage / real estate secured line(s) of credit <small>If renting—name, address, and phone number of landlord</small>	
56. Real estate taxes (Is this included in your mortgage payment? <input type="checkbox"/> No <input type="checkbox"/> Yes)	
57. Personal home owners / renters insurance: () Assoc. fees: ()	
58. Personal utilities: Electric: () Natural gas / oil: () Phone, internet, & cable: () Garbage: () Water / sewer: ()	
59. Food / clothing / other items: No. of people: () Their ages: ()	
60. Auto payments / lease	
61. Auto insurance	
62. Auto maintenance / fuel / other transportation	
63. Medical payments (not covered by insurance) (provide proof)	
64. Estimated tax payments (provide proof)	
65. Court ordered payments (alimony, child support, restitution, not deducted from your paycheck)	

Section 5. (continued) Monthly income and expense analysis**Personal expenses (actually paid).** (continued) (May be limited by federal standards.)

	Amount
66. Garnishments (specify)	
67. Delinquent tax payments (other than Oregon state taxes, IRS, etc.)	
68. Work related child care expenses	
69. Other expenses (do not include unsecured debt) (specify)	
70. Total personal expenses	\$

Business expenses (actually paid). Provide current general ledger and profit / loss.

	Amount
71. Materials purchased (specify)	
72. Supplies (specify)	
73. Installment payments (specify)	
74. Monthly payments (specify)	
75. Rent / mortgage	
If renting—name, address, and phone number of landlord	
76. Insurance	
77. Business utilities: Electric: ()	
Natural gas / oil: () Phone, internet, & cable: ()	
Garbage: () Water / sewer: ()	
78. Net wages and salaries paid to employees	
79. Current taxes (payroll / business)	
80. Other: Specify: (do not include unsecured debt)	
81. Total business expenses	\$
82. Net disposable income (line 54 minus lines 70 and 81).....	\$

Section 6. Settlement offer calculations

83. Net disposable income from line 82 (If less than \$0, enter \$0)		
84. Disposable income formula (line 83 x 12.0)		
85. Total value of all immediate assets and real property equity from line 27 (If less than \$0, enter \$0)		
86. Assets and equity formula (line 85 x 0.75)		
87. Total settlement offer amount (add lines 84 and 86).....	\$	
88. Submit a 5 percent nonrefundable payment with this application (line 87 x 0.05)	\$	

Payoff information

When will you pay the remainder of this settlement offer? (check one)

- ☐ Within 30 days from the date of Department of Revenue's acceptance letter.
- ☐ In 12 equal monthly installments. Day of month you want your installment payments due: _____

Will you borrow the settlement offer amount (line 87)?

- ☐ Yes ☐ No

Payoff information (Continued)

Lender information				Collateral
Name				
Mailing address	City	State	ZIP code	
Phone				
Is lender a member of your household or immediate family?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Tax type	Social Security number or business identification number	Years/quarters
<input type="checkbox"/> Personal income tax		
<input type="checkbox"/> Business tax		
<input type="checkbox"/> Other (explain) _____		

Please provide any additional information not already included. Attach additional pages as needed. **All** household income must be included.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Terms and conditions

By making this offer, I understand and agree to these terms and conditions:

1. If I don't meet all of the terms and conditions of this offer, the Department of Revenue will cancel the settlement offer and **collect the full amount of my debt**, including interest and penalties.
2. I will voluntarily submit all settlement offer payments.
3. The Department of Revenue will apply all payments, refunds, or credits it receives before my settlement offer is approved to my debt and not to the settlement offer amount.
4. If I have a current payment plan for this debt, I will continue making payments, as agreed, while this offer is pending.
5. I forfeit my right to appeal [Oregon Revised Statute (ORS) 305.280(3)].
6. For three years from the date I pay the settlement offer amount in full, I will file all returns and pay all taxes due. I will pay any tax debt in full within 90 days from the date of the notice I receive from the department. If I don't, I violate this settlement offer agreement and the Department of Revenue will collect the full debt amount.
7. I authorize the Department of Revenue to contact third parties (IRS, Department of Employment, credit reporting firms, etc.) to verify information I provided in the settlement offer application.
8. The Department of Revenue will release any tax liens on my property after a three year compliance period is complete.

Taxpayer agreement and authorization to use credit reports

I read and agree to the above terms and conditions. Under penalties of perjury, I declare that I examined this offer, including all attached documentation, and to the best of my knowledge and belief, it is true, correct, and complete. I (we) authorize the Oregon Department of Revenue to use credit reports and other tools to verify any information in this settlement offer application and for collection purposes.

**SIGN
HERE**

➡	_____ Your signature	_____ Date
➡	_____ Spouse/RDP signature (if applying jointly, BOTH must sign even if only one had income)	_____ Date

Sign and return your completed application, documentation, and 5 percent payment to:

Oregon Department of Revenue
PO Box 14725
Salem OR 97309-5018

Did you include everything?

Before mailing, please review your application to make sure it's complete and includes all supporting documentation. We'll return your application if you don't sign it or include payment, are appealing your tax debt, or haven't filed all required tax returns see *Form OR-SOA Instructions*, 150-101-157-1, page 1.

Did you:

1. Include a 5 percent payment with this application?
2. Sign the taxpayer agreement and authorization to use credit reports above? If applying jointly, did your spouse/RDP sign it?
3. Include Form OR-AUTH-REP, *Authorization to Represent*, 150-101-101, or Form OR-AUTH-INFO, *Authorization to Receive Tax Information*, 150-101-100, if needed?
4. Make a copy of this application for your records?

If you answered yes to each question, included all supporting documentation, and met all the conditions for qualifying, see *Form OR-SOA Instructions*, 150-101-157-1, page 1, you're ready to submit your application. We'll contact you within 10 business days to let you know we received it.

If you need to contact us, see *Form OR-SOA Instructions*, 150-101-157-1, page 4.