ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION

Settlement or Compromise of Tax Liability

Offer in Compromise (OIC) Program Application

26 CAR §§ 5-101 – 5-107 (Ark. Code Ann. § 26-18-705)

Revised 8/2026

WHERE TO FILE

Submit your completed application to:

Email (preferred): PRO.TaxInfo@dfa.arkansas.gov

Or by mail: Arkansas Department of Finance and Administration — OIC Program
P.O. Box 2717, Little Rock, AR 72203-2717

Telephone: (501) 682-7751

An application without the required attachments will be withdrawn from review.

1 Individual Taxpayer or Primary Business Owner

Name, home address & telephone

Name

Street Address

City, State, ZIP Code

Telephone Number

Fax Number

E-mail Address

2 Business

Name, address & telephone

Business Name

Street Address

City, State, ZIP Code

Telephone Number

Fax Number

3 Social Security Numbers

List both primary & secondary if you file joint tax returns.

(a) Primary

(b) Secondary

4 Sales Tax Permit Number

Permit Number

5 Federal Employer Identification Numbers (FEIN)

or other Arkansas tax permit numbers.

FEIN / Permit No. (1)

FEIN / Permit No. (2)

6 To: Revenue Director

I/We submit this offer to compromise the tax liabilities plus any interest, penalties, additions to tax, and additional amounts required by law for the tax type and period marked below. Check the box for each type of tax. Then list the time periods (months and years) your offer covers.

	List Year(s)
☐ Individual Income Tax	

	List Months and Years
☐ Withholding Tax	

	List Months and Years
☐ Sales/Use Tax	

	Type(s)	Months/Years
☐ Other Tax(es)		

Note: If you need more space, attach a separate page.

7 Bankruptcy

List all prior bankruptcies. Attach a separate sheet if needed. List "NA" if not applicable.

Date Filed	Docket Number	Date of Discharge / Dismissal

8 Explain why a payment plan is not an option to settle this liability.

A payment plan means equal monthly payments over a set period of time.

Explain why a payment plan is not an option to settle this liability

9 Acknowledgment of Insolvency

Read this statement, then sign and date it.

I/We submit this offer on the ground of **insolvency**. I/We state that I/we are unable to pay the debts listed in this application as they fall due in the usual course of business, or that my/our liabilities exceed the reasonable market value of the assets I/we hold.

I/We understand that the Department will evaluate this offer using the financial information I/we provide, and that I/we must submit every item on the attachment checklist for the offer to be reviewed.

I/We declare that the information given in this application and in its attachments is true, correct, and complete.

Signature of Taxpayer or Business Owner

Date

Corporate Title (if applicable)

Printed Name of Taxpayer or Business Owner

Signature of Spouse (if applicable)

Date

If the offer is for income tax filed by a taxpayer and spouse, both must sign. If the offer is for a business, an owner or a corporate officer must sign.

10 Amount of Offer

I/we offer to pay ($)

This amount cannot be zero and must be reasonable for the State to accept, based on your financial situation.

☐ **Paid with this offer** — This payment is not deemed to be a payment on a payment plan agreement or settlement of any kind. We will accept it as a good-faith payment and apply it to the tax debt you listed above.

☐ **Paid in full within 30 days of acceptance** — Paid in full within 30 days of acceptance of this offer by the Arkansas Department of Finance and Administration.

Note: Make all checks payable to **Arkansas Department of Finance and Administration**. If you do not pay in cash, you must use certified funds, such as a cashier's check, not a personal check. You can pay by credit card only for individual income tax.

By submitting this offer, I/we understand and agree to the following condition:

I/We understand that I/we remain responsible for the full amount of the tax liability, unless and until the Arkansas Department of Finance and Administration accepts the offer in writing and I/we have met all the terms and conditions of the offer. The Department will not remove the original amount of the tax liability from its records until I/we have met all the terms of the offer.

Explanation of Circumstances — Individual Taxpayer / Business Taxpayer

Explain why the tax was not collected or paid for the periods in your offer. If any debts listed on your financial statement forms (IRS Forms 433-A, 433-B, or 433-F) are owed to family members, describe the debt and your relationship to that family member.

Explanation of circumstances — why the tax was not collected or paid

This page must be completed. Failure to complete this will result in the offer not being reviewed.

A separate page may be attached if necessary. This form must be signed and dated. If the offer is for income tax filed by a taxpayer and spouse, both must sign the offer. If the offer is for a business, an owner and/or a corporate officer must sign and date the form. If someone other than the taxpayer prepared the 2000-4 form, please indicate this in the space provided and attach a Power of Attorney.

Taxpayer's or Business Name (printed)

Prepared by (if other than taxpayer)

Signature of Taxpayer or Business Owner

Date

Corporate Title (if applicable)

Spouse's Name (if applicable) (printed)

Signature of Spouse (if applicable)

Date

- Submit all items on the checklist below.
- If you are requesting abatement of penalty and/or interest only, you may send the request via email to PRO.TaxInfo@dfa.arkansas.gov. Include your Account or Letter ID number, a good contact phone number, and an Explanation of Circumstances.

Attachment Checklist	Section-by-Section Instructions
☐ **1.** Completed Offer in Compromise Form 2000-4.	**Section 1** Complete if the offer is for an individual, partnership, or closely held corporation.
☐ **2.** IRS Form 433A or 433F and/or 433B. 433A or 433F is completed for an individual and/or sole proprietor and 433B is completed for a business. Please complete both forms if the offer is for a partnership, single-member LLC, or closely held corporation.	**Section 2** Complete if the offer is for a business debt in the form of a sole proprietorship, corporation, LLC, partnership, or S corporation.
☐ **3.** If you have not filed your Arkansas Income Tax returns, including your Federal Income Tax returns, for the most recent two years you must provide copies of those State and Federal returns.	**Section 3** Provide the Social Security Numbers for the Individual or Individuals that are applying.
☐ **4.** Copy of last three paycheck stubs or other income (i.e., pension, social security, alimony, or rental) if applicable.	**Section 4** Complete if the offer is for sales tax owed. If this number is not known, please call 501-682-1895 for assistance.
☐ **5.** Copy of bank statements with check copies or images for the last 6 months (or 12 months if tax due is over $25,000), as well as any other financial institution statements for which you have check-writing authority.	**Section 5** Complete if the offer is for withholding tax, income tax, or, if applicable, for other taxes.
☐ **6.** Credit report less than 30 days old.	**Section 6** Check the appropriate box and list the months/years of debt owed to the Department. Attach a separate sheet if necessary. A copy of a Sales Tax Transcript, showing all periods due, will suffice if the type of tax due is sales tax.
☐ **7.** IRS information, if applicable — copy of IRS Offer in Compromise and acceptance letter or other IRS arrangements.	**Section 7** Complete if the taxpayer filed bankruptcy. If not, list "NA."
☐ **8.** Affidavit concerning real and personal property transfers within the last two (2) years.	**Section 8** An explanation is required as to why a payment plan is not an option to settle this liability. Please use an additional sheet if necessary.
☐ **9.** Copy of most recent real property and personal property tax assessments.	**Section 9** Read the acknowledgment, then sign and date it. Your signature states that the offer is submitted on the ground of insolvency and that the information you have given is true, correct, and complete. If the offer is for income tax filed by a taxpayer and spouse, both must sign.
☐ **10.** Order of Discharge from Bankruptcy, if applicable — complete copy of petition and schedules, and Statement of Intent for Chapter 7.	**Section 10** Enter the amount you can pay with the offer, or within 30 days of the offer. The amount cannot be $0. If you leave this blank, we will treat the offer as incomplete, and it will be withdrawn without review. In the space provided, tell us where the money comes from (for example: a bank loan, or money from savings). You must pay with certified funds payable to the Arkansas Department of Finance and Administration.
☐ **11.** Power of Attorney, if applicable.	

Failure to include ALL requested documents will cause your offer to be withdrawn from review.

Complete and include this checklist with the application. Additional information may be requested after receipt of the Offer in Compromise. Email your completed and signed application with the documents listed above to the address listed on Page 1 of Form 2000-4.