



Attach a COPY of the

- **Repayment Agreement, if any**
- **Documentation Showing CURRENT Status of Repayment Program**

**SUPPLEMENTAL FORM 8
PAST DUE TAX DEBT**

For Use with Question 4.22

Complete a separate FORM 8 for each past due tax debt.

Applicant Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>First</i>	<i>Middle</i>	<i>Last</i>

Date Form Completed:	<input type="text"/>	mm/dd/yyyy
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Period(s) for Which Taxes are Past Due:	<input type="text"/>
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Name and Complete Address of Relevant Tax Authority

Name of Tax Authority:	<input type="text"/>				
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Phone #:	<input type="text"/>				

Tax Payer ID Number:	<input type="text"/>	
ORIGINAL Amount of Past Due Taxes:	\$ <input type="text"/>	
CURRENT Amount Still Owing:	\$ <input type="text"/>	
Date of Last Payment:	<input type="text"/>	mm/dd/yyyy

CURRENT Status of This Past Due Tax Debt:	<input type="text"/>
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Describe the History of this Past Due Tax Debt

Include any Payment Arrangements, Actions Taken to Collect and any Defenses.