



Attach a COPY of the

- **Repayment Agreement, if any**
- **Documentation Showing CURRENT Status of Repayment Program**
- **Satisfaction of Tax Debt/Zero Balance with Tax Authority Document(s)**

**SUPPLEMENTAL FORM 8
PAST OR CURRENT TAX DEBT**

For Use with Question 4.22

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

Applicant Name:

First Middle Last

Date Form Completed: mm/dd/yyyy

Period(s) for Which Taxes are/were Past Due:

Name and Complete Address of Relevant Tax Authority

Name of Tax Authority:

Address:

City: State: Zip:

Phone #: ()

Tax Payer ID Number:

ORIGINAL Amount of Past Due Taxes: \$

CURRENT Amount Still Owing: \$

Date of Last Payment: mm/dd/yyyy

CURRENT Status of this Past Due Tax Debt:

Describe the History of this Tax Debt

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