Form **14773**
(December 2017)

Department of the Treasury - Internal Revenue Service

Offer in Compromise Withdrawal

Offer number	Taxpayer Identification Number *(last 4 digits)*

To whom it may concern:

I hereby withdraw my Offer in Compromise (OIC) dated _____. I understand that by withdrawing this OIC, I waive my appeal rights.

Signature	Name *(printed)*	Date

Please complete this section if you submitted a deposit with the OIC. **(This does not include the non-refundable application fee you paid.)** *(If you need additional space, attach a separate sheet.)*

Amount of Deposit $ _____

Check one

☐ I wish to have my OIC deposit refunded to me.

☐ I consent to the application against my outstanding tax liability, as shown below, of the above amount deposited on my OIC.

Taxpayer ID Number *(last 4 digits)*	Type of Tax	Period	Amount to be Applied

Sign here to acknowledge application of deposit	Date