Form **14773-A**
(December 2017)

Department of the Treasury - Internal Revenue Service

Offer in Compromise Withdrawal - Joint

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

To whom it may concern:

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

Signature	Name *(printed)*	Date
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

☐ We wish to have our OIC deposit refunded to us.

☐ We consent to the application against our 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

Signature	Date	Signature	Date