STATE OF CALIFORNIA

APPLICATION FOR DISCHARGE FROM ACCOUNTABILITY

STD. 27 (REV. 8-97)

(See SAM Section 8776.6)

Submit in triplicate to the Office of the State Controller, Division of Collections, Bureau of Tax Administration

DEPARTMENT NAME	CLAIM AMOUNT $
DEPARTMENT ADDRESS	
DEBTOR'S NAME	DEFICIENT ACCOUNT TITLE *(i.e., Specific Fund)*

Explain in detail, the collection efforts made and circumstances warranting discharge, per SAM Section 8776.6. Include the following:
(Attach additional pages if needed.)

1. A statement as to the nature of the money due.
2. The specific collection efforts made such as:
   a. Collection letters issued
   b. Offset attempts made
   c. Legal action pursued
   d. Collection agency activities or accounts receivable sales
3. The estimated cost of further collection efforts.
4. Other facts warranting discharge.

Each of the following questions must be answered. Any "NO" or "NOT APPLICABLE" responses must be explained in a separate attachment if necessary.

1. NO STATE CREDIT EXISTS AGAINST WHICH THE DEBT CAN BE OFFSET.
   ☐ **YES** ☐ **NO** ☐ **NOT APPLICABLE**
2. COLLECTION IS IMPROBABLE FOR THE REASON CITED.
   ☐ **YES** ☐ **NO** ☐ **NOT APPLICABLE**
3. THE COST OF RECOVERY DOES NOT JUSTIFY THE COLLECTION.
   ☐ **YES** ☐ **NO** ☐ **NOT APPLICABLE**
4. HAS A CURRENT COPY OF YOUR AGENCY'S ACCOUNTS RECEIVABLE MANAGEMENT ACT REPORT BEEN SUBMITTED TO THE FRANCHISE TAX BOARD?
   ☐ **YES** ☐ **NO** ☐ **NOT APPLICABLE**

I declare under penalty of perjury that each of the foregoing statements is true and correct. (CCP Section 2015.5)

Executed at _____ , California, this _____ Day of _____ , Year of _____

SIGNATURE	TELEPHONE NUMBER	DATE SIGNED	AUTHORIZED BY	DATE AUTHORIZED
PRINTED NAME AND TITLE			PRINTED NAME AND TITLE	

NOTICE: EVERY PERSON WHO, WITH INTENT TO DEFRAUD, PRESENTS FOR ALLOWANCE OR FOR PAYMENT TO ANY STATE BOARD OR OFFICER, . . . AUTHORIZED TO ALLOW OR PAY THE SAME IF GENUINE, ANY FALSE OR FRAUDULENT CLAIM, BILL, ACCOUNT, VOUCHER, OR WRITING IS GUILTY OF A FELONY. (PENAL CODE SECTION 72)

THIS SPACE RESERVED FOR SCO USE ONLY

The STATE CONTROLLER'S OFFICE hereby certifies that this claim has been APPROVED FOR DISCHARGE pursuant to Government Code Section 13943 with the delegated authority for the State Board of Control.

AUTHORIZED SIGNATURE	DATE SIGNED
PRINTED NAME AND TITLE	