

Note: Complete all blocks. Write N/A (not applicable) in blocks that do not apply.

<b>1. Taxpayer Information</b>			
Primary Taxpayer Name:	Social Security Number:	Date of Birth:	Contact Phone Number:
Spouse Name (required if married):	Social Security Number:	Date of Birth:	Contact Phone Number:
Mailing Address:			Locality (City/County):
Ages and relationships of dependents claimed on last return and/or living in your household (exclude yourself and spouse):			

<b>2. Sources of Income</b>			
<b>a. Employment Information</b>			
Primary Taxpayer Employer: (Name and Address)	How long employed:	Business Phone Number:	Occupation:
	Gross pay per pay period: \$ _____	Check appropriate box:	
	How often paid: _____	<input type="checkbox"/> Wage/Salary <input type="checkbox"/> Bonus/Commission <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other: _____ <input type="checkbox"/> Partner	
Payday/date: _____			
Spouse Employer: (Name and Address)	How long employed:	Business Phone Number:	Occupation:
	Gross pay per pay period: \$ _____	Check appropriate box:	
	How often paid: _____	<input type="checkbox"/> Wage/Salary <input type="checkbox"/> Bonus/Commission <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other: _____ <input type="checkbox"/> Partner	
Payday/date: _____			

<b>b. Self-Employment Information</b>	
Is your business a sole proprietorship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Identification Number (EIN):
Name and Address of Business:	Number of Employees:
	Business Description:

<b>c. Investments in Pass-Through Entities</b>	
Name and Address of Business:	Employer Identification Number (EIN):
	Annual Income \$
	Percentage of Ownership
Type of Business: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> Other	Number of Owners/Shareholders: _____ Number of Employees: _____
Name and Address of Business:	Employer Identification Number (EIN):
	Annual Income \$
	Percentage of Ownership
Type of Business: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> Other	Number of Owners/Shareholders: _____ Number of Employees: _____

<b>d. All Other Income Source(s) (unemployment, pensions, social security, disability, annuities, etc.)</b>				
	Source	Begin Date	End Date	Amount
Primary Taxpayer				
Spouse				
Other Household Member				
Other Household Member				
Other Household Member				

**3. General Financial Information (attach extra sheets as needed for each section)**

**a. Cash on Hand \$ \_\_\_\_\_**

**b. Bank accounts (include savings and loans, credit unions, IRA and retirement plans, certificates of deposit, etc.)**

Name of Financial Institution	Address	Type of Account	Account Number	Balance

**c. Securities (stocks, bonds, mutual funds, money market funds, government securities, etc.)**

Type of Security	Quantity or Denomination	Current Value	Where Located	Owner of Record

**d. Life Insurance (Name and Company)      Policy Number      Type (Whole/Term)      Face Amount      Loan Value**

Name and Company	Policy Number	Type (Whole/Term)	Face Amount	Loan Value

**e. Credit cards and lines of credit from banks, credit unions, and savings and loans**

Type of Account or Card	Name of Financial Institution	Address	Monthly Payment	Credit Limit	Amount Owed	Credit Available

**f. Real Property (brief description and address)      Mortgage Holder/Account Number      Value      Amount Owed**

Real Property (brief description and address)	Mortgage Holder/Account Number	Value	Amount Owed
Locality (City/County)			
Locality (City/County)			
Locality (City/County)			

**g. Vehicle Information (enter information about any cars, boats, motorcycles, RV's, etc.)**

Vehicle Description Year/Make/Model	City/State of Registration	Owned or Leased	Registered Owner	Value	Amount Owed

**4. Other information relating to your financial condition. If you check the "YES" box, please give dates and explain in comments box below:**

Court Proceedings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bankruptcies: <input type="checkbox"/> Yes <input type="checkbox"/> No
Repossessions/Foreclosures: <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent sale or other transfer of assets for less than full value: <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated increase in income: <input type="checkbox"/> Yes <input type="checkbox"/> No	Participant or beneficiary to trust, estate, profit sharing, etc.: <input type="checkbox"/> Yes <input type="checkbox"/> No
Delinquent Federal Taxes: <input type="checkbox"/> Yes    If Yes, outstanding balance: _____ <input type="checkbox"/> No	
Safe Deposit Box: <input type="checkbox"/> Yes    If Yes, attach listing of contents <input type="checkbox"/> No	

**Comments:**

5. Income and Expenses			
Monthly Income and Expense Worksheet			
Net Household Income (include spouse, children, and any others that contribute to the household)		Expenses (actual expenses)	
Wages/Salary (including bonuses and commissions):	Primary:	Mortgage:	Primary:
	Spouse:		Spouse:
Pension:	Primary:	Secondary Mortgage:	Primary:
	Spouse:		Spouse:
Annuity:	Primary:	Rent:	Primary:
	Spouse:		Spouse:
Social Security:	Primary:	Bank Credit Card Payments:	Primary:
	Spouse:		Spouse:
Alimony: End date:	Primary:	Department Store Card Payments:	Primary:
	Spouse:		Spouse:
Child Support: End date:	Primary:	Vehicle Payment:	Primary:
	Spouse:		Spouse:
Rental Income:	Primary:	Vehicle Payment:	Primary:
	Spouse:		Spouse:
Business Income:	Primary:	Groceries:	Primary:
	Spouse:		Spouse:
Distributions from pass-through entities, trusts, and estates (including K-1 amounts):	Primary:	Utilities (phone, gas, electric, water):	Primary:
	Spouse:		Spouse:
Other Income (list and explain):		Auto Insurance:	Primary:
			Spouse:
		Out of Pocket Health Insurance:	Primary:
			Spouse:
		Out of Pocket Healthcare Expenses:	Primary:
		Spouse:	
	Life Insurance:	Primary:	
		Spouse:	
	Child Support Payments End date:	Primary:	
		Spouse:	
Income from Other Household Members (include names):		Court Ordered Payments (explain) End date:	Primary:
			Spouse:
		Transportation (fuel, maintenance, tolls, mass transit, etc.):	Primary:
			Spouse:
		IRS Payment Plan:	Primary:
		Spouse:	
	State Tax Payment Plan:	Primary:	
		Spouse:	
	Other Expenses (list and explain):	Primary:	
		Spouse:	
<b>TOTAL MONTHLY INCOME:</b>		<b>TOTAL MONTHLY EXPENSES:</b>	

**6. Supplemental Questions**

<b>Are you or your spouse involved in any lawsuits?</b> <input type="checkbox"/> No (Skip to Certification) <input type="checkbox"/> Yes ( Answer the questions in this section and provide a brief explanation)		<b>Are you the plaintiff or defendant?</b> <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
<b>Primary Taxpayer:</b>	Docket Number: _____ Attorney Name: _____ Other Parties Involved: _____	
	Date Initiated: _____ Estimated Settlement Date: _____ Expected Award/Penalty: _____	
<b>Comments:</b>		
<b>Spouse:</b>	Docket Number: _____ Attorney Name: _____ Other Parties Involved: _____	
	Date Initiated: _____ Estimated Settlement Date: _____ Expected Award/Penalty: _____	
<b>Comments:</b>		

**Certification:**

- Under penalties of law, I/we declare that to the best of my/our knowledge and belief, this statement of assets, liability, and other information is true, correct, and complete.
- I/We grant authorization to verify any financial data by use of a credit report.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Recommended Documentation Checklist. Attach all that are applicable:**

- Letter of circumstance, explaining your situation.
- Copies of the 2 most recent pay stubs, earnings statements, etc., received from each current employer.
- Copies of the most recent statements from all other sources of income such as pensions, social security, disability, rental income, interest and dividends (including any received from a related partnership, corporation, LLC, etc.), court order for child support, alimony, rent subsidies, and SNAP (food stamp) benefits.
- Documentation to support any special circumstances.
- Copies of the most recent statements from lender(s) on loans such as mortgages, second mortgages, vehicles, etc. showing monthly payments, loan payoffs, and balances.
- List of notes receivable.
- Verification of federal tax liability.