

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

1. Taxpayer Information				
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):				
2. Sources of Income				
a. Employment Information				
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. Self-Employment Information				
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:		
c. Investments in Pass-Through Entities				
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: _____		
d. All Other Income Source(s) (unemployment, pensions, social security, disability, annuities, etc.)				
	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

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
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:	
TOTAL MONTHLY INCOME:		TOTAL MONTHLY EXPENSES:	

6. Supplemental Questions

Are you or your spouse involved in any lawsuits?

No (Skip to Certification) Yes (Answer the questions in this section and provide a brief explanation)

Are you the plaintiff or defendant?

Plaintiff
 Defendant

Primary Taxpayer: Docket Number: _____ Attorney Name: _____ Other Parties Involved: _____

Date Initiated: _____ Estimated Settlement Date: _____ Expected Award/Penalty: _____

Comments:

Spouse: Docket Number: _____ Attorney Name: _____ Other Parties Involved: _____

Date Initiated: _____ Estimated Settlement Date: _____ Expected Award/Penalty: _____

Comments:

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. Attach all that are applicable:

- Letter of circumstance, explaining your situation.
- Copies of the 2 most recent pay stubs, earnings statements, etc., from each employer.
- Copies of the most recent statements for each investment and retirement account.
- 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.