

Financial Information Statement (Personal)

How to Complete This Statement

- Enter the most current data available in all spaces.
- Write N/A in spaces that don't apply to you. The Taxation and Revenue Department may require additional information to support N/A entries.

Important

Failure to complete all spaces may result in rejection of this document and/or collection action.

Section 1 Personal Information

1a Your full name _____ **1b** Your social security number _____ **1c** Your date of birth _____

1d Spouse's full name _____ **1e** Spouse's social security number _____ **1f** Spouse's date of birth _____

2 Marital status (mark one box) **3** Residence (mark one box)

Married Separated Own home Rent

Unmarried (single, divorced, widowed) Other (specify; e.g., share rent, live with relative): _____

4a Street address _____ **4b** City _____ State _____ ZIP code _____

4c County _____ **4d** How long at this address? _____ **5** Home phone (with area code) _____

6 List the dependents you can claim on your tax return. If you need more space, attach a separate sheet.

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

After filling in all the information in Section 1, mark this box.

Section 2 Your Business Information

7 Are you or your spouse self-employed or do you operate a business? If either applies, mark the **Yes** box.
 Yes No If **Yes**, provide the following information:

7a Name of business _____ **7d** Employer ID no. _____

7b Street address _____ **7e** Do you have employees? Yes No

7c City, State, ZIP _____ **7f** Business contact phone _____

Attachments Required. Complete and attach Financial Information Statement for Businesses, ACD-31111.

After filling in all the information in Section 2, mark this box.

Section 3 Employment Information

8a Your employer _____ **9a** Spouse's employer _____

8b Street address _____ **9b** Street address _____

8c City, State, ZIP _____ **9c** City, State, ZIP _____

8d Work phone (with area code) _____ **9d** Work phone (with area code) _____

8e How long with this employer? _____ **9e** How long with this employer? _____

8f Occupation _____ **9f** Occupation _____

Attachments Required. Please include proof of gross earnings and deductions for the past 3 months from each employer, such as pay stubs and earnings statements. If year-to-date information is available, send only one year-to-date statement as long as it represents a minimum of 3 months.

After filling in all the information in Section 3, mark this box.

Section 4 Other Income Information

10 Do you receive income from sources other than your own business or your employer? Check all that apply.
 Pension Social Security Other (specify; e.g., child support, alimony, rental) _____

Attachments Required. Please include proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only one year-to-date statement as long as it represents a minimum of 3 months.

Section 5 Banking, Investment, Cash, Credit, and Life Insurance Info

11 **Checking Accounts.** List all checking accounts. If you need more space, attach a separate sheet.

Type of Account	Full name of bank, savings and loan, credit union, or financial institution	Bank Routing Number	Bank Account Number	Current Account Balance
11a Checking	Name _____ Street address _____ City, State, ZIP _____	_____	_____	\$ _____
11b Checking	Name _____ Street address _____ City, State, ZIP _____	_____	_____	\$ _____
11c Total Checking Account Balances				11c \$ _____

After filling in all the information in Sections 4 and 5, which continues on the next page, and after providing all attachments, mark this box.

Name _____ Social security number _____

Section 5
Banking, Investment, Cash, Credit, and Life Insurance Info (continued)

12 Other Accounts. List all accounts, including brokerage, savings, and money market accounts not listed on line 11.
Table with columns: Type of Account, Full name of bank, savings and loan, credit union, or financial institution, Institution Routing Number, Institution Account Number, Current Account Balance.
12a, 12b, 12c, 12d

Attachments Required. Please include current bank statements (e.g., checking, savings, money market, and brokerage accounts) for the past 3 months for all accounts.

13 Investments. List all investment assets, including stocks, bonds, mutual funds, stock options, certificates of deposits, and retirement assets, such as IRAs, Keoghs, and 401(k) plans.
Table with columns: Company Name, Number of Shares/Units, * Current Value (a), Used as collateral on loan?, Loan Amount (b), Net Value (a-b).
13a, 13b, 13c, 13d

* For Current Value, enter the amount you could sell the asset for today.

14 Cash On Hand. Enter the total amount of any cash you have that is not currently in a bank. 14 \$ _____

15 Available Credit. List all lines of credit, including credit cards.
Table with columns: Full name of credit institution, Credit Limit, Amount Owed, Available Credit.
15a, 15b, 15c, 15d

16 Life Insurance. Do you have life insurance with a cash value? Yes No (Term life insurance doesn't have a cash value.) If Yes, answer 16a through 16f and include attachments.

16a Name of insurance company
16b Policy number(s)
16c Owner of policy
16d Current cash value 16d \$ _____
16e Outstanding loan balance 16e \$ _____
16f Total Cash Value. Subtract line 16e from line 16d and enter the difference 16f \$ _____

After filling in all the information and providing all the attachments for Section 5, mark this box.

Attachments Required. Please include a statement from the life insurance companies that shows type and cash/loan value amounts. If life insurance is currently borrowed against, include the loan amount and the date of the loan.

Section 6
Federal and Other Taxes Owed

17 Federal Taxes. Do you owe any federal taxes? Yes No
If Yes, how much? \$ _____ Amount of payment \$ _____
17a Other Taxes. Do you owe any other government agency? Yes No
If Yes, what is the name of the agency? _____
How much do you owe? \$ _____ Amount of payment \$ _____

Section 7
Other Information

18 Other Information. Answer the following questions related to your financial situation. If you need more space, attach a separate sheet.
18a Are there any garnishments against you or your spouse's wages? Yes No
If Yes, who is the creditor? _____ Date creditor obtained judgement _____
Amount of debt \$ _____
18b Are there any judgements against you? Yes No
If Yes, who is the creditor? _____ Date creditor obtained judgement _____
Amount of debt \$ _____

After filling in all the information in Sections 6 and 7, mark this box.

Name _____ Social security number _____

Section 7
Other Information
(continued)

- 18c** Are you party in a lawsuit? Yes No
If **Yes**, amount of suit \$ _____ Possible completion date _____
Subject matter of suit _____
- 18d** Have you ever filed bankruptcy? Yes No
If **Yes**, date filed _____ Date discharged _____
- 18e** In the past 10 years, have you transferred any assets out of your name for less than their actual value? Yes No
If **Yes**, what asset?
When was it transferred? _____ To whom or where was it transferred? _____
- 18f** Do you anticipate any increase in household income in the next 2 years? Yes No
If **Yes**, why will the income increase? If you need more space, attach a sheet.
How much will it increase? \$ _____ per month per year
- 18g** Are you a beneficiary of a trust or an estate? Yes No
If **Yes**, name of the trust or estate _____
Anticipated amount to receive? \$ _____ When do you expect to receive it? _____
- 18h** Are you a participant in a profit sharing plan? Yes No
If **Yes**, name of plan _____ Value in plan \$ _____

After filling in all the information in Section 7, mark this box.

Section 8
Assets and Liabilities

19 Purchased and Leased Automobiles, Trucks, and Other Licensed Assets. List all licensed assets, including boats, RVs, motorcycles, and trailers. If you need more space, attach a separate sheet.

Description	* Current Value	Loan/Lease Balance	Name of Lender/Lessor	Purchase/Lease Date	Monthly Payment
19a Year _____ Make/model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
19b Year _____ Make/model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

* For **Current Value**, enter the amount you could sell the asset for today.

20 Real Estate. List all real estate you own. If you need more space, attach a separate sheet.

Street Address City, State, ZIP	Date Purchased	Purchase Price	* Current Value	Loan Balance	Name of Lender or Lien Holder	Monthly Payment	** Date of Final Payment
20a _____ _____ _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
County _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
20b _____ _____ _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
County _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____

** For **Date of Final Payment**, enter the date the loan or lease will be fully paid.

Attachments Required. Please include your current statement from lender, showing the monthly payment amount and the current balance for each piece of real estate you own.

21 Personal Assets. List all personal assets. If you need more space, attach a separate sheet.
Furniture/Personal Effects includes the total current market value of your household, such as furniture and appliances.
Other Personal Assets includes all artwork, jewelry, collections (e.g., coins and ceramic figures), antiques, or other assets.

Description	* Current Value (a)	Loan Balance	Name of Lender	Monthly Payment	** Date of Final Payment
21a Furniture/Personal Effects	\$ _____	\$ _____	_____	\$ _____	_____
Other Personal Assets (list below)					
21b Artwork	\$ _____	\$ _____	_____	\$ _____	_____
21c Jewelry	\$ _____	\$ _____	_____	\$ _____	_____
21d _____	\$ _____	\$ _____	_____	\$ _____	_____
21e _____	\$ _____	\$ _____	_____	\$ _____	_____
21f _____	\$ _____	\$ _____	_____	\$ _____	_____
21g _____	\$ _____	\$ _____	_____	\$ _____	_____
21h _____	\$ _____	\$ _____	_____	\$ _____	_____
21i _____	\$ _____	\$ _____	_____	\$ _____	_____

After filling in all the information and providing all the attachments for Section 8, mark this box.

Name _____ Social security number _____

**Section 9
Monthly Income
and Expense
Analysis**

If only one spouse has a tax liability, but both spouses have income, list the total household income and expenses.

Total Monthly Income Source	Gross	Net	Total Monthly Expenses Expense Items	Actual	TRD Use
22 Wages (yours)	\$	\$	33 Rent/Mortgage	\$	
23 Wages (spouse's)	\$	\$	34 Groceries (# of people _____)	\$	
24 Interest, Dividends	\$	\$	35 Installment Payments	\$	
25 Net Income From Business		\$	36 Utilities		
26 Net Rental Income		\$	36a Gas	\$	
27 Pension/Social Security (yours)	\$	\$	36b Water	\$	
28 Pension/Social Security (spouse's)	\$	\$	36c Electric	\$	
29 Child Support	\$		36d Phone	\$	
30 Alimony	\$		36e Total Utilities Expense	\$	
31 Other Income	\$	\$	37 Transportation	\$	
32 TOTAL INCOME	\$	\$	38 Insurance		
			38a Life	\$	
			38b Health	\$	
			38c Car	\$	
			38d Total Insurance Expense	\$	
			39 Medical Expenses	\$	
			40 Estimated Tax Payments	\$	
			41 Court Ordered/Child Support Payment	\$	
			42 Child/Dependent Care	\$	
			43 Other Expenses	\$	
			44 TOTAL LIVING EXPENSES	\$	
45 NET DIFFERENCE. Subtract Total Living Expenses (line 44) from Total Net Income (line 32)				\$	

Wages, Salaries, Pensions, and Social Security. Enter your gross monthly wages and/or salaries. Enter your net income and deduct withholding or allotments you elect to take out of your pay, such as insurance payments, credit union deductions, and car payments. Calculate your gross monthly wages and/or salaries as described next, depending on how often you are paid.

- If paid weekly: Multiply your weekly gross wages by 4.3. For example, \$425.89 x 4.3 = \$1,831.33.
- If paid bi-weekly (every 2 weeks): Multiply your bi-weekly gross wages by 2.17. For example, \$972.45 x 2.17 = \$2,110.22.
- If paid semi-monthly (twice each month): Multiply your semi-monthly gross wages by 2. For example, \$856.23 x 2 = \$1,712.46.

Net Income From Business. Enter your monthly net business income. This is the amount you earn after you pay ordinary and necessary monthly business expenses. If your net business income is a loss, enter **0**. Do not enter a negative number.

Net Rental Income. Enter your monthly net rental income. This is the amount you earn after you pay ordinary and necessary monthly rental expenses. If your net rental income is a loss, enter **0**. Do not enter a negative number.

Rent/Mortgage. For your principal residence, enter the total of rent or mortgage payment. Add the average monthly expenses for property taxes, homeowner's or renter's insurance, maintenance, dues, and fees.

Groceries. Total of food expenses for one month.

Transportation. Total of lease or purchase payments, registration fees, normal maintenance, fuel, public transportation, parking, and tolls for one month.

Medical Expenses. List medical expenses **not** covered by insurance.

Attachments Required. Please include the following attachments:

- Proof of all current expenses that you paid for the past 3 months, including utilities, rent, insurance, and property tax.
- Proof of all non-business transportation expenses (e.g., car payments, lease payments, fuel, oil, insurance, parking, and registration).
- Proof of all payments for healthcare for the past 3 months, including health insurance premiums, co-payments, and other out-of-pocket expenses.
- Copies of any court orders requiring payment and proof of such payments for the past 3 months (e.g., cancelled checks, money orders, and earning statements showing these types of deductions).

After filling in all the information and providing all the attachments for Section 9, mark this box.

Failure to complete all entry spaces may result in rejection of this document and/or collection action.

Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief, this statement of assets, liabilities, and other information is true, correct, and complete.

After filling in all the information, providing all the attachments for all sections, and signing, mark this box.

Your signature

Date

Spouse's signature

Date

Name _____ Social security number _____

Supplemental Page for Investment, Bank, Credit, and Other Accounts

List additional accounts not listed on page 2, showing the full name of the investment company, bank, savings and loan, credit, or other financial institution.

A Company Name		Street Address		City, State, ZIP	
Type of Account					
<input type="checkbox"/> Investment account	No. Shares/Units	Current Value ^(a)	Used as collateral on loan?	Loan Amount ^(b)	Net Value (a-b)
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Credit account	Credit Limit	Amount Owed	Available Credit		
	\$	\$	\$		
Other type of account:	Routing No.	Account No.	Current Balance		
			\$		

B Company Name		Street Address		City, State, ZIP	
Type of Account					
<input type="checkbox"/> Investment account	No. Shares/Units	Current Value ^(a)	Used as collateral on loan?	Loan Amount ^(b)	Net Value (a-b)
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Credit account	Credit Limit	Amount Owed	Available Credit		
	\$	\$	\$		
Other type of account:	Routing No.	Account No.	Current Balance		
			\$		

C Company Name		Street Address		City, State, ZIP	
Type of Account					
<input type="checkbox"/> Investment account	No. Shares/Units	Current Value ^(a)	Used as collateral on loan?	Loan Amount ^(b)	Net Value (a-b)
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Credit account	Credit Limit	Amount Owed	Available Credit		
	\$	\$	\$		
Other type of account:	Routing No.	Account No.	Current Balance		
			\$		

D Company Name		Street Address		City, State, ZIP	
Type of Account					
<input type="checkbox"/> Investment account	No. Shares/Units	Current Value ^(a)	Used as collateral on loan?	Loan Amount ^(b)	Net Value (a-b)
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Credit account	Credit Limit	Amount Owed	Available Credit		
	\$	\$	\$		
Other type of account:	Routing No.	Account No.	Current Balance		
			\$		

a. Subtotal of Investment Account Net Values. List here and on page 2, line 13c a \$ _____

b. Subtotal of Other Account Current Balances. List here and on page 2, line 12c b \$ _____

c. Subtotal of Credit Available. List here and on page 2, line 15c c \$ _____