

Note: Complete all blocks, except shaded areas. Write "N/A" (not applicable) in those blocks that do not apply.

1. Taxpayers' names and address (including County)	2a. Home phone number	3a. Taxpayer's social security number
# of years at this address <input type="checkbox"/> Own <input type="checkbox"/> Rent	2b. Cell phone number	3b. Spouse's social security number
	2c. Business phone number	4a. Taxpayer's date of birth
		4b. Spouse's date of birth

Section 1. Personal Information

5. Do you have a power of attorney for tax matters? If yes, please attach a copy. <input type="checkbox"/> yes <input type="checkbox"/> no	Marital Status: <input type="checkbox"/> married <input type="checkbox"/> unmarried (single, divorced, widowed)
6. Age and relationship of dependents (exclude yourself and spouse) living in your household.	

Section 2. Employment Information

7. Taxpayer's employer or business (name and address)	7a. How long employed	7c. Occupation	7e. (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner/Member
	7b. Number of exemptions claimed on Form NC-4	7d. Paydays	
8. Spouse's employer or business (name and address)	8a. How long employed	8c. Occupation	8e. (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner/Member
	8b. Number of exemptions claimed on Form NC-4	8d. Paydays	
Business phone #			
9. Latest filed income tax return (tax year)	10. Number of exemptions claimed	11. Adjusted Gross Income	

Section 3 Liquid Assets

12. Cash on Hand. Include cash that is not in the bank.	Total Cash on Hand	\$
---	---------------------------	----

13. Bank accounts (Include Savings & Loans, Credit Unions, Certificates of Deposits, Paypal accounts, Apple Pay accounts etc.)

Name of Institution	Address	Type of Account	Account No.	3 month average ending balance
13a.				
13b.				
13c.				
13d.				
13e.Total				\$

14. Virtual Currency/Cryptocurrency : (Bitcoin, Litecoin, etc)

Type of Virtual Currency	Name of Virtual Currency Wallet, Exchange or Digital Currency Exchange	Location(s) of Virtual Currency (Mobile Wallet, Online and/or External Hardware storage)	Virtual Currency amount and value in US dollars.	3 month average
14a.				
14b.				
14c.				
14d.				
14e.Total				\$

15. Investment Accounts: Include stocks, bonds, mutual funds, stock options, certificates of deposit, & retirement assets such as IRAs, Keogh, & 401(k) plans.

Include all corporations, partnerships, limited liability companies or other business entities in which the individual is an officer, director, owner, member, or otherwise has a financial interest.

Type of Investment or Financial Interest	Full Name & Address(City, State, Zip Code) of Company	Current Market Value	Loan Balance (if applicable) As of mm/dd/yyyy	Equity Value Minus Loan
15a.				
15b.				
15c.				

15d. Total Equity (Add lines 15a through 15c and amounts from any attachments)	\$
--	----

16. Life Insurance (Name of Company)	Policy Number	Type	Face Amount	Available Cash Value
16a.				
16b.				
16c. Total				\$

Section 4 Real Property

17. **Real property owned, rented, and leased.** Include all real property and land contracts. (For personal and business use if sole proprietor)

17a. Primary Residence

Purchase/Lease Date (mm/dd/yy)	County Tax Value	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity FMV minus loan \$
Property Location (Street, Address, State, ZIP code)			Lender/Lessor/Landlord Name, Address, (Street, Address, State, ZIP code)			
Property County			Landlord/Lessor Phone Number			
First Mortgage Holder			Second Mortgage/Home Equity Line			

17b. Property Description

Purchase/Lease Date (mm/dd/yy)	County Tax Value	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity FMV minus loan \$
Property Location (Street, Address, State, ZIP code)			Lender/Lessor/Landlord Name, Address, (Street, Address, State, ZIP code)			
Property County			Landlord/Lessor Phone Number			

17c. Total Fair Market Value

17d. Total Current Loan Balance

17e. Net Equity

Attach additional sheets as needed

Section 5. Licensed Assets/Vehicles

18. **Vehicles Purchased** Include boats, RVs, motorcycles, trailers, mobile homes, aircraft, etc. (For personal and business use if sole proprietor)

18a. Description (Make, Model, Year, Mileage)	Purchase/Lease Date (mm/dd/yy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity FMV minus loan \$
Make Model Year Mileage				Lender/Lessor Name, Address, (Street, Address, State, ZIP code)		
18b. Description (Make, Model, Year, Mileage)				Lender/Lessor Name, Address, (Street, Address, State, ZIP code)		
Make Model Year Mileage						

18c. Total Current Fair Market Value

18d. Total Current Loan Balance

18e. Net Equity

18f. **Vehicles Leased** Include boats, RVs, motorcycles, trailers, mobile homes, aircraft, etc. (For personal and business use if sole proprietor)

18g. Description (Make, Model, Year, Mileage)	Purchase/Lease Date (mm/dd/yy)	Current Fair Market Value (FMV)	Amount of Monthly Payment	Amount of Monthly Payment	Date of Final Payment	Equity FMV minus loan \$
Make Model Year Mileage				Lender/Lessor Name, Address, (Street, Address, State, ZIP code)		

Section 6. Other Personal Assets

19. Other Assets (Include all assets listed on homeowners insurance policy)

Description	Current Market Value	Liabilities Balance Due	Equity In Asset	Amount of Monthly Payment	Name and Address of Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment
19a.							
19b.							
19c.							

19d. Total Current Fair Market Value

19e. Total Current Loan Balance

19f. Net Equity

Section 7. Judgments & Secured Liens (other secured debts)

20. Other Liabilities (Include judgments and any secured debt)

Description	Liabilities Balance Due	Amount of Monthly Payment	Name and Address of Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment
20a. IRS					
20b.					
20c.					

20d. Total Liabilities Balance Due

Section 8. Notes, Charge Accounts and Medical Expenses

21. Available Credit (list bank charge cards, credit unions, lines of credit, medical expenses)

Type of Account or Card	Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
21a.					
21b.					
21c.					
21d.					

21e. Total Credit Available

\$

Section 9. Other Financial Information

22. Other information relating to your financial condition. If you check the yes box, please give dates and explain under remarks.

a. Court proceedings <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:	b. Bankruptcies <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:
c. Repossessions <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:	d. Recent transfer of assets for less than full value <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:
e. Anticipated increase in income <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:	f. Participant or beneficiary to trust, estate, profit sharing, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:
g. Do you receive government assistance based on disability and/or financial need? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:	h. Are all required state tax returns filed? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:

Section 10. Monthly Income and Expense Analysis

Source	Net	
27. Wages/ Salaries (Taxpayer) * Attach copy of most recent pay stub		
28. Wages/Salaries (Spouse) * Attach copy of most recent pay stub		
29. Rent paid to taxpayer		
30. Other members of household		
31. Pension(s)		
32. Social Security		
33. Profit from Business		
34. Commissions		
35. Other Income		
36. Total Income	\$	

NECESSARY LIVING EXPENSES

Source	Amount	Source	Amount
37. Mortgage/Rent		43. Auto loans	
38. Utilities		44. Health/Life Insurance	
A. Telephone/Cell		45. Medical	
B. Electricity		46. IRS Tax Payments	
C. Heating		47. Miscellaneous Payments	
D. Water/Garbage		A. Child Support	
39. Homeowner/renter insurance		B. Alimony	
40. Groceries		C. Daycare	
41. Gas/Maintenance, etc.		D. Estimated tax	
42. Auto Insurance		48. Total Expenses	\$
Calculated Disposable Income (total income less total expenses)			

Expenses not generally allowed: We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses if it is proven that they are necessary for the health and welfare of the individual or family or for the production of income.

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.

Your signature	Spouse's signature (if joint return was filed)	Date
----------------	--	------

Attachments Required for Wage Earners and Self-Employed Individuals:

Copies of the following items for the last 3 months from the date this form is submitted. (check all the attached items)

- Income- Earnings statements, pay stubs, etc. from each employer, pension/social security/other income, self employment income (commissions, invoices, sales, records, etc. and business financial statement if self-employed.)
- Banks, Investments, and Life Insurance - Statements for all money market, brokerage, checking and savings accounts, certificates of deposit, IRA, stocks/bonds, and life insurance policies with a cash value.
- Assets - Statements from lenders on loans (i.e: mortgage statements, car loans), monthly payments, payoffs, and balances for all personal and business assets. Include copies of UCC financing statements and accountant's depreciation schedules.
- Expenses - Bills or statements for monthly recurring expenses of utilities, rent, insurance, property taxes, phone and cell phone, insurance premiums, court orders requiring payments (child support, alimony, etc.), other out of pocket expenses.
- Other - credit card statements, profit and loss statements, all loan payoffs, etc.
- A copy of the last 2 year's Form 1040 with all attachments. Include all Schedules K-1 from Form 1120S or Form 1065, as applicable.

Sections 11 and 12 must be completed only if the taxpayer is SELF-EMPLOYED

Section 11. Business Information

49. Is the business a sole proprietorship (filing Schedule C) Yes, Continue with Sections 11 and 12. No, Complete Business Financial Statement
 All other business entities, including limited liability companies, partnerships or corporations, must complete business financial statement.

50. Business Name	51. Employer Identification Number	52. Type of Business Federal or State Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No
53. Business Website	54. Total Number of Employees	55a. Average Gross Monthly Payroll 55b. Frequency of Tax Deposits

56. Does business engage in e-Commerce (Internet sales) Yes No

57a. Payment Processor (e.g., PayPal, Authorize.net, Google Checkout, etc.) Name and Address (Street, City, State, Zip code)	Payment Processor Account Number
57b.	

Credit Cards Accepted by the Business

Credit Card	Merchant Account Number	Merchant Account Provider, Name & Address (Street, City, State, ZIP code)
58a.		
58b.		
58c.		

59. **Business Cash on Hand.** Include cash that is not in a bank **Total Cash on Hand** \$

Business Bank Accounts. Include checking accounts, online bank accounts, money market accounts, savings accounts, and stored value cards (e.g. payroll cards, government benefit cards, etc.) Report Personal Accounts in Section 3.

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution.	Account Number	Account Balance As of _____ mm/dd/yyyy
60a.			\$
60b.			\$

60c. **Total Cash in Banks** (Add lines 60a, 60b, and amounts from any attachments) \$

Accounts/Notes Receivable. Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (List all contracts separately, including contracts awarded, but not started.) **Include Federal and State Government Contracts.**

Accounts/Notes Receivable & Address (Street, City, State, ZIP Code)	Status (e.g., age, factored, other)	Date Due (mm/dd/yyyy)	Invoice Number or Federal or State Government Contract Number	Amount Due
61a.				\$
61b.				\$
61c.				\$
61d.				\$

61e. **Total Outstanding Balance** (Add lines 61a through 61d and amounts from any attachments) \$

Business Assets. Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include Uniform Commercial Code (UCC) filings. Include Vehicles and Real Property owned/leased/rented by the business, if not shown in Section 10.

	Purchase/Lease/Rental Date (mm/dd/yyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity FMV Minus Loan
62. Property Description						\$
Location (Street, City, State, ZIP code) and County \			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
62a. Property Description						\$
Location (Street, City, State, ZIP code) and County \			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
62b. Total Fair Market Value		62c. Total Current Loan Balance		62d. Net Equity		

Section 12 must be completed only if the taxpayer is SELF-EMPLOYED

Section 12. Sole Proprietorship Information (lines 63 through 83 should reconcile with business Profit and Loss Statement)

Accounting Method Used: Cash Accrual

Income and Expenses during the period (mm/dd/yyyy) to (mm/dd/yyyy)

Total Monthly Business Income		Expense Items		Actual Monthly
Source	Gross Monthly			
63. Gross Receipts		73. Materials Purchased		
64. Gross Rental Income		74. Inventory Purchased		
65. Interest		75. Gross Wages & Salaries		
66. Dividends		76. Rent		
67. Cash		77. Supplies		
Other Income (Specify Below)		78. Utilities/Telephone		
68		79. Vehicle Gasoline/Oil		
69		80. Repairs & Maintenance		
70		81. Insurance		
71		82. Current Taxes		
72. Total Income		83. Other Expenses, including installment payments		
Add lines 63 through 71	\$	84. Total Expenses (Add lines 73 through 83)		\$
		85. Net Business Income (line 72 minus 84)		\$

Enter the amount from line 85 on line 33, Section 10. If line 85 is a loss, enter "0" on line 33, Section 10.

Self-employed taxpayers must return to page 4 to sign the certification and include all applicable attachments.

Materials Purchased: Materials are items directly related to the production of a product or service.

Inventory Purchased: Goods bought for resale.

Supplies: Supplies are items used to conduct business and are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.

Utilities/Telephone: Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone and cell phone.

Current Taxes: Real estate, state, and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of the employment taxes.

Net Business Income: Net profit from Form 1040, Schedule C may be used if duplicated deductions are eliminated (e.g., expenses for business use of home already included in housing and utility expenses on page 4). Deductions for depreciation and depletion on Schedule C are not cash expenses and must be added back to the net income figure. In addition, interest cannot be deducted if it is already included in any other installment payments allowed.

FINANCIAL ANALYSIS OF COLLECTION POTENTIAL FOR INDIVIDUAL WAGE EARNERS AND SELF-EMPLOYED INDIVIDUALS		(DOR USE ONLY)
Cash Available (Lines 12, 13e, 14e, 15d, 16c, 21e, 59, 60c, 61e)	Total Cash	\$
Distrainable Asset Summary (Lines 17e, 18e, 19f, 62d)	Total Equity	\$
Monthly Total Positive Income minus Expenses (Line 36 minus Line 48)	Monthly Available Cash	\$