

Name(s) and Address   <input type="checkbox"/> If address provided above is different than last return filed please check here. County of Residence	Your Social Security Number or Individual Taxpayer Identification Number	
	Your Spouse's Social Security Number or Individual Taxpayer Identification Number	
	Your Telephone Numbers	Spouse's Telephone Numbers
	Home: (    )	Home: (    )
	Work: (    )	Work: (    )
	Cell: (    )	Cell: (    )

**A. ACCOUNTS / LINES OF CREDIT** (including Banking Institutions, Checking and Savings accounts, Credit Unions, Certificates of Deposit, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds and Stock Brokerage Accounts)

Name and Address of Institution	Type of Account	Current Balance / Value

Total number of dependents you will be claiming on next year's tax return \_\_\_\_\_ Over 65  Under 65

Total number of dependents you claimed on last year's tax return \_\_\_\_\_ Over 65  Under 65

**B. REAL ESTATE** (home, vacation property, timeshares and other real estate)

County / Description	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			

**C. OTHER ASSETS** (cars, boats, recreational vehicles, whole life policies, etc.)

Description	Monthly Payment	Year Purchased	Final Payment (mo / yr)	Current Value	Balance Owed	Equity
			/			
			/			
			/			
			/			
			/			
			/			
			/			

**D. CREDIT CARDS** (Visa, MasterCard, American Express, Department Stores, etc.)

Type	Credit Limit	Balance Owed	Minimum Monthly Payment

**E. WAGE INFORMATION** (If you have more than one employer, include the information on another sheet of paper.)

Your current Employer (name and address) _____  How often are you paid? (Check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period _____ Taxes per pay period (Fed) _____ (State) _____ (Local) _____ How long at current employer _____ Date of Birth _____ Total Income from Last Year's 1040 Tax Return _____	Spouse's current Employer (name and address) _____  How often are you paid? (Check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period _____ Taxes per pay period (Fed) _____ (State) _____ (Local) _____ How long at current employer _____ Date of Birth _____ Total Income from Last Year's 1040 Tax Return _____
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**F. NON-WAGE HOUSEHOLD INCOME** (List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes.)

Alimony Income: _____	Net Rental Income: _____	Interest Income: _____
Child Support Income: _____	Unemployment Income: _____	Social Security Income: _____
Net Self Employment Income: _____	Pension Income: _____	Other: _____

**G. MONTHLY NECESSARY LIVING EXPENSES** (List monthly amounts. For expenses paid other than monthly, see instructions.)

<b>1. Food / Personal Care</b> Food: _____ Housekeeping Supplies: _____ Clothing and Clothing Services: _____ Personal Care Products & Services: _____ Misc. (Cable, Internet, etc.): _____ Total: _____	<b>3. Housing &amp; Utilities</b> Rent: _____ Electric, Oil/Gas, Water/Trash: _____ Telephone and/or Cell Phone: _____ Real Estate Taxes and Insurance: _____ (if not included in B above) Total: _____	<b>5. Other</b> Child / Dependent Care: _____ Estimated Tax Payments: _____ Term Life Insurance: _____ Retirement (Employer Required): _____ Retirement (Voluntary): _____ Court Ordered Payments: _____ Profit and Loss Statement: _____
<b>2. Transportation</b> Gas/Insurance/Licenses/Parking/Maintenance etc.: _____ Public Transportation: _____	<b>4. Medical</b> Health Insurance: _____ Out of Pocket Health Care Expenses: _____	

**See the instructions for detailed information on how to complete the Monthly Necessary Living Expenses. IRS standard amounts are found on the internet at <http://www.irs.gov/individuals/article0,,id=96543,00.html>. If you are required to send supporting documentation, please send copies and not the original documents.**

**H. ADDITIONAL INFORMATION**

- The IRS may establish a payment agreement for you based on the financial data you provided.
- We cannot consider an installment agreement unless all returns have been filed. Attach a signed copy of ALL unfiled return(s).**
- Proposed Monthly Installment Agreement Payment Amount: \_\_\_\_\_
- Proposed Monthly Payment Date: \_\_\_\_\_
- Down Payment Amount: \_\_\_\_\_

Under penalty of perjury, I declare 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 _____	Date _____
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## Instructions

Complete all the blocks. Write N/A (Not Applicable) for those which don't apply to you. We need you to complete the form so we can establish the best method for you to pay the amount due.

If any section is too small for the information you need to supply, please use a separate sheet.

Failure to complete the form or provide copies (not originals) of required attachments (as stated below) may result in a delay in resolving your account. We may also require you to submit financial substantiation after our financial analysis is complete.

### **Section A – Accounts / Lines of Credit**

List all accounts, even if they currently have no balance. However, do not enter bank loans in this section.

### **Section B – Real Estate**

List all real estate you own or are purchasing. This listing should include your home and any other real estate you own. Include the county and description, the year(s) and amount(s) of purchase and/or refinancing, the current market value and the amount you owe. To determine equity, subtract the amount owed from its current market value.

### **Section C – Other Assets**

List all cars, boats, recreational vehicles, whole life policies, or other assets that you own. If a vehicle is leased, write "lease" in the "year purchased" column. To determine equity, subtract the amount owed from its current market value.

### **Section D – Credit Cards**

List all credit cards and lines of credit, even if there is no balance owed.

### **Section E – Wage Information**

Provide the name and address of employers for you and your spouse. Include both spouses' income, even if the tax liability is not the result of a jointly filed return. Check the appropriate box indicating how you are paid. Year to Date Income includes all income, without deductions, for you and your spouse. Include all wage income from all employers since January of the current year. Last years gross income should be recorded from last years filed return.

### **Section F – Non-Wage Household Income**

Enter monthly amounts for all sources of household income. For any income not received monthly, calculate the monthly amount as follows:

- If received quarterly - divide by three.
- If received weekly - multiply by 4.3.
- If received biweekly - multiply by 2.17.

**Net Self-Employment Income** is the amount you earn after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly net profit from Schedule C on your Form 1040 or your current year profit and loss statement, but should not include depreciation expenses. If your net income is less than the previous year, attach an explanation. If net income is a loss, enter "0".

**Net Rental Income** is the amount you earn after you pay ordinary and necessary monthly rental expenses. This figure should relate to the amount reported on Schedule E of your Form 1040 (do not include depreciation expenses). If net rental income is loss, enter "0".

### **Section G – Monthly Necessary Living Expenses**

Expenses that do not provide for the health and welfare of you or your family or for the production of income are generally not considered necessary. These may include tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions and payments to unsecured debts.

Enter monthly amounts for expenses. For any expenses not paid monthly, calculate the monthly amount as follows:

- If paid quarterly - divide by three.
- If paid weekly - multiply by 4.3.
- If paid biweekly - multiply by 2.17.

For expenses claimed in boxes 1 and 4 you may either use the total amounts shown on the IRS website at <http://www.irs.gov/individuals/article/0,,id=96543,00.html>. Substantiation may be required once the financial analysis is completed. If you are currently paying higher expenses you may enter that amount, but you are also required to submit supporting documentation with this form, which show payments being made.

For boxes 2 and 3 you must enter only the amount you actually spend on these expenses. If your total amount is higher than the amount shown on the IRS website shown above, you are **REQUIRED** to submit supporting documentation when submitting this form, such as copies of cancelled checks etc. which show payments being made.

All expenses claimed in box 5 **REQUIRE** supporting documentation when submitting this form. This includes copies of cancelled checks, pay stubs etc. that indicate payments are being made. For any court ordered payments you **MUST** submit a copy of the court order portion that shows the amount you are ordered to pay and the signatures.

If you do not have access to the IRS website, itemize your actual expenses and we will ask you for additional proof, if required.

**Rent** - Do not enter mortgage payment here.

**Medical** - Enter only ongoing medical expenses. Do not include a one time only medical expense.

Out-of-Pocket health care expenses include:

- Medical services
- Prescription drugs
- Medical supplies, including eyeglasses and contact lenses.

**Child / Dependent Care** - Enter the monthly amount you pay for the care of dependents that can be claimed on your Form 1040.

**Estimated Tax Payments** - Calculate the monthly amount you pay for estimated taxes by dividing the quarterly amount due on your Form 1040ES by 3.

**Life Insurance** - Enter the amount you pay for term life insurance only. Whole life insurance has cash value and should be listed in Section C.

### **Section H – Additional Information**

1. The IRS will review your financial information and may establish a payment agreement for you.
2. Attach signed unfiled returns to this form for processing.
3. Propose a payment amount to be paid:
  - In 60-120 days or
  - monthly payments in 60 months
4. Show the date you will make your payment each month. Valid dates are from the 1<sup>st</sup> -28<sup>th</sup> of the month.
5. Show the maximum down payment you can make to lower the balance due.