

Contact: Case#:

Taxpayer's name and address			Spouse's name and address		
SSN	Date of birth		SSN	Date of birth	
Home phone #	Cell phone #		Home phone #	Cell phone #	
Employer			Employer		
Business phone #	Occupation	How long employed?	Business phone #	Occupation	How long employed?
Pay period: Weekly __ Bi-weekly __ Monthly __ Other _____			Pay period: Weekly __ Bi-weekly __ Monthly __ Other _____		
Highest level of education attained?			Highest level of education attained?		

Age and relationship of others living in your household (exclude self and spouse)

ASSETS

Bank Accounts

(Savings, checking, CDs, share and share draft accounts, similar deposit accounts on banks and credit unions)(add separate sheet if needed)

Name of institution	City	Type of account	Account #	Balance

Credit Cards, Lines of Credit, Loans from Banks, Credit Unions and Other Financial Institutions

Name of institution	Type of account	Credit limit	Amount owed	Monthly payment

Pension Plans

Account holder (employer, funds manager, etc)	Type of pension (401K, IRA, employer, etc)	Loan value	Total value

Real Property

Property 1: Brief description		Property location (town & county)		
Mortgage holder	Estimated market value	Amount owed	Payments remaining	Monthly payment
Property 2: Brief description		Property location (town & county)		
Mortgage holder	Estimated market value	Amount owed	Payments remaining	Monthly payments
Property 3: Brief description		Property location (town & county)		
Mortgage holder	Estimated market value	Amount owed	Payments remaining	Monthly payments

Taxpayer Name:			SSN:		
ASSETS (continued)					
Stocks, Bonds, Mutual Funds and Other Securities					
Type	Where located	Owner of record		Current value	
Life Insurance					
Name of company		Policy number	Cash surrender value	Loan value	
Vehicles					
Year	Make & model	Owned or leased?	Lien/leaseholder	Amount owed	Monthly payment
Collectibles					
Description of items collected			Location of collection	Estimated value of collection	
Other Assets					
Income tax refunds	Average annual federal refund		Anticipated current year refunds		
			Federal	State	
Boats, snowmobiles, ATVs, riding lawnmowers, farm or construction equipment					
Item description	Location	Lien holder	Current value	Amount owed	
Other property not listed above					
Item description	Location	Lien holder	Current value	Amount owed	
LIABILITIES					
Federal Tax Debts					
Tax type	Amount owed	Monthly payment			
Is this debt currently under levy by the IRS? Yes No					
Do you have an offer-in-compromise pending with the IRS? Yes No					
Do you have a petition for reconsideration pending with the IRS? Yes No					
Non-Maine State Tax Debts					
Tax type	Amount owed	Monthly payment	To which state is this debt owed?		
Is debt currently under collection in Maine's courts? Yes No					
Do you have an offer-in-compromise pending with that state? Yes No					
Do you have a petition for reconsideration pending with that state? Yes No					
Loans					
List all outstanding loans not listed anywhere above					
Source of loan (financial institution, family, friend, etc)	Amount owed	Monthly payment	Did you sign a written agreement for this loan?		

Taxpayer's Name:		SSN	
INCOME			
Wages and Salaries			
Do not enter income from your business here. See instructions on page 4. Must attach pay stub.			
Taxpayer's primary job	Employer	How often paid?	Gross pay per pay period (before deductions)
Taxpayer's second job			
Spouse's primary job			
Spouse's second job			
Business Income			
See instructions on page 4.			
Business owner:	Average monthly net income	Quarterly estimated income tax payments	
		Federal	State
Rental Income			
See instructions on page 4.			
Property	Monthly rental income		
Miscellaneous Income			
	Taxpayer	Spouse	Dependent's income
Total monthly pension income			
Workers' compensation (total received monthly)			
Child support received monthly			
Alimony received monthly			
Installment payments received monthly (loans, installment sales, etc)			
Social security income (monthly)			
Public assistance payments received monthly			
Other monthly income			
EXPENSES			
Include the average amount spent each month in each category listed. Do not include expenses shown in any of the categories on pages 1 or 2.			
Category	Monthly expense	Category	Monthly expense
Rent or mortgage payment	\$	Groceries	\$
Utility expense	\$	Transportation expense	\$
Un-reimbursed medical expense	\$	Un-reimbursed child care expense	\$
Health insurance	\$	Child support paid (actual payment made)	\$
Alimony paid	\$	Other necessary expenses	\$

OTHER FINANCIAL INFORMATION

Circle the applicable answers below and attach a separate sheet with details for each question answered "yes".

- | | | |
|---|-----|----|
| 1. Do you have lawsuits currently pending? | Yes | No |
| 2. Have you had property repossessed recently? | Yes | No |
| 3. Have you declared bankruptcy in the last 10 years? | Yes | No |
| 4. Have you had a recent sale or other transfer of assets for less than full value? | Yes | No |
| 5. Are you anticipating increases in income in the next 12 months? | Yes | No |
| 6. Are you a participant or beneficiary of a trust, estate, profit sharing or expected inheritance? | Yes | No |
| 7. Do you have insurance settlements pending? | Yes | No |

Under penalties of perjury, I (we) declare that to the best of my (our) knowledge and belief this statement of assets, liabilities and other financial information is true, correct and complete. I (we) hereby authorize Maine Revenue Services to obtain a complete and current credit report from any credit reporting agency to confirm certain information contained in this financial statement.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

INSTRUCTIONS

1. The personal financial statement must be complete, legible and accurate.
2. If you need additional space to answer fully any of the categories or questions above, please use the space below and attach separate pages as needed.
- 3. A copy of your most recently filed federal income tax return must be submitted with each financial statement completed.**
- 4. If business income from other than sole proprietorships is reported on this financial statement, submit a copy of the business' most recently filed federal income tax return.**
- 5. Copies of both the taxpayer's and spouse's last two pay vouchers or pay stubs must be submitted with the financial statement.**
6. Transportation expenses include fuel, maintenance and insurance for vehicles or payments for public transportation.
7. Utility expenses include heating, electricity, water, sanitation, telephone and cable TV.
8. Do not enter the same expense under two categories.
9. If this statement has been required to support a request for an installment payment agreement, you should expect that Maine Revenue Services will require that you update the form at least annually. It is recommended that you retain a copy of this submission.
10. Collectibles include an accumulation of like items of personal property such as coins, cards, stamps, jewelry, guns or similar items collected for esthetic or investment purposes.
11. Un-reimbursed medical expenses must not include anything for which your insurance company has paid or will pay. Do not include the cost of health insurance premiums in un-reimbursed medical expenses. If un-reimbursed medical expenses exceed \$500 per month, include receipts to prove the expense.
12. If you have questions concerning any part of the statement, please call the assigned tax examiner or call (207) 624-9595.
13. Your signature on this financial statement authorizes MRS to obtain a complete and current credit report from any credit reporting agency. The credit report is necessary to confirm the information contained in the financial statement.
- 14. You must sign the completed financial statement.** Wage levy reductions, installment payment agreements and offers-in-compromise will not be approved without a signed financial statement supporting the agreement.

Use space below for additional information. List block titles from the form to identify entries.