

Personal Financial Statement

This information will be used to evaluate your ability to pay what you owe, and to determine if a payment agreement is appropriate and what payment terms are acceptable. This information may be used for collection purposes. We are allowed to require Social Security numbers under 42 USC 405 (c)(2)(C)(i). You are not legally required to provide the information requested; however, if no information is provided or the information is insufficient to make a determination, your request will be denied. Before requesting an installment agreement, you should consider less costly alternatives, such as a bank loan.

| | | | | | | |
|--------------|-----------------------------|--------------------------|-----------------------------------|-----------------------------------|-------|----------|
| Please print | Your full name | | Spouse's full name | | | |
| | Your Social Security number | Your birth date | Spouse's Social Security number | Spouse's birth date | | |
| | Your address | | Spouse's address (if different) | | | |
| | City | State | Zip code | City | State | Zip code |
| | Home phone number () | Work phone number () | Spouse's home phone number () | Spouse's work phone number () | | |

| | | | | | | | |
|-----------------------------------|--|---------------|---|--------------------------------------|-------|---------------|--|
| Employment | You <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | | | |
| | Your employer or business name | | Spouse's employer or business name | | | | |
| | Occupation | | Occupation | | | | |
| | Address | | Address | | | | |
| | City | State | Zip code | City | State | Zip code | |
| Professional licenses held by you | | Renewal dates | | Professional licenses held by spouse | | Renewal dates | |

Real estate (home, land, cabin). Attach your property tax statements.

| Address | City | State | County | Mortgage balance | Current value | Paid to | Minimum payment |
|---------|------|-------|--------|------------------|---------------|---------|-----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Bank accounts (credit unions, money market, stocks, bonds, 401[k]s, IRAs, etc.) Attach additional sheets if necessary.

| Name and address of institution | Type of account | Account number | Name on account | Balance/value |
|---------------------------------|---|----------------|-----------------|---------------|
| | <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other | | | |
| | <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other | | | |
| | <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other | | | |

Motor vehicles (cars, boats, RVs, motor cycles, snowmobiles, ATVs, etc.) Attach additional sheets if necessary.

| Year/make | Model | Date acquired | Financed by | Balance due | Payoff date | Minimum monthly payment |
|-----------|-------|---------------|-------------|-------------|-------------|-------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Complete the other side.

Credit cards and other obligations

Credit cards (Visa, MasterCard, American Express, Discover, etc.)

| Card name | Credit limit | Current balance | Minimum mo. payment |
|-----------|--------------|-----------------|---------------------|
| | | | |
| | | | |
| | | | |

Other obligations (home equity, personal loans, amounts owed to IRS, etc.)

| Type of obligation | Collateral or security used | Payoff date | Current balance | Minimum mo. payment |
|--------------------|-----------------------------|-------------|-----------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Monthly income. Attach the two most recent pay stubs for each person.

| | | | |
|---|-------|--|-------|
| Your gross pay | _____ | Social Security/pension | _____ |
| Spouse's gross pay | _____ | Profit from business | _____ |
| Alimony/child support paid to you | _____ | Other (deferred comp, commissions, disability) | _____ |
| Rent paid to you | _____ | | |

Total monthly income \$

Monthly expenses

Number in household _____ Ages _____

| | |
|--|------------------------------------|
| Taxes withheld | Housing and utilities |
| Federal/state/FICA | Rent/mortgage |
| Child support/alimony | Association fees |
| Retirement/IRAs/401(k)s | Insurance taxes |
| Day care | Utilities |
| Life insurance | Phone |
| Medical insurance | Cable |
| Medical expenses not paid by insurance | Groceries |
| Transportation | Clothing/personal care items _____ |
| Gas/parking/insurance | |
| Bus | |
| | Total credit cards |
| | Total other obligations |
| | Total motor vehicles |

You may attach a statement with additional details to explain your situation and the circumstances that you believe prevent you from paying your liability in full at this time.

Total monthly expenses \$

Payment terms you are requesting

Proposed payment amount: \$ _____ to be paid → semimonthly on the _____ and _____ → starting _____ (date)
 monthly
 biweekly (every other week)

- Send your proposed payments until the Department of Revenue contacts you. Write your Social Security or Minnesota ID number on your payments to ensure proper credit to your account.
- Cashing your check/money order does not constitute acceptance of your terms by the Department of Revenue.
- **Penalty and interest will accrue, as provided by law, until the balance is paid in full.**
- **If you enter into an agreement with the department, payments will be made by Electronic Funds Transfer.**

I declare that the information in this statement is true and correct to the best of my knowledge and belief. I understand that material misrepresentation on this form may be grounds for denial of an agreement. I authorize the Department of Revenue to verify any information on this form.

| | | | |
|----------------------|------------|--------------------------|------------|
| Your signature _____ | Date _____ | Spouse's signature _____ | Date _____ |
|----------------------|------------|--------------------------|------------|

Income and expenses

Payment proposal

Sign here

The information you provide on this form is confidential. It can only be given to the Internal Revenue Service, other states, Minnesota municipalities, the Minnesota Department of Revenue, the Minnesota Attorney General in the administration of tax laws, the Minnesota Department of Human Services if there is any evidence you have deserted your children or are delinquent in child support payments, or another person who must list some or all of your income or expenses on his or her tax return.