

**Collection Information Statement**

Name(s) and Address

Your Social Security Number or Individual Taxpayer Identification Number

Your Spouse's Social Security Number or Individual Taxpayer Identification Number

☐ If address provided above is different than last return filed, please check here

Your Telephone Numbers

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Spouse's Telephone Numbers

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

County of Residence

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse. Under 65 \_\_\_\_\_ 65 and Over \_\_\_\_\_

If you or your spouse are self employed or have self employment income, provide the following information:

| Name of Business | Business EIN | Type of Business | Number of Employees (not counting owner) |
|------------------|--------------|------------------|--|
|------------------|--------------|------------------|--|

**A. ACCOUNTS / LINES OF CREDIT** Include checking, online, mobile (e.g., PayPal) and savings accounts, Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds and other investments. If applicable, include business accounts. (Use additional sheets if necessary.)

| Name and Address of Institution | Account Number | Type of Account | Current Balance/Value | Check if Business Account |
|---------------------------------|----------------|-----------------|-----------------------|---------------------------|
|                                 |                |                 |                       | <input type="checkbox"/>  |
|                                 |                |                 |                       | <input type="checkbox"/>  |
|                                 |                |                 |                       | <input type="checkbox"/>  |
|                                 |                |                 |                       | <input type="checkbox"/>  |
|                                 |                |                 |                       | <input type="checkbox"/>  |
|                                 |                |                 |                       | <input type="checkbox"/>  |

**B. REAL ESTATE** Include home, vacation property, timeshares, vacant land and other real estate. (Use additional sheets if necessary.)

| Description/Location/County   | Monthly Payment(s) | Financing       |                  | Current Value | Balance Owed | Equity |
|---|--------------------|-----------------|------------------|---------------|--------------|--------|
| <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** Include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of Life Insurance company in Description. If applicable, include business assets such as tools, equipment, inventory, etc. (Use additional sheets if necessary.)

| 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 |
|------|--------------|--------------|-------------------------|
|      |              |              |                         |
|      |              |              |                         |
|      |              |              |                         |
|      |              |              |                         |

**TURN PAGE TO CONTINUE**

**E. BUSINESS INFORMATION** Complete E1 for Accounts Receivable owed to you or your business. (Use additional sheets if necessary.)  
Complete E2 if you or your business accepts credit card payments.

**E1.** Accounts Receivable owed to you or your business

| Name  | Address | Amount Owed |
|---|---------|-------------|
|   |         |             |
|   |         |             |
|   |         |             |
| List total amount owed from additional sheets                   |         |             |
| Total amount of accounts receivable available to pay to IRS now |         |             |

**E2.** Name of individual or business on account

| Credit Card<br>(Visa, Master Card, etc.) | Issuing Bank Name and Address | Merchant Account Number |
|--|-------------------------------|-------------------------|
|  |                               |                         |
|  |                               |                         |
|  |                               |                         |

**F. EMPLOYMENT INFORMATION** If you have more than one employer, include the information on another sheet of paper.  
(If attaching a copy of current pay stub, you do not need to complete this section.)

|   |  |   |  |
|---|--|---|--|
| Your current Employer (name and address)  |  | Spouse's current Employer (name and address)  |  |
| <p>How often are you paid? (Check one)</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly |  | <p>How often are you paid? (Check one)</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly |  |
| Gross per pay period _____  |  | Gross per pay period _____  |  |
| Taxes per pay period (Fed) _____ (State) _____ (Local) _____  |  | Taxes per pay period (Fed) _____ (State) _____ (Local) _____  |  |
| How long at current employer _____  |  | How long at current employer _____  |  |

**G. NON-WAGE HOUSEHOLD INCOME** List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes and attach a copy of your current year profit and loss statement.

|                            |  |                     |  |                           |  |
|----------------------------|--|---------------------|--|---------------------------|--|
| Alimony Income             |  | Net Rental Income   |  | Interest/Dividends Income |  |
| Child Support Income       |  | Unemployment Income |  | Social Security Income    |  |
| Net Self Employment Income |  | Pension Income      |  | Other:                    |  |

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

| <p><b>1. Food / Personal Care</b> See instructions. If you do not spend more than the standard allowable amount for your family size, fill in the Total amount only.</p> <table border="1"> <thead> <tr> <th></th><th>Actual Monthly Expenses</th><th>IRS Allowed</th></tr> </thead> <tbody> <tr><td>Food</td><td></td><td></td></tr> <tr><td>Housekeeping Supplies</td><td></td><td></td></tr> <tr><td>Clothing and Clothing Services</td><td></td><td></td></tr> <tr><td>Personal Care Products &amp; Services</td><td></td><td></td></tr> <tr><td>Miscellaneous</td><td></td><td></td></tr> <tr><td><b>Total</b></td><td></td><td></td></tr> </tbody> </table> |                         |             |  | Actual Monthly Expenses | IRS Allowed | Food  |  |  | Housekeeping Supplies          |  |  | Clothing and Clothing Services |  |  | Personal Care Products & Services  |  |  | Miscellaneous           |             |                        | <b>Total</b> |  |                        | <p><b>4. Medical</b></p> <table border="1"> <thead> <tr> <th></th><th>Actual Monthly Expenses</th><th>IRS Allowed</th></tr> </thead> <tbody> <tr><td>Health Insurance</td><td></td><td></td></tr> <tr><td>Out of Pocket Health Care Expenses</td><td></td><td></td></tr> <tr><td><b>Total</b></td><td></td><td></td></tr> </tbody> </table> |  |                     | Actual Monthly Expenses | IRS Allowed | Health Insurance               |  |  | Out of Pocket Health Care Expenses |  |  | <b>Total</b> |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
|---|-------------------------|-------------|--|-------------------------|-------------|---|--|--|--------------------------------|--|--|--------------------------------|--|--|--|--|--|-------------------------|-------------|------------------------|--------------|--|------------------------|---|--|---------------------|-------------------------|-------------|--------------------------------|--|--|------------------------------------|--|--|--------------|--|--|--|--|--|---------------------------------|--|--|-----------------------------|--|--|-----------------------|--|--|------------------------------|--|--|-----------------|--|--|-----------------|--|--|-----------------|--|--|--------------|--|--|
|   | Actual Monthly Expenses | IRS Allowed |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Food  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Housekeeping Supplies   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Clothing and Clothing Services  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Personal Care Products & Services   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Miscellaneous   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| <b>Total</b>  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
|   | Actual Monthly Expenses | IRS Allowed |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Health Insurance  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Out of Pocket Health Care Expenses  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| <b>Total</b>  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| <p><b>2. Transportation</b></p> <table border="1"> <thead> <tr> <th></th><th>Actual Monthly Expenses</th><th>IRS Allowed</th></tr> </thead> <tbody> <tr><td>Gas / Insurance / Licenses / Parking / Maintenance etc.</td><td></td><td></td></tr> <tr><td>Public Transportation</td><td></td><td></td></tr> <tr><td><b>Total</b></td><td></td><td></td></tr> </tbody> </table>  |                         |             |  | Actual Monthly Expenses | IRS Allowed | Gas / Insurance / Licenses / Parking / Maintenance etc. |  |  | Public Transportation          |  |  | <b>Total</b>                   |  |  | <p><b>5. Other</b></p> <table border="1"> <thead> <tr> <th></th><th>Actual Monthly Expenses</th><th>IRS Allowed</th></tr> </thead> <tbody> <tr><td>Child / Dependent Care</td><td></td><td></td></tr> <tr><td>Estimated Tax Payments</td><td></td><td></td></tr> <tr><td>Term Life Insurance</td><td></td><td></td></tr> <tr><td>Retirement (Employer Required)</td><td></td><td></td></tr> <tr><td>Retirement (Voluntary)</td><td></td><td></td></tr> <tr><td>Union Dues</td><td></td><td></td></tr> <tr><td>Delinquent State &amp; Local Taxes (minimum payment)</td><td></td><td></td></tr> <tr><td>Student Loans (minimum payment)</td><td></td><td></td></tr> <tr><td>Court Ordered Child Support</td><td></td><td></td></tr> <tr><td>Court Ordered Alimony</td><td></td><td></td></tr> <tr><td>Other Court Ordered Payments</td><td></td><td></td></tr> <tr><td>Other (specify)</td><td></td><td></td></tr> <tr><td>Other (specify)</td><td></td><td></td></tr> <tr><td>Other (specify)</td><td></td><td></td></tr> <tr><td><b>Total</b></td><td></td><td></td></tr> </tbody> </table> |  |  | Actual Monthly Expenses | IRS Allowed | Child / Dependent Care |              |  | Estimated Tax Payments |   |  | Term Life Insurance |                         |             | Retirement (Employer Required) |  |  | Retirement (Voluntary)             |  |  | Union Dues   |  |  | Delinquent State & Local Taxes (minimum payment) |  |  | Student Loans (minimum payment) |  |  | Court Ordered Child Support |  |  | Court Ordered Alimony |  |  | Other Court Ordered Payments |  |  | Other (specify) |  |  | Other (specify) |  |  | Other (specify) |  |  | <b>Total</b> |  |  |
|   | Actual Monthly Expenses | IRS Allowed |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Gas / Insurance / Licenses / Parking / Maintenance etc.   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Public Transportation   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| <b>Total</b>  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
|   | Actual Monthly Expenses | IRS Allowed |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Child / Dependent Care  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Estimated Tax Payments  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Term Life Insurance   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Retirement (Employer Required)  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Retirement (Voluntary)  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Union Dues  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Delinquent State & Local Taxes (minimum payment)  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Student Loans (minimum payment)   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Court Ordered Child Support   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Court Ordered Alimony   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Other Court Ordered Payments  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Other (specify)   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Other (specify)   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Other (specify)   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| <b>Total</b>  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| <p><b>3. Housing &amp; Utilities</b></p> <table border="1"> <thead> <tr> <th></th><th>Actual Monthly Expenses</th><th>IRS Allowed</th></tr> </thead> <tbody> <tr><td>Rent</td><td></td><td></td></tr> <tr><td>Electric, Oil/Gas, Water/Trash</td><td></td><td></td></tr> <tr><td>Telephone/Cell/Cable/Internet</td><td></td><td></td></tr> <tr><td>Real Estate Taxes and Insurance (if not included in B above)</td><td></td><td></td></tr> <tr><td>Maintenance and Repairs</td><td></td><td></td></tr> <tr><td><b>Total</b></td><td></td><td></td></tr> </tbody> </table>  |                         |             |  | Actual Monthly Expenses | IRS Allowed | Rent  |  |  | Electric, Oil/Gas, Water/Trash |  |  | Telephone/Cell/Cable/Internet  |  |  | Real Estate Taxes and Insurance (if not included in B above)   |  |  | Maintenance and Repairs |             |                        | <b>Total</b> |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
|   | Actual Monthly Expenses | IRS Allowed |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Rent  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Electric, Oil/Gas, Water/Trash  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Telephone/Cell/Cable/Internet   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Real Estate Taxes and Insurance (if not included in B above)  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| Maintenance and Repairs   |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |
| <b>Total</b>  |                         |             |  |                         |             |   |  |  |                                |  |  |                                |  |  |  |  |  |                         |             |                        |              |  |                        |   |  |                     |                         |             |                                |  |  |                                    |  |  |              |  |  |  |  |  |                                 |  |  |                             |  |  |                       |  |  |                              |  |  |                 |  |  |                 |  |  |                 |  |  |              |  |  |

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 |
|----------------|--------------------|------|