



STATEMENT OF FINANCIAL CONDITION FOR INDIVIDUALS

FOR REVENUE USE ONLY	
Date Received	
Revenue Agent	
Return By	

Reference No. _____				
Social Security No.	Prog Code	Year	Period	Liability

• Please complete both sides of this form.

Your Name and Spouse's Name			Your Birth Date		Spouse's Birth Date	
Street Address (and post office box, if applicable)			Your Social Security Number		Spouse's Social Security Number	
City	State	ZIP Code	Your Driver's License Number/State		Spouse's Driver's License Number/State	
Telephone Numbers — Circle Best Daytime Telephone Number	Home Phone	Cell Phone	Your Work Phone	Spouse's Work Phone	Age and Relationship of Dependents Who Live with You	
Name of Your Employer or Business			Exemptions Claimed	Name of Spouse's Employer or Business		Exemptions Claimed
Address			Address			
Job Title	Date Hired	Pay Days	Job Title	Date Hired	Pay Days	

BANK ACCOUNTS— Include accounts in savings and loans and credit unions, certificates of deposit, individual retirement accounts (IRAs), and funds held in safe deposit boxes.

Name of Institution	Branch	Type of Account (Checking/Savings)	Account Number	Balance

CREDIT CARDS, LOANS, LINES OF CREDIT

Name of Credit Card/Bank	Address and Telephone Number	Credit Limit	Amount Owed	Minimum Monthly Payment

REAL ESTATE

Address (including county)	Current Assessed Value	Mortgage Balance	Unpaid Property Tax	Name and Telephone Number of Person/Bank That You Pay

MOTOR VEHICLES— List additional vehicles on a separate sheet.

Year/Make/License Number/State	Date Loan Will Be Paid	Loan Balance	Name and Telephone Number of Person/Bank That You Pay

OTHER ASSETS YOU OWN OR ARE CURRENTLY BUYING— Include stocks, bonds, boats, etc.

Description	Current Value	Loan Balance	Name and Telephone Number of Person/Bank That You Pay

INCOME AND EXPENSES

This Column for
Office Use Only

MONTHLY INCOME	Budgeted	Allowable
1. Your net pay. Attach two recent pay stubs	\$	
2. Spouse's net pay. Attach two recent pay stubs		
3. Rent paid to you. Names and addresses of tenants		
4. Income from other members of household		
5. Pensions (<i>list source</i>)		
6. Social Security		
7. Profit from your business. Attach statement.....		
8. Commissions		
9. Other Income. List source (<i>stocks, unemploy. benefits, profit sharing, alimony, child support</i>)		
10. TOTAL INCOME. Add lines 1 through 9.....	\$	

MONTHLY EXPENSES ACTUALLY PAID —Must be reasonable for size of family and location.	Budgeted	Allowable
11. Mortgage/rent. State name and address of landlord	\$	
12. Alimony/child support		
13. Groceries, toiletries, etc.Number of people in household.....		
14. Utilities— a. Telephone		
b. Electricity		
c. Heating—oil/natural gas.....		
d. Water/garbage		
15. Transportation (<i>gas, bus fares</i>)		
16. Insurance— a. Auto		
b. Health/life		
c. Homeowner/renter		
17. Medical (<i>doctors and medicine not paid by insurance</i>).....		
18. Auto loans (<i>total of installment payments per month</i>)		
19. Installment payments (<i>per month</i>). List name of store, bank, or credit card. Balance Due		
a. \$		
b. \$		
c. \$		
d. \$		
e. \$		
f. Federal (IRS) tax payments		
g. Other (<i>explain</i>)		
20. Total monthly expenses. Add lines 11 through 19g.....	\$	
21. Disposable monthly income. Subtract line 20 from line 10	\$	
22. Proposed monthly payment to Oregon Department of Revenue.....	\$	
23. What day of the month can you pay?		

ADDITIONAL INFORMATION—Expected changes to income or health, filed or anticipated bankruptcies, repossessions, etc.

Name and address of nearest relative	Telephone No.	Relationship
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AUTHORIZATION TO DISCLOSE

Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete. I/We authorize the Oregon Department of Revenue to verify any information on this financial statement, which may include credit reports.

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