

FINANCIAL STATEMENT

DEPARTMENT USE ONLY					
Date Received					
Revenue Agent					

SECTION 1. PERSONAL INFORMATION Your First Name MI Last Name Other Names or Aliases Ever Used Spouse's First Name MI Last Name Spouse's Other Names or Aliases Ever Used Your Drivers License Number State Dependent's Name (living with you) Date of Dependent's Name (living with you) Date of Your Current Address—Physical Site City Your Mailing Address (if at current address less than 2 years) City Name of Your Tax Representative (CPA, attorney, enrolled agent)	Spouse	Your Social Security Numbe Spouse's Social Security Nu	
Your First Name MI Last Name Other Names or Aliases Ever Used Spouse's First Name MI Last Name Spouse's Other Names or Aliases Ever Used Your Drivers License Number State Dependent's Name (living with you) Date of the properties of the propertie	Spouse	<u> </u>	
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Previous Address (if at current address less than 2 years) City			()
Previous Address (if at current address less than 2 years) City	С	City	State ZIP Code
	Ctata	ZIP Code	Talanhana Ni mahay
Name of Your Tax Representative (CPA attorney enrolled agent)	State	ZIP Code	Telephone Number
Name of Your Tax Representative (CPA_attorney_enrolled agent)			()
Traine or real ract representative (erri, atterney, erriened agent)	FAX Nur	mber	Telephone Number
	()	()
Address of Your Tax Representative	Cit	ty	State ZIP Code
· ·		•	
OFOTION O FMDI OVMENT INFODMATION			
SECTION 2. EMPLOYMENT INFORMATION Your Employer or Business Name			Business Telephone Number
Tour Employer or Business Name			, and the state of
			()
Address	Cit	ty	State ZIP Code
How long employed: Year(s) Month(s) Occupation	າ:	\square Wage Earner \square Sole I	Proprietor 🗌 Partner 🔲 Owner C
Did Dwall Drawl Dwall Do	and an addition to All	on land of all and a second all all and all	F W 4
	emi-monthly Nu	mber of allowances claimed	on Form W-4:
Spouse's Employer or Business Name			Business Telephone Number
			()
Address	Cit	ty	State ZIP Code
How long employed: Year(s) Month(s) Occupation			
riow long employed rear(s) wiontin(s) Occupation)·	Mage Forner Colo	Proprietor Partner Owner O
Paid: Weekly Bi-weekly Monthly Se	1:	☐ Wage Earner ☐ Sole F	Proprietor ☐ Partner ☐ Owner O

SECTION 2. (continued) EMPL	OYMENT INFO	RMATION										
If self-employed: Responsible Own					Identify	the majo	r respons	ibilities of each	by circlin	g the	е со	des
that apply. 1 = Files Returns; 2 = Pays Taxes; 3 Name and Title Effective					H	Home Telephone No.		Social Security N	lo. Resp	. Responsibility code		
									1	2	3	4
												_
									1	2	3	4 —
									1	2	3	4
SECTION 3. GENERAL FINAN	CIAL INFORMA	ATION (Personal	l and Bu	usines	s)					=		=
Bank Accounts. Include IRA and re						attach co	pies of yo	ur last three ban	k statem	ents	. Att	ach
additional pages as needed. Name of Institution	Addre	ess	Тур	е	Date O	pened	Acco	ount Number	В	alanc	<u> </u>	
				4 (4					\$			
		amount on line 2					ty Analys	is)	Ψ			
Year, Make, Model, Licence I		on of current payoff. Attach additional p		Current Market Value		Cur	Current Payoff (able E	quity	-0-/	
<u> </u>								(carifiot b	<u>e 1655</u>	uiaii	-0-)	
TC	DTAL. Enter this	amount on line	3, Sectio	on 4 (As	sset and	d Liabili	ty Analys	is)	\$			
Encumbered Personal Property.	nclude water craf	t, RVs, air craft, bus	siness ec	luipmen	t and/or	machine	ery. Attach	additional page	s as nee	ded.		
Year, Make, Model, Licence I	Number	Lender/Lien Holder		Current Market Value		Current Payoff		Availa	ıble E	quity	/	
то	DTAL. Enter this	amount on line	4, Sectio	on 4 (As	sset and	d Liabili	 ty Analys	is)	\$			
Life Insurance. Attach additional p	ages as needed.		-	•				•				
Name of Insurance Company	ne of Insurance Company Agent's Name and Telephone Number Policy Number		ber Type		Face Amount	Lo surre	an/Ca ender \	sh ⁄alue				
тс	DTAL. Enter this	amount on line s	5, Sectio	on 4 (As	sset and	d Liabili	ty Analys	is)	\$			
Securities. Include stocks, bonds,												_
Туре	Where Located			Owner o	f Record		Quantit	y or Denomination	Curr	ent V	alue	
												_
TC	DTAL. Enter this	amount on line	6. Sectio	on 4 (As	sset and	d Liabili	tv Analvs	is)	\$			

		_ FINANCIAL INFORMATION								
		sed). Include locations, box numb		contents. A		ages as needed. Box Identification	Current Value of Assets			
Name of Institu	Name of Institution Address									
	TOTA	L. Enter this amount on line 7,	Sectio	n 4 (Asset	and Liability An	alysis)	\$			
Real Property Include	a copy of the de	ed and a copy of homeowners/rer	ıtal insuu	rance policy	with riders and su	innorting document	ation of loan halance			
Attach additional pages		ed and a copy of nomeowners/ref	itai iriodi	rance poncy	With Hadis and St	ipporting accument	ation of loan balance.			
		amily dwelling, multi-family dwelling, lo	t, etc.)	Count	y N	ortgage Lender's Nam	e and Address			
-					-					
		Parcel Number:								
		r aroon rambon.								
How is Title Held:		Purcha	ase Prid	ce:	Ρι	ırchase Date:	rchase Date:			
B Physical Address and D	escription (single t	amily dwelling, multi-family dwelling, lo	t etc)		Mortaa	ge Lender's Name and	Address			
D. I Trysical Address and D	escription (single i	army dwelling, matti-farmy dwelling, ic	1, 610.)		Wortga	ge Lender 3 Name and	Address			
		Parcel Number:_								
		Faicei Number								
How is Title Held:		Purcha	ase Prio	ce:	Pı	ırchase Date:				
C. Dhysical Address and D	laasvintian (singla l	anaily devalling movels formily devalling to	t ata\		Markaa	no Londovio Novo and	Address			
C. Physical Address and D	escription (single)	amily dwelling, multi-family dwelling, lo	it, etc.)		iviortga	ge Lender's Name and	Address			
		David Missishan								
		Parcel Number:_								
How is Title Held:		Purcha	ase Prio	ce:	Pu	rchase Date:				
Credit Cards and Line	s of Credit. The	se are not allowable expenses. At	ach add	ditional page	es as needed					
Type of Account		ne and Address of Creditor		thly Payment		Credit Available	Amount Owed			
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			+							
						+				
						+				
			+							
			+							
					_	\$				
					Tota	Ι [Ψ				
			•	4 (4			\$			
	TOTA	Enter this amount on line 25	Section	on 4 (Asse	t and Liahilit∨ ∆r	(alveis)	ĮΨ			

SECTION 3. (continued) GENERAL FINANCIAL INFORMATION - Personal and Business Other Financial Information. Please provide the following information relating to your financial conditions. If you check "Yes" in any box, provide dates, an explanation, and documentation. Attach additional pages as needed. Court Proceedings No Yes Bankruptcies/Receiverships...... No Yes _ Beneficiary to Trust, Estate, Profit Sharing, etc. \square No \square Yes $_$ Last Oregon Income Tax Return Filed Year:_ Total Number of Exemptions Claimed..... _ Adjusted Gross Income From Return..... \$_ List any vehicles, equipment, or property sold, given away, or repossessed during the past three years. Attach additional pages as needed. Year, Make, Model of Vehicle, or Property Address Who Took Possession Value **SECTION 4. ASSETS AND LIABILITY ANALYSIS** Immediate Assets. 1. Cash 2. Bank Accounts / Balance (from Section 3) 3. Vehicles / Available Equity (from Section 3) 4. Encumbered Personal Property (from Section 3) 5. Loan / Cash Surrender Value for Life Insurance (from Section 3) 6. Securities (from Section 3) 7. Safe Deposit Box Value of Contents from Section 3) 8. Notes 9. Accounts Receivable 10. Judgements / Settlements Receivable 11. Interest in Trusts 12. Interest in Estates 13. Partnership Interests 14. Other Assts: Major Machinery / Equipment 15. Other Assets: Business Inventory 16. Other Assets: Collectibles / Guns / Jewelry / Coins / Gold / Silver, etc. 17. Other Assets: 18. Other Assets: Immediate Assets

SECTION 4. (continued) ASSETS AND LIABILITY ANALY	'SIS					
Real Property. (from Section 3) Liens do not reduce equity.						
Address or Location		Current Market Value	Mortgage Pag	yoff Amount	Equity	
20. A:						
21. B:						
22. C:						
23. Total Equity						
24. Total Assets – Sum of Immediate and Equity						
(Section 4, line 19 plus Section 4, line 23)					\$	
Current Liabilities. Include judgements, notes, and other charge	accounts. Do n	ot include vehicle or hor	ne loans.			
25. Lines of Credit (amount owed) (from Section 3)						
26. Taxes Owed to IRS (provide a copy of recent notices)						
27. Other Liabilities:						
28. Other Liabilities:						
29. Other Liabilities:						
30. Other Liabilities:						
31. Total Liabilities					\$	
SECTION 5. MONTHLY INCOME AND EXPENSE ANALY	/SIS					
Income. Attach copies of all income sources that contribute to he	ousehold expen	ses (minimum three mor	iths).			
	Gross	S Ne	t	Depar	tment Use Only	
32. Wages / Salaries / tips (yours)						
33. Pension (yours)						
34. Overtime / Bonuses / Commissions (yours)						
35. Wages / Salaries / tips (spouse's)						
36. Pension (spouse's)						
37. Overtime / Bonuses / Commissions (spouse's)						
38. Business Income (yours)						
39. Business Income (spouse's						
40. Rental Income						
41. Interest / Dividends / Royalties (average monthly)						
42. Payments from Trusts / Partnerships / Entities						
43. Child Support						
44. Alimony						
45. Unemployment						
46. Disability						
47. Seller Carried Contracts / Sales						
48. Other Income (explanation):						
49. Other Income (explanation):						
50. Other Income (explanation):						
51. Total Income	\$	\$				

SECTION 5. (continued) MONTHLY INCOME AND EXPENSE ANALYSIS

Personal Expenses (actually paid). (May be limited by federal standards.)		
	Amount	Department Use Only
52. Rent / Mortgage		
If Renting – Name, Address, and Telephone Number of Landlord		
53. Real Estate Taxes (Is this included in your mortgage payment? \sum No \subseteq Yes)		
54. Home Owners/Renters Insurance: () Association Fees: ()		
55. Utilities: Electric: () Phone: ()		Subtotal: 52-55
Gas / Oil: () Water: ()		
Garbage: () Sewer: ()		
56. Food/Clothing/Other Items: No. of People: () Their Ages: ()		
57. Auto Payments/Lease		
58. Auto Insurance		
59. Auto Maintenance / Fuel / Other Transportation		Subtotal: 57-59
60. Life / Health Insurance (if not deducted from your paycheck)		Subtotal. 37-39
61. Medical Payments (not covered by insurance)		
62. Estimated Tax Payments (provide proof)		
63. Court Ordered Payments (alimony, child support, restitution, not deducted from your paycheck)		
64. Garnishments		
65. Delinquent Tax Payments (other than Oregon state taxes)		
66. Work Related Child Care Expenses		
67. Other Expenses (do not include unsecured debt; provide explanation)	_	
68. Total Personal Expenses	\$	\$
Business Expenses (actually paid). Provide current general ledger and profit/loss.		
	Amount	Department Use Only
69. Materials Purchased		
70. Supplies		
71. Installment Payments		
72. Monthly Payments		
73. Rent		
74. Insurance		
75. Utilities: Electric: () Phone: ()		
Gas / Oil: () Water: ()		
Garbage: () Sewer: ()		
76. Net Wages and Salaries		
77. Current Taxes (payroll / business)		
78. Other: Specify: (do not include unsecured debt)		
79. Total Business Expenses	\$	
80. Net Disposable Income (line 51 minus line 68)	\$	

	N 6. ADDITIONAL INFORMATION	
Please pr	ovide any additional information not already included. Attach additional pages as needed.	
SECTIO	ON 7. AUTHORIZATION TO DISCLOSE	
Under of my	penalties of perjury, I declare that I have examined this statement of assets, liabili knowledge and belief, it is true, correct, and complete, I (we) authorize the Orelation on this financial statement which may include credit reports.	ties, and other information, and to the best egon Department of Revenue to verify any
1	X	
	X Your Signature	Date
SIGN HERE		
	▶ X	
	X Spouse's Signature (if applying jointly, BOTH must sign even if only one had income)	Date

150-101-159 (02-08)