



FINANCIAL STATEMENT

DEPARTMENT USE ONLY
Date Received
Revenue Agent

• Complete all sections, except shaded areas. • Write "N/A" (not applicable) in those areas that do not apply.

SECTION 1. PERSONAL INFORMATION

Your First Name	MI	Last Name	Your Social Security Number	Your Date of Birth
			- -	

Other Names or Aliases Ever Used

Spouse's First Name	MI	Last Name	Spouse's Social Security Number	Spouse's Date of Birth
			- -	

Spouse's Other Names or Aliases Ever Used

Your Drivers License Number	State	Spouse's Drivers License Number	State
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Dependent's Name (living with you)	Date of Birth	Social Security Number	Relationship
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Dependent's Name (living with you)	Date of Birth	Social Security Number	Relationship
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Dependent's Name (living with you)	Date of Birth	Social Security Number	Relationship
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Your Current Address—Physical Site	City	State	ZIP Code	County	Telephone Number
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Your Mailing Address (if different from above)	City	State	ZIP Code
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Previous Address (if at current address less than 2 years)	City	State	ZIP Code	Telephone Number
				()

Name of Your Tax Representative (CPA, attorney, enrolled agent)	FAX Number	Telephone Number
	()	()

Address of Your Tax Representative	City	State	ZIP Code
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SECTION 2. EMPLOYMENT INFORMATION

Your Employer or Business Name	Business Telephone Number
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Address	City	State	ZIP Code
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How long employed: ____ Year(s) ____ Month(s) Occupation: _____ Wage Earner Sole Proprietor Partner Owner Officer

Paid: Weekly Bi-weekly Monthly Semi-monthly Number of allowances claimed on Form W-4: _____

Spouse's Employer or Business Name	Business Telephone Number
	()

Address	City	State	ZIP Code
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How long employed: ____ Year(s) ____ Month(s) Occupation: _____ Wage Earner Sole Proprietor Partner Owner Officer

Paid: Weekly Bi-weekly Monthly Semi-monthly Number of allowances claimed on Form W-4: _____

SECTION 2. (continued) EMPLOYMENT INFORMATION

If self-employed: Responsible Owner(s), Partner(s), Officer(s), Major shareholder(s), etc. Identify the major responsibilities of each by circling the codes that apply. 1 = Files Returns; 2 = Pays Taxes; 3 = Prefers Creditors; 4 = Hires/Fires

Name and Title	Effective Date	Home Address	Home Telephone No.	Social Security No.	Responsibility code
					1 2 3 4
					1 2 3 4
					1 2 3 4

SECTION 3. GENERAL FINANCIAL INFORMATION (Personal and Business)

Bank Accounts. Include IRA and retirement plans certificates of deposit, etc. For all accounts, attach copies of your last three bank statements. Attach additional pages as needed.

Name of Institution	Address	Type	Date Opened	Account Number	Balance
TOTAL. Enter this amount on line 2, Section 4 (Asset and Liability Analysis)					\$

Vehicles. Attach supporting documentation of current payoff. Attach additional pages as needed.

Year, Make, Model, Licence Number	Lender/Lien Holder	Current Market Value	Current Payoff	Available Equity (cannot be less than -0-)
TOTAL. Enter this amount on line 3, Section 4 (Asset and Liability Analysis)				\$

Encumbered Personal Property. Include water craft, RVs, air craft, business equipment and/or machinery. Attach additional pages as needed.

Year, Make, Model, Licence Number	Lender/Lien Holder	Current Market Value	Current Payoff	Available Equity
TOTAL. Enter this amount on line 4, Section 4 (Asset and Liability Analysis)				\$

Life Insurance. Attach additional pages as needed.

Name of Insurance Company	Agent's Name and Telephone Number	Policy Number	Type	Face Amount	Loan/Cash surrender Value
TOTAL. Enter this amount on line 5, Section 4 (Asset and Liability Analysis)					\$

Securities. Include stocks, bonds, mutual funds, money market funds, securities, 401(k), etc. Attach additional pages as needed.

Type	Where Located	Owner of Record	Quantity or Denomination	Current Value
TOTAL. Enter this amount on line 6, Section 4 (Asset and Liability Analysis)				\$

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 _____

Repossessions No Yes _____

Anticipated Increase in Income..... No Yes _____

Bankruptcies/Receiverships..... No Yes _____

Recent Transfer of Assets No Yes _____

Beneficiary to Trust, Estate, Profit Sharing, etc. No 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:	
19. Total	Immediate Assets \$

SECTION 4. (continued) ASSETS AND LIABILITY ANALYSIS

Real Property. (from Section 3) Liens do not reduce equity.

Address or Location	Current Market Value	Mortgage Payoff 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 **not** include vehicle or home 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 ANALYSIS

Income. Attach copies of all income sources that contribute to household expenses (minimum three months).

	Gross	Net	Department 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? <input type="checkbox"/> No <input type="checkbox"/> Yes)		
54. Home Owners/Renters Insurance: () Association Fees: ()		
55. Utilities: Electric: () Phone: () Gas / Oil: () Water: () Garbage: () Sewer: ()		Subtotal: 52-55
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)		
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)..... \$

