|  |
| --- |
| Financial Information Statement for Individuals(if you need additional space, please attach a separate sheet)**Washington State Department of Revenuecomplete all blocks, except shaded areas. Write “N/A” (not applicable) in those blocks that do not apply** |
| **Full name on DOR account:**       | **Registration Number (UBI)**       |
| **Section 1- Personal information** |
| Full Name of Taxpayer and Spouse (if applicable)      | Home Phone      | Cell Phone      |
| Address (Street, City, State, ZIP, & County of Residence)                     | Business Phone       | Spouse’s Cell Phone      |
| Mailing Address (if different)                     |
| Marital Status:[ ]  Married [ ]  Unmarried | Taxpayer’s Email      | Spouse’s Email      |
| Taxpayer | Social Security No. (SSN) | Date of Birth (mm/dd/yyyy) | Other names or aliases |
|       |       |       |
| Spouse |       |       |       |
| Previous address(es) of Taxpayer                     |
| Tax Year of last filed Federal Income Tax Return      | Number of exemptions claimed       | Gross Income$      |
| Name, age and relationship of dependents living in your household (exclude yourself and spouse) |
|       |       |
|       |       |
| **Section 2- Employment Information** |
| Taxpayer | Spouse |
| Employer Name       | Employer Name      |
| Employer Address                     | Employer Address                     |
| Work Phone      | Occupation      | Work Phone      | Occupation      |
| Pay Period:

|  |  |
| --- | --- |
| [ ]  Weekly | [ ]  Bi-Weekly |
| [ ]  Monthly | [ ]  Other: |
|       |

 | How long employed: | Pay Period:

|  |  |
| --- | --- |
| [ ]  Weekly | [ ]  Bi-Weekly |
| [ ]  Monthly | [ ]  Other: |
|       |

 | How long employed: |
| Years:      Months:       | Years:      Months:       |

|  |
| --- |
| **Section 3- Financial information** |
| **Is the individual or sole proprietorship party to a lawsuit** (If yes, answer the following) [ ]  Yes [ ]  No |
| [ ]  Plaintiff[ ]  Defendant | Amount of Suit $      | Subject of Suit      | Possible Completion Date      |
| **Has the individual or sole proprietorship ever filed bankruptcy** (If yes, answer the following) [ ]  Yes [ ]  No |
| Date Filed/Filing Anticipated | Discharge/Closure Date | Bankruptcy Filing Number | Type filed |
| **Any increase/decrease in income anticipated (business or personal)** (If yes, answer the following) [ ]  Yes [ ]  No |
| Explain (use attachment if needed)      | How much will it increase/decrease?$      | When will it increase/decrease?      |
| **Is the individual or sole proprietorship a beneficiary of a trust, estate, or life insurance policy**  [ ]  Yes [ ]  No (If yes, answer the following)  |
| Name of the trust, estate, or policy      | Anticipated amount to be received     $ | When will the amount be received      |
| Repossessions [ ]  Yes [ ]  No |
| In the past 3 years have any assets been transferred by the individual for less than full value [ ]  Yes [ ]  No |
| List Asset      | Value at time of transfer$      | Date Transferred      | To whom or where it transferred      |
| **Personal Bank accounts (checking, online banking, money market accounts, savings, etc.)** |
| Type of Account | Name and Address of Financial Institution | Account Number | Balance |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
| Amount of Cash on Hand | $  |       |
| **Available Credit (Bank credit cards, Credit Unions, Savings & Loans, Lines of Credit) (attach additional sheets if needed)** |
| Type of Account or Card | Name and Address of Credit Institution | Credit Limit | Amount Owed | Credit Available |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
| **Investments (stocks, bonds, mutual funds, stock options, IRAs, 401K, Certificates of Deposit, government securities, GET accounts etc.)** |
| Type | Name and Address of Company | Current Value | Loan Balance | Equity (value minus loan) |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |

|  |
| --- |
| **Real Property Owned, Rented, and Leased Attach additional sheets if needed** |
| Property Description | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
|       |       | $      | $      | $      |       | $      |
| [ ]  Purchased[ ]  Leased | Location (Street, City, State, Zip & County)                | Lender/Lessor/Landlord Name, Address, Phone                | Asset registered to:      |
| PropertyDescription | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
|       |       | $      | $      | $      |       | $      |
| [ ]  Purchased[ ]  Leased | Location (Street, City, State, Zip & County)                | Lender/Lessor/Landlord Name, Address, Phone                | Asset registered to:      |
| **Personal Vehicles Leased & Purchased** Include boats, RVs, motorcycles , and airplanes **Attach additional sheets if needed** |
| Description      | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
| [ ]  Purchased[ ]  Leased |       | $      | $      | $      |       | $      |
| Year      | Mileage      | License #      | Lender/Lessor/Landlord Name, Address & Phone                     |
| Make      | Model      | Asset registered to:      |
| Description      | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
| [ ]  Purchased[ ]  Leased |       | $      | $      | $      |       | $      |
| Year      | Mileage      | License #      | Lender/Lessor/Landlord Name, Address & Phone                     |
| Make      | Model      | Asset registered to:      |
| **Personal Assets** Include furniture, artwork, jewelry, coins, guns, antiques or other assets **Attach additional sheets if needed** |
| Description      | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
| [ ]  Purchased[ ]  Leased |       | $      | $      | $      |       | $      |
| Location (Street, City, State, Zip & County)                     | Lender/Lessor/Landlord Name, Address & Phone                     |

|  |
| --- |
| **SECTION 4- Personal Income and Expense Information** |
| **Monthly Income/Expense Statement** |
| **Total Income** | **Total Living Expenses** |
| **Source** | **Gross Monthly** | **Expense Items** | **Actual Monthly** |
| Wages (Taxpayer) | **$** |       | Food, Clothing, and Misc. | **$** |       |
| Wages (Spouse) | **$** |       | Housing & Utilities | **$** |       |
| Interest – Dividends | **$** |       | Vehicle Ownership Costs | **$** |       |
| Net Business Income | **$** |       | Vehicle Operating Costs | **$** |       |
| Net Rental Income | **$** |       | Public Transportation | **$** |       |
| Distributions | **$** |       | Health Insurance | **$** |       |
| Pension/Social Security (Taxpayer) | **$** |       | Out of Pocket Healthcare Costs | **$** |       |
| Pension/Social Security (Spouse) | **$** |       | Court Ordered Payments | **$** |       |
| Child Support | **$** |       | Child/Dependent Care | **$** |       |
| Alimony/Spousal Support | **$** |       | Life Insurance | **$** |       |
| Other (specify) | **$** |       | Taxes (specify) | **$** |       |
|       | **$** |       | Other (specify) | **$** |       |
| **Total Income** | **$** |       | **Total Living Expenses** | **$** |       |
| **Section 5- business information** |
| **Business information** |
| Business Name (s)      | Type of Business      | Business Website      |
| Number of Employees:      |
| **Payment Processor** |
| Payment Processor(First Data, PayPal, Authorize.net, Google Checkout, etc.) | Address | Payment Processor Account Number |
|       |       |       |
|       |       |       |
|       |       |       |
| **Credit Cards Accepted by the Business** |
| Credit Card | Merchant Account Number | Merchant Account Provider, Name & Address |
|       |       |       |
|       |       |       |
|       |       |       |
| **Business Bank Accounts (checking, online banking, money market accounts, savings, stored value cards, etc.)** |
| Type of Account | Name and Address of Financial Institution | Account Number | Balance |
|       |       |       | **$** |       |
|       |       |       | **$** |       |
|       |       |       | **$** |       |
|       |       |       | **$** |       |
| Amount of Cash on Hand | **$** |       |

|  |
| --- |
| **Accounts/Notes receivable (Include all current contract jobs, loans to Family Members, loans to partners, etc.)****You may attach Aged Receivable Report (Customer Balance Summary Report)** |
| Name | Address & Phone | Amount Due | Due Date | Days Past Due |
|       |       | **$** |       |       |       |
|       |       | **$** |       |       |       |
|       |       | **$** |       |       |       |
|       |       | **$** |       |       |       |
|       |       | **$** |       |       |       |
|       |       | **$** |       |       |       |
|       |       | **$** |       |       |       |
| **Do you currently factor receivables or use them as collateral for loans?** [ ]  Yes [ ]  No If yes, complete the following |
| Name of factor or lender      |
| Address      | Phone      |

|  |
| --- |
| **Business Assets (please specify) Attach additional sheets if needed** |
| Description      | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
| [ ]  Purchased[ ]  Leased |       | $      | $      | $      |       | $      |
| Location (Street, City, State, Zip & County)                     | Lender/Lessor/Landlord Name, Address & Phone                     |
| Description      | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
| [ ]  Purchased[ ]  Leased |       | $      | $      | $      |       | $      |
| Location (Street, City, State, Zip & County)                     | Lender/Lessor/Landlord Name, Address & Phone                     |
| **Tax Liabilities** |
|  | Date lien was filed or assessed | Current Amount Owed | Monthly Payment Amount | Date first payment was made | Name & Address of Lien/Note Holder |
| IRS  |       |  |  | **$** |       |       |       |
| Labor & Industries |       |  |  | **$** |       |       |       |
| Employment Security |       |  |  | **$** |       |       |       |
| Other Taxes Owed (specify) |       |  |  | **$** |       |       |       |

|  |
| --- |
| **SECTION 5- Business Income and Expense Information** |
|  You may attach Profit & Loss Report or Income Statement along with this section |
| **The following information is based monthly income and expenses.** | **Accounting Method Used: [ ]  Accrual [ ]  Cash****(must be same as with IRS)** |
| **Total Business Income** | **Total Business Expenses** |
| **Source** | **Gross Monthly** | **Expense Items** | **Actual Monthly** |
| Gross Receipts | **$** |       | Materials Purchased | **$** |       |
| Gross Rental Income | **$** |       | Inventory Purchased | **$** |       |
| Interest | **$** |       | Gross Wages & Salaries | **$** |       |
| Dividends | **$** |       | Rent | **$** |       |
| Cash | **$** |       | Supplies | **$** |       |
| Other Income (specify below) | **$** |       | Utilities/Telephone | **$** |       |
|       | **$** |       | Vehicle Gasoline/Oil | **$** |       |
|       | **$** |       | Repairs & Maintenance | **$** |       |
|       | **$** |       | Insurance | **$** |       |
|       | **$** |       | Current Taxes | **$** |       |
|       | **$** |       | Notes or Loan Payments  | **$** |       |
|       | **$** |       | Other (specify) | **$** |       |
| **Total Income** | **$** |       | **Total Living Expenses** | **$** |       |
|  | **Net Income (Income – Expenses)** | **$** |       |
| **SECTION 6** |
| Please include the following documents with your financial statement:

|  |  |
| --- | --- |
| [ ]  | Copies of the last three month’s bank statements for the business |
| [ ]  | Copies of the most recent business financial statements(including but not limited to balance sheets and profit and lost statements) should be submitted with this form. |
| [ ]  | Attach a copy of all currently recorded UCC-1 financing statements on which the business is either a creditor or a debtor |
| [ ]  | Each owner, partner, or office must disclose their name, address and the nature of any involvement or interest in other businesses.  |
| [ ]  | Other:       |

 |
| **Additional Comments and proposal for Electronic Partial Payment Agreement** |
| **I am requesting to pay the total liability plus accrued penalties and interest in the following manner:**

|  |  |
| --- | --- |
| **$****To be paid (select one)** | **[ ]  Monthly****[ ]  Twice a Month****[ ]  Weekly** |

 | **Comments:**      |
| **If your payment terms are accepted, the payment amount you proposed will be withdrawn from your bank account electronically. Penalty and interest will accrue, as provided by law, until the balance is paid in full.** |
| **Certification I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete and I hereby authorize the Department of Revenue to verify the information contained herein as they deem necessary.** |
| Taxpayer Signature | Print Taxpayer name | Date |
|  |       |       |
| Taxpayer Signature | Print Taxpayer name | Date |
|  |       |       |