



**Section III**

**General Financial Information**

**13** Bank accounts (include savings and loans, credit unions, IRA and retirement plans, certificates of deposit, etc.)  
Enter bank **loans** in item 28.

Name of Institution	Address	Type of Account	Account No.	Balance
<b>Total</b> (Enter in item 21)				?

**14** Charge cards and lines of credit from banks, credit unions, and savings and loans. List all other charge accounts in item 28.

Type of Account or Card	Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
<b>Totals</b> (Enter in Item 27)					

**15** Safe deposit boxes rented or accessed (List all locations, box numbers and contents):

<b>16 Real Property</b> (Brief description and type of ownership)	<b>Physical Address</b>
<b>a</b>	County .....
<b>b</b>	County .....
<b>c</b>	County .....

<b>17 Life Insurance</b> ( <i>Name of Company</i> )	<b>Policy Number</b>	<b>Type</b>	<b>Face Amount</b>	<b>Available Loan Value</b>
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
<b>Totals</b> ( <i>Enter in Item 23</i> )				<b>?</b>

**18 Securities** (*stocks, bonds, mutual funds, money market funds, government securities, etc.*):

<b>Kind</b>	<b>Quantity or Denomination</b>	<b>Current Value</b>	<b>Where Located</b>	<b>Owner of Record</b>

**19 Other information** relating to your financial condition. If you check the “Yes” box, please give dates and explain on page 4. Additional information or Comments:

<b>a</b> Court Proceedings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>b</b> Bankruptcies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b> Repossessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>d</b> Recent sale or other transfer of assets for less than full value	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>e</b> Anticipated increase in income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>f</b> Participant or beneficiary to trust, estate, profit sharing, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section IV Assets and Liabilities**

<b>Description</b>	<b>Current Market Value</b>	<b>Current Amount Owed</b>	<b>Equity in Asset</b>	<b>Amount of Monthly Payment</b>	<b>Name and Address of Lien/NoteHolder/Lender</b>	<b>Date Pledged</b>	<b>Date of Final Payment</b>
<b>20</b> Cash							
<b>21</b> Bank accounts ( <i>from item 13</i> )							
<b>22</b> Securities ( <i>from item 18</i> )							
<b>23</b> Cash or loan value of insurance							
<b>24</b> Vehicles- <i>model, year, license, tag#</i>							
<b>a</b>							
<b>b</b>							
<b>c</b>							
<b>25</b> Real property ( <i>from item 16</i> )							
<b>a</b>							
<b>b</b>							
<b>c</b>							
<b>26</b> Other assets							
<b>a</b>							
<b>b</b>							
<b>c</b>							

d							
e							
27 Bank revolving credit -from item 14							
28 Other liabilities (including bank loans, judgment, notes and charge account not entered in item 13)							
a							
b							
c							
d							
e							
f							
g							
29 Federal taxes owed (prior years)							
30 Totals			\$	\$			

**Section V Monthly Income and Expense Analysis**

Total Income		Necessary Living Expenses	
Source	Gross		Claimed
31 Wages/salaries (taxpayer)	\$	42 National Standard Expenses <sup>1</sup>	\$
32 Wages/salaries (spouse)		43 Housing and utilities <sup>2</sup>	
33 Interest, dividends		44 Transportation <sup>3</sup>	
34 Net business income (from Form 433-b)		45 Health care	
35 Rental income		46 Taxes (income and FICA)	
36 Pension (taxpayer)		47 Court ordered payments	
37 Pension (spouse)		48 Child/dependent care	
38 Child support		49 Life insurance	
39 Alimony		50 Secured or legally-perfected debts (specify)	
40 Other		51 Other expenses (specify)	
41 Total income	\$	52 Total expenses	\$

**Certification:** Under penalties of perjury, I declare that to the best of my knowledge and belief this statements of assets, liabilities and other information is true, correct and complete.

54 Your Signature

55 Spouse's signature (if joint return was filed)

56 Date

\_\_\_\_\_

**Notes:**

- 1 Clothing and clothing services, food, housekeeping supplies, personal care products and services and miscellaneous.
- 2 Rent or mortgage payment for the taxpayer's principal residence. Add the average monthly payment for the following expenses if they are **not** included in the rent or mortgage payment: property taxes, homeowner's or

renter's insurance, parking, necessary maintenance and repair, homeowner dues, condominium fees and utilities. Utilities include gas, electricity, water, fuel oil, coal, bottled gas, trash and garbage collection, wood and other fuels, septic cleaning and telephone.

- 3** Lease or purchase payments, insurance, registration fees, normal maintenance, fuel, public transportation, parking and tolls.

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Additional information or comments: