

IDAHO STATE TAX COMMISSION FINANCIAL STATEMENT

Your Name		Spouse's Name	
Daytime phone number	Cell phone number	Daytime phone number	Cell phone number
Address		Address	
Social Security Number	Age	Spouse's Social Security Number	Age
Employer	How long?	Employer	How long?
Email address/webpage		Email address/webpage	
Number of dependent children living with you:		Children's ages:	

Are there any other persons living with you? Please attach an explanation.

Name, address and phone number of a close living relative:

BANKING, INVESTMENT INFORMATION, and ACCOUNTS RECEIVABLE

Bank Accounts	Account Numbers	Balance
Name of bank	Checking #	
Name of bank	Checking #	
Name of bank	Savings #	
Name of bank	Savings #	
Retirement / 401K		
Stocks and bonds		
Does anyone owe you money? Please list names and reason below.		

If self-employed and using a credit card machine at place of business, please list Routing Transaction Number (RTN).

REAL ESTATE and MORTGAGE LOANS

Name of Lender	Year Acquired	Value of Property	Amount Owed	Payment Amount

MOTOR VEHICLES

Including cars, trucks, motorcycles, camp trailers, boats, ATVs, snowmobiles, etc.

Year	Make	Model	Value	Balance Owed	Payment Amount	Lien Holder	Date Paid In Full

AUTHORIZATION TO DISCLOSE: Under penalties of perjury, I declare that this statement of assets, liabilities, and other information on pages 1 and 2 of this form is true, correct, and complete. I (we) authorize the Idaho State Tax Commission to obtain a credit report and to verify any information on this financial statement.

_____ Your signature	_____ Date	_____ Spouse's signature	_____ Date
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INCOME

Monthly Amount

Do you have income from self-employment? If so, please list the name and address of the business and your average monthly income. _____

\$

Your Income - includes wages and/or retirement Gross: \$ _____ Net \$ _____

Spouse's income - includes wages and/or retirement Gross: \$ _____ Net \$ _____

(Copies of your last two pay stubs required)

Social Security _____ \$

Rental income _____ \$

Investment income _____ \$

Child support _____ \$

Alimony _____ \$

Other income (please list) _____ \$

Income Total \$**EXPENSES**

Monthly Amount

House payment or rent _____ \$

2nd mortgage or other property _____ \$

Car and truck payments - total of all payments _____ \$

Car maintenance and gas _____ \$

Groceries _____ \$

Balance Owed

Utilities:

Power _____ \$

Gas _____ \$

Water and garbage _____ \$

Cell phone _____ \$

Home phone _____ \$

Cable or satellite TV _____ \$

Internet _____ \$

Credit Cards (please list):

_____ \$

_____ \$

_____ \$

_____ \$

Hospital, medical labs, and other service providers _____ \$

Child support payments _____ \$

Life insurance _____ \$

Health insurance _____ \$

Idaho State Tax Commission _____ \$

Internal Revenue Service (IRS) _____ \$

Other expenses (please list):

_____ \$

_____ \$

_____ \$

_____ \$

Expense Total \$**Income Minus Expenses \$**