

STATEMENT OF FINANCIAL CONDITION AND OTHER INFORMATION

(Rev. Oct 95)

Section I. General Information - For Individuals

1. Taxpayer(s) name(s) and address		2. Home phone no.	3. Marital status
		4a. Taxpayer's social security no.	b. Spouse's social security no.
5a. Taxpayer's date of birth	b. Spouse's date of birth	6. Other names or aliases	
7. Name, age, social security number, and relationship of dependents living in your household.			

Section II. Employment Information

8. Taxpayer's employer or business (name and address)	a. How long employed?	b. Business phone no.	c. Occupation
	d. Check appropriate item () Wage earner () Sole proprietor () Partner		
9. Spouse's employer or business (name and address)	a. How long employed?	c. Business phone no.	c. Occupation
	d. Check appropriate item () Wage earner () Sole proprietor () Partner		

Section III. General Financial Information

10. Bank accounts (include Savings & Loans, Credit Unions, IRA and Retirement Plans, Certificate of Deposits, etc.) Attach additional sheets as necessary.				
Name of Institution	Address	Type of Account	Account No.	Balance
Total (Enter in Item 17)				

Section III.**General Financial Information - continued**

11. Charge cards, lines of credit (attach additional sheets as necessary).

Type of Account or Card	Name and address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
Total (Enter in Item 25)					

12. Safe deposit boxes rented or accessed (List all locations, box numbers, and contents.)

13. Real and lease property (Brief description and type of ownership)

Physical Address (include tax map key)

14. Life Insurance (Name of Company)

Policy Number

Type

Face Amount

Available Loan Value

Total (Enter in Item 19)

15. Securities (stocks, bonds, mutual funds, money market funds, government securities, etc.) Attach additional sheets as necessary.

Kind	Quantity or Denomination	Current Value	Where Located	Owner of Record

Section IV.**Asset and Liability Analysis**

Description	Current Market Value	Liabilities Balance Due	Equity in Asset	Amount of Monthly Payment
ASSETS				
16. Cash				
17. Bank accounts (from Item 10)				
18. Securities (from Item 15)				
19. Cash or loan value of Insurance (from Item 14)				
20. Accounts Receivable				
21. Merchandise Inventory				
22. Vehicles (Model, year, license)				
a.				
b.				
c.				
23. Real property (from Item 13)				
a.				
b.				
c.				
24. Other assets				
a.				
b.				
c.				
d.				
e.				
f.				
Total Assets				
LIABILITIES				
25. Bank revolving credit (from Item 11)				
26. Loan on Insurance				
27. Accounts payable				
28. Notes payable				
29. Mortgages				
30. Judgments				
31. Other liabilities				
a.				
b.				
c.				
d.				
e.				
f.				
Total Liabilities				

Section V.

Monthly Income and Expense Analysis

Income			Necessary Living Expenses	
Source	Gross	Net		
32. Wages/Salaries (Taxpayer)			43. Rent	
33. Wages/Salaries (Spouse)			44. Groceries (no. of people _____)	
34. Interest - Dividends			45. Utilities (Gas _____ Water _____ Electric _____ Phone _____)	
35. Net business income			46. Transportation	
36. Rental Income			47. Insurance (Home _____ Car _____ Life _____ Health _____)	
37. Pension (Taxpayer)			48. Medical	
38. Pension (spouse)			49. Estimated tax payments	
39. Child Support			50. Court ordered payments	
40. Alimony			51. Other expenses (please specify)	
41. Other				
42. Total Income			52. Total Expenses	
			53. Net difference (income less necessary living expenses)	

Certification

Under penalties of perjury, I declare that to the best of my knowledge and belief this statement 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