



Statement of Financial Condition for Individuals

(If additional space is needed, attach separate sheet)

1. Taxpayer's name(s) and address(es) <i>(including county)</i>	2. Home phone number	3. Marital status
	4. Social Security Number(s)	a. Taxpayer b. Spouse

SECTION I – EMPLOYMENT INFORMATION

5. Taxpayer's employer of business (name and address) or	6. Business phone number	7. Occupation
	8. Paydays	9. <i>(Check appropriate box)</i> <input type="checkbox"/> Wage earner <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor
10. Spouse's employer or business (name and address) or	11. Business phone number	12. Occupation
	13. Paydays	14. <i>(Check appropriate box)</i> <input type="checkbox"/> Wage earner <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor

SECTION II – PERSONAL INFORMATION

15. Name, address and telephone number of next of kin or other reference	16. Age and relationship of dependents (exclude husband and wife) living in your household	17. Number of exemptions claimed on Form W-4
18. Date of birth	a. Taxpayer	b. Spouse

SECTION III – GENERAL FINANCIAL INFORMATION

19. Latest PA income tax return filed <i>(tax year)</i>	20. Adjusted gross income on return
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21. Bank accounts *(include Savings and Loans, Credit Unions, IRA and KEOGH accounts, Certificates of Deposit, etc.)*

Name of Institutions	Address	Type of Account	Account Number	Balance
				\$
Total (Enter in Item 28)				\$

22. Bank charge cards, lines of credit, etc.

Type of Account or Card	Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
		\$	\$	\$	\$
Total (Enter in Item 34)		\$	\$	\$	\$

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

24. Real Property <i>(Brief description and type of ownership)</i>	Address <i>(Include county and state)</i>
a.	
b.	
c.	

25. Life Insurance <i>(Name of Company)</i>	Policy Number	Type	Face Value	Available Loan Value
			\$	\$

SECTION III – GENERAL FINANCIAL INFORMATION (continued)

26. Additional Information (Court proceedings, bankruptcies, repossessions, recent transfers of assets for less than full value, anticipated increases in income, condition of health, etc., include information on trusts, estates, retirement plans, etc., on which you are a participant or beneficiary)

SECTION IV – ASSET AND LIABILITY ANALYSIS

(a) Asset or Liability	(b) Description	(c) Current Market Value	(d) Liabilities Balance Due	(e) Amount of Monthly Payment
27. Cash		\$		
28. Bank accounts				
29. Stocks, bonds, investments			\$	\$
30. Cash or loan value of insurance				
31. Vehicles (<i>model, year, license</i>)	a.			
	b.			
	c.			
32. Real property	a.			
	b.			
	c.			
33. Other assets	a.			
	b.			
	c.			
34. Bank revolving credit				
35. Other liabilities (<i>include judgements, notes and other charge accounts</i>)	a.			
	b.			
	c.			
	d.			
36. Federal taxes owed				
37. State taxes owed				
38. TOTALS		\$	\$	\$

SECTION V – INCOME AND EXPENSE ANALYSIS

(a) Income			(b) Necessary Living Expenses	
Source	Gross	Net		
			47. Rent/House payment	\$
			48. Groceries	\$
39. Wage/Salary (<i>Taxpayer</i>)	\$	\$	49. Allowable installment Payments	\$
40. Wages/Salary (<i>Spouse</i>)			50. Utilities	\$
41. Interest - Dividends			51. Transportation	\$
42. Net Business Income (<i>from Form REV-484 or REV-488</i>)			52. Insurance	\$
43. Rental Income			53. Medical	\$
44. Pension (<i>Taxpayer</i>) Source:			54. Estimated tax payments (<i>federal-state</i>)	\$
45. Pension (<i>Spouse</i>) Source:			55. Other expenses (<i>specify</i>)	\$
46. TOTAL	\$	\$	56. TOTAL	\$
Item 40 should be completed if you are married even if your spouse is not liable for the tax. This information is necessary in order for the Department of Revenue to calculate household income and expenses.			57. Net difference (<i>income less necessary living expenses</i>)	\$

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.

58. Your Signature	59. Spouse, Attorney or Accountant Signature (POA Attached)	60. Date
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