



## Form C58P, Personal Financial Statement

Complete each section of this form. We use this information to determine your ability to pay.

The information you provide is confidential and you are not required to provide it. However, if you do not complete the financial statement, we may deny your request.

If a question does not apply to your situation, write "N/A" in the provided field.

Personal Information					
Your Full Name			Spouse's Full Name		
Your Social Security Number		Your Birth Date	Spouse's Social Security Number		Spouse's Birth Date
Your Street Address			Spouse's Street Address (if different than yours)		
City		State	ZIP Code	City	
Home Phone		Work Phone		Spouse's Home Phone	
Total Number and Ages of People in Your Household					

Current Employment Information					
You (circle one): Full-Time Part-Time Unemployed			Your Spouse (circle one): Full-Time Part-Time Unemployed		
Employer or Business Name		Occupation		Employer or Business Name	
Street Address			Street Address		
City		State	ZIP Code	City	

Bank Accounts (Such as credit unions, money market, stocks, bonds, 401(k)s, IRAs, etc.)				
Name of Institution	Type of Account (checking, savings, other – specify)	Account Number	Name on Account	Balance/Value
<b>Total Bank Accounts Balance/Value</b>				<b>\$</b>

<b>Virtual Currency (Cryptocurrency)</b> (Include Bitcoin, Ethereum, Litecoin, Ripple, etc.)				
Type of Virtual Currency	Name of Virtual Currency Wallet, Exchange, or Digital Currency Exchange (DCE)	Email Address Used to Set up with the Virtual Currency Exchange or DCE	Locations (Mobile Wallet, Online, External Hardware Storage)	Virtual Currency Amount and Value in US Dollars
<b>Total Value of Virtual Currency</b>				<b>\$</b>

<b>Living Expenses</b>			
Taxes Withheld Federal/State/FICA		Rent/Mortgage	
Child Support/Alimony		Association Fees	
Retirement/IRAs/401(k)s		Insurance Taxes	
Day Care		Utilities	
Life Insurance		Phone	
Medical Insurance		Groceries	
Medical Expenses Not Paid by Insurance		Clothing/Personal Care Items	
Transportation Gas/Parking/Insurance/Bus		<b>Total Monthly Living Expenses</b>	<b>\$</b>

<b>Real Estate</b> (Include home, vacant land, cabin, etc.)				
Address	County Where the Property is located	Mortgage Balance	Current Value	Minimum Monthly Payment
<b>Total Real Estate Minimum Monthly Payment</b>				<b>\$</b>

<b>Credit Cards</b> (Such as Visa, MasterCard, American Express, Discover, etc.)			
Card Name	Credit Limit	Current Balance	Minimum Monthly Payment
<b>Total Credit Cards Minimum Monthly Payment</b>			<b>\$</b>

<b>Motor Vehicles</b> (Include cars, boats, RVs, motorcycles, snowmobiles, ATVs, etc.)					
Year/Make	Model	Financed By	Balance Due	Payoff Date	Minimum Monthly Payment
<b>Total Motor Vehicles Minimum Monthly Payment</b>					<b>\$</b>

<b>Other Obligations</b> (Include home equity, personal loans, amounts owed to IRS, etc.)			
Type of Obligation	Payoff Date	Current Balance	Minimum Monthly Payment
<b>Total Other Obligations Minimum Monthly Payment</b>			<b>\$</b>

<b>Combined Total of Monthly Expense</b> (Use your totals from the previous sections to determine your total monthly expenses.)	
Total Minimum Monthly Credit Card Payments	
Total Minimum Monthly Motor Vehicle Payments	
Total Monthly Living Expenses	
Total Minimum Monthly Other Obligation Payments	
<b>Total Monthly Expenses</b>	<b>\$</b>

<b>Income</b> (Include income information for you and all other adults that live with you and help pay the household monthly expenses. Attach the two most recent pay stubs for each person.)			
Your Gross Monthly Pay (wages, commissions, 1099, etc.)		Social Security/Retirement	
Spouse's Gross Monthly Pay (wages, commissions, 1099, etc.)		Profit from Business	
Alimony/Child Support Paid to You		Other (unemployment, disability, etc.)	
Rent Paid to You		<b>Total Monthly Income</b>	<b>\$</b>

**If there is other information you want us to consider, use this section to tell us.** Attach additional paper if needed.

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**Authorization**

The information I provided in this financial statement is accurate to the best of my knowledge and belief. I authorize the Minnesota Department of Revenue to verify any information on this form. I understand the department:

- Will review the information I provided
- Has the authority to approve or deny my request
- May ask me to provide more documentation
- May use this information to collect my debt

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Your Name \_\_\_\_\_

**If you are requesting a payment agreement, you must complete this section and provide your bank information or we cannot complete your application.**

If we accept your proposed payment amount, we will send you a letter explaining the terms of the payment agreement.

We will withdraw payments directly from your bank account on or after the scheduled payment date using an electronic funds transfer.

We add a nonrefundable \$50 fee to payment agreements that include tax debt. Penalty and interest will accrue on all tax debt and some other types of debt until the balance is paid in full.

**Payment Terms You Are Requesting**

I am requesting to pay the total debt as follows:

Payment amount proposed \$ \_\_\_\_\_ Date of first payment \_\_\_\_\_

Payment frequency (circle one): Monthly                      Biweekly                      Weekly

**Bank Information**

Withdraw my payments as specified above from the following bank account:

**Bank name** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Name on account** \_\_\_\_\_ **Routing #** \_\_\_\_\_

**Account type** (circle one): Checking Savings **Account holder's phone #** \_\_\_\_\_

Will these payments come from a financial institution outside of the United States? (circle one)  
Yes No

By providing a signature and Social Security Number or Federal Employer Identification Number for an authorized user of the account below, you authorize the Minnesota Department of Revenue to withdraw the payments as specified.

Authorized Signer Name

Social Security Number or FEIN