



<b>Taxpayer Name:</b>					
<b>ASSETS</b> <b>(continued)</b>					
<b>Stocks, Bonds, Mutual Funds and Other Securities</b>					
Type Where	Located	Owner of record		Current value	
<b>Life Insurance</b>					
Name of company		Policy number	Cash surrender value	Loan value	
<b>Vehicles</b>					
Year	Make & model	Owned or leased?	Lien/leaseholder	Amount owed	Monthly payment
<b>Anticipated current year refunds</b>					
Federal			State		
<b>Other Assets</b>					
Boats, snowmobiles, ATVs, riding lawnmowers, farm or construction equipment or collectibles					
Item description		Location	Lien holder	Current value	Amount owed
<b>LIABILITIES</b>					
<b>Federal Tax Debts</b>					
Tax type		Amount owed	Monthly payment		
Do you have an offer-in-compromise pending with the IRS? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is this debt currently under levy by the IRS? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Loans</b>					
List all outstanding loans or other debts not listed anywhere above.					
Source of loan or other debts (financial institution, family, friend, etc.)		Amount owed	Monthly payment	Did you sign a written agreement?	

<b>Taxpayer's Name:</b>				
<b>INCOME</b>				
<b>Wages and Salaries</b> Do not enter income from your business here. See instructions on page 4.				
Taxpayer's primary job	Employer	How often paid?	Gross pay per pay period	Disposable Income
Taxpayer's second job				
Other household member's primary job				
Other household member's second job				
Other household member's primary job				
Other household member's second job				
<b>Business Income</b>				
Business owner:	Average monthly net income	Quarterly estimated income tax payments		
		Federal	State	
<b>Rental Income</b>				
Property	Monthly rental income			
<b>Miscellaneous Income</b>				
Total monthly pension income		Taxpayer	Other household member	Dependent's income
Workers' compensation (total received monthly)				
Child support received monthly				
Alimony received monthly				
Social security income (monthly)				
Public assistance payments received monthly				
Other monthly income				
<b>EXPENSES</b>				
Include the average amount spent each month in each category listed. Do not include expenses shown in any of the other categories on this form.				
Category	Monthly expense	Category	Monthly expense	
Rent or mortgage payment	\$	Living Expenses	\$	
Utility expense	\$	Transportation expense	\$	
Un-reimbursed medical expense	\$	Un-reimbursed childcare expense	\$	
Alimony paid	\$	Child support paid (actual payment made)	\$	
		Other necessary living expenses	\$	

**OTHER FINANCIAL INFORMATION**

Circle the applicable answers below and attach a separate sheet with details for each question answered "yes".

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you have lawsuits currently pending?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you had property repossessed recently?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you declared bankruptcy in the last 10 years?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you had a recent sale or other transfer of assets for less than full value?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are you anticipating increases in income in the next 12 months?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are you a participant or beneficiary of a trust, estate, profit sharing or expected inheritance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Do you have insurance settlements pending?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Under penalties of perjury, I (we) declare that to the best of my (our) knowledge and belief this statement of assets, liabilities and other financial information is true, correct and complete. I (we) hereby authorize Maine Revenue Services to obtain a complete and current credit report from any credit reporting agency to confirm certain information contained in this financial statement.

Taxpayer's Signature	Date	Signature - other household member	Date
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## INSTRUCTIONS AND EXPLANATIONS

1. The personal financial statement must be complete, legible, and accurate.
2. If you need additional space to answer fully any of the categories or questions above, please use the space below and attach separate pages as needed.
3. **Copies of both the taxpayer's and other household member's last two pay vouchers or pay stubs must be submitted with the financial statement. For income purposes, other household member would be spouse, partner, significant other, roommate, adult child, or other family members.**
4. Gross pay includes your income before any deductions. Disposable income is your income after any mandatory deductions such as: taxes, insurance or court ordered garnishments.
5. Transportation expenses include fuel, maintenance and insurance for vehicles or payments for public transportation.
6. Utility expenses include heating, electricity, water, sanitation, telephone, and cable TV.
7. Living expenses include: Food, housekeeping supplies, apparel & services, personal care products & services.
8. Other necessary living expenses are expenses not included above that may be required of your household. Please provide explanation and supporting documentation.
9. Collectibles include an accumulation of like items of personal property such as coins, cards, stamps, jewelry, guns or similar items collected for esthetic or investment purposes.
10. Un-reimbursed medical expenses must not include anything for which your insurance company has paid or will pay. Do not include the cost of health insurance premiums in un-reimbursed medical expenses. If un-reimbursed medical expenses exceed \$500 per month, include receipts to prove the expense.
11. If this statement has been required to support a request for an installment payment agreement, you should expect that Maine Revenue Services will require that you update the form at least annually. It is recommended that you retain a copy of this submission.
12. If you have questions concerning any part of the statement, please call the assigned tax examiner or call (207) 624-9595.
13. Your signature on this financial statement authorizes MRS to obtain a complete and current credit report from any credit reporting agency. The credit report is necessary to confirm the information contained in the financial statement.
14. **You must sign the completed financial statement.** Wage levy reductions, installment payment agreements and offers-in-compromise will not be approved without a signed financial statement supporting the agreement.

Use space below for additional information. List block titles from the form to identify entries

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