



**COMBINED STATEMENT OF FINANCIAL CONDITION And
INCOME AND EXPENSE DECLARATION**

I. TAXPAYER

Name (first)	(middle)	(last)	Date of Birth (mo., day, year)	Social Security Number
Address (number and street)			Driver's License Number	Telephone Number (home)
(City, Town or Post Office)	(County)	(State)	(ZIP Code)	Telephone Number (work)
Spouse/Registered Domestic Partner's Name (first)	(middle)	(last)	Date of Birth (mo., day, year)	Social Security Number
Spouse/Registered Domestic Partner's Employer (If self-employed, list here)				Spouse/Registered Domestic Partner's Driver's License Number
Address (Number and Street) (City, Town, or Post Office) (County) (State)			(ZIP Code)	Telephone Number
Nearest Living Relative Not Residing in Household				Relationship
Address (Number and Street) (City, Town, or Post Office) (County) (State)			(ZIP Code)	Telephone Number

II. REPRESENTATIVE OF TAXPAYER (Complete this section if Taxpayer's representative appears).

Name (If represented by a legal counsel give name of firm and individual.)

Address (Number and Street) (City, Town, or Post Office) (County) (State)	(ZIP Code)	Telephone Number
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III. TAXPAYER INCOME AND EXPENSE DECLARATION

- A. An order assigning salary and wages for support is now in effect as to my earnings. The amount payable under that order is: \$ _____ (A copy of that order is attached.)
- B. I need the following earnings to support myself and my family:
 All earnings \$ _____ each pay period.
- C. I am willing for the following amount to be withheld from my earnings during the withholding period. I understand that the Employment Development Department can accept this offer which will result in the following sum being withheld each pay period.
 None Withhold \$ _____ each pay period.

I am paid:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	My Gross Pay is:
<input type="checkbox"/> Daily	<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Monthly	\$ _____
			My Net Pay is:
			\$ _____

- D. The following persons depend, in whole or in part, on me for support:

NAME	AGE	RELATIONSHIP TO ME	MONTHLY INCOME	SOURCE

E. The earnings of persons listed in Item III.D. are now subject to wage assignments and earnings withholding orders as follows (specify):

GROSS MONTHLY INCOME			DEDUCTIONS FROM GROSS MONTHLY INCOME		
Total Earnings (Include commissions, bonuses, and overtime.) -----	\$		State Income Taxes -----	\$	
Pensions and Retirement -----			Federal Income Taxes -----		
Social Security -----			Property Taxes (Not included in house Payment.) -----		
Disability and/or Unemployment Insurance -----			Social Security (OASDI) -----		
Public Assistance (Welfare, AFDC Payments, etc.) -----			State Disability Insurance -----		
Child and/or Support Orders (Attach any support orders.) -----			Medical and Other Insurance -----		
Dividends and Interest -----			Union and Other Dues -----		
Rents (Gross receipts, less cash expenditures – attach statement.) -----			Retirement and Pension Fund -----		
Contributions to Household Expenses From Other Sources -----			TOTAL REQUIRED DEDUCTIONS -----	\$	
Income From Business or Profession -----			OTHER DEDUCTIONS FROM INCOME		
Income From Partnership -----			Savings Plan -----		
Income From Annuity -----			Other (Itemize) -----		
Income From Estate or Trust -----					
Other Income (Itemize) -----					
			GROSS MONTHLY INCOME -----		
			LESS DEDUCTIONS FROM INCOME -----		
			NET PERSONAL INCOME -----	\$	
			LESS MONTHLY EXPENSES (Page 3) -----		
TOTAL EARNINGS -----	\$		NET DISPOSABLE INCOME -----	\$	

F. Withholding Information – Taxpayer

Self _____

Spouse/Registered Domestic Partner _____

Filing Status (shown on Income Tax Return) _____

No. of Dependents _____

No. of Exemptions You Claim _____

IV. STATEMENT OF FINANCIAL CONDITION

A. ASSETS			LIABILITIES		
Cash-----	\$		Rent -----	\$	
Real Estate -----			Food -----		
Furniture and Fixtures -----			Clothing -----		
Machinery and Equipment -----			Utilities -----		
Motor Vehicles, Airplanes, or Boats -----			Auto Payments -----		
Securities, Bonds or Savings Bonds -----			Auto Expenses (Gas, oil, insurance, etc.)-----		
Cash Surrender Value of Life Insurance -----			Installment Payments (Itemize on separate sheet, if necessary.) -----		
Accounts Receivable and/or Notes Receivable -----			Child and/or Support Orders (Attach any support orders.) -----		
Merchandise Inventory -----			Life Insurance Premiums -----		
Other Assets (Itemize)-----			Medical Expenses -----		
(Attach additional pages as needed.)			Miscellaneous (Child care, laundry, school, etc.) -----		
TOTAL ASSETS -----	\$		TOTAL LIABILITIES -----		

B. I have accounts in the following bank(s), credit union(s), or financial institution(s)

Name of Bank, Credit Union, or Financial Institution	Account Number	Address

C. I rent a safety deposit box. No Yes Box is rented in My name Another name

Name of Boxholder	Name of Bank	Address of Bank

D. Description of Real Estate (e.g., house and lot, Sacramento County):

Description of Real Estate (e.g., house and lot, Sacramento County):	Fair Market Value		Balance Due	
	\$		\$	
TOTAL REAL ESTATE VALUE-----	\$		\$	

E. I have filed a Declaration of Homestead for Real Property. No Yes

F. Description of Motor Vehicles, Airplanes, or Boats (Include License, Vessel, or Tail Number.)	Fair Market Value		Balance Due	
	\$		\$	
TOTAL VALUE -----	\$		\$	

G. Securities, Stocks, Bonds, and Savings Bonds	Number of Units	Fair Market Value		Balance Due	
		\$		\$	

Name of Stockbroker	Address
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H. Description of Furniture and Fixtures, Machinery and Equipment	Fair Market Value		Balance Due	
Furniture (Household) -----	\$		\$	
Furniture /Fixtures (Business) -----				
Machinery -----				
Equipment (Other than motor vehicles) -----				
Miscellaneous -----				
TOTAL VALUE -----	\$		\$	

I. Life Insurance Policies Now in Effect					
Name of Company	Policy Number	Policy Amount	Cash Surrender Value	Balance Due on Loan	Right to Change Beneficiary (Y or N)
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

J. Accounts or Notes Receivable (Furnish a copy of the instrument creating the Accounts or Notes Receivable.)					
Name	Address	Phone Number	Fair Market Value	Balance Due	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

