OREGON DEPARTMENT OF REVENUE

Statement of Financial Condition

Return by:

Revenue use only
Date received
Revenue agent

Complete all sections of this form. If you don't complete all sections of this form, we cannot process it, which will continue collection activity. This may result in garnishment, lien, or assignment of debt to a private collection agency.

Include:

- Three months of **current bank statements**—personal and business (if applicable).
- Three months of **current pay stubs** (if applicable).
- **All** household income.
- Additional sheets, as needed, for additional information.

Section 1. Personal information

Your first name	MI	Last name	Your Social Security number	Your date of birth
Other names or aliases used				
Spouse's first name	MI	Last name	Spouse's Social Security number	Spouse's date of birth
Spouse's other names or aliases used				

Your cell phone	Your driver license number	State	Spouse's cell phone	Spouse's driver license number	State

Your email	Spouse's email

Dependent's name (living with you)	Date of birth	Social Security number	Relationship
Dependent's name (living with you)	Date of birth	Social Security number	Relationship
Dependent's name (living with you)	Date of birth	Social Security number	Relationship

Your current physical address	City	State	ZIP code	County	Your home phone

Your mailing address (if different from above)	City	State	ZIP code

Name of your tax representative (CPA, attorney, enrolled agent)	Fax number	Phone

Address of your tax representative	City	State	ZIP code

Section 2. Employment information (personal and business)

Your employer or business name	Business phone	Business fax

Address	City	State	ZIP code

Date hired:________________ Occupation: ______________________________ ☐ Wage earner ☐ Sole proprietor ☐ Partner ☐ Owner officer

Paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month Number of allowances claimed on Form W-4:__________________

Section 2. (continued) Employment information (personal and business)

Spouse's employer or business name	Business phone		Business fax
Address	**City**	**State**	**ZIP code**

Date hired:__________________ Occupation: ______________________________ ☐ Wage earner ☐ Sole proprietor ☐ Partner ☐ Owner officer

Paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month Number of allowances claimed on Form W-4:__________________

If self-employed: List all responsible owner(s), partner(s), officer(s), major shareholder(s), etc.
Identify the major responsibilities of each by circling the codes that apply: 1 = Files returns; 2 = Pays taxes; 3 = Prefers creditors; 4 = Hires and fires

Name and title	Effective date	Home address	Home phone	SSN	Code
					1 2 3 4
					1 2 3 4
					1 2 3 4

Section 3. General financial information (personal and business)

Bank accounts. Include IRA and retirement plans certificates of deposit, etc. For all accounts, attach copies of your last three bank statements. Attach additional pages as needed.

Name of institution	Address	Type	Date opened	Account number	Balance

Total. Enter this amount on line 2, Section 4 (asset and liability analysis)........................ $

Safe deposit boxes (rented or accessed). Include location, box number, and contents. Attach additional pages as needed.

Name of institution	Address	Box identification	Current value of assets

Total. Enter this amount on line 3, Section 4 (asset and liability analysis)........................ $

Vehicles. Attach supporting documentation of current payoff. Attach additional pages as needed, and vehicles paid in full.

Year, make, model, license number	Lender/lien holder	Current market value	Current payoff	Available equity (cannot be less than -0-)

Total. Enter this amount on line 4, section 4 (asset and liability analysis) .... $

Section 3. (continued) **General financial information** (personal and business)

Personal property. Include water craft, RVs, air craft, business equipment, and/or machinery. Attach additional pages as needed.

Year, make, model, license number	Lender/lien holder	Current market value	Current payoff	Available equity (cannot be less than -0-)

Total. Enter this amount on line 5, section 4 (asset and liability analysis) .... $

Life insurance. Attach additional pages as needed.

Name of insurance company	Agent's name and phone	Policy number	Type	Face amount	Loan/cash surrender value

Total. Enter this amount on line 6, section 4 (asset and liability analysis) .... $

Securities. Include stocks, bonds, mutual funds, money market funds, securities, 401(k), etc. Attach additional pages as needed.

Type	Where located	Owner of record	Quantity or denomination	Current value

Total. Enter this amount on line 7, section 4 (asset and liability analysis) .... $

Real property. Include a copy of the deed and a copy of homeowners/rental insurance policy with riders and supporting documentation of loan balance. Attach additional pages as needed.

A. Physical address	Type (single- or multi-family dwelling, lot, rental, etc.)	Mortgage lender's name and address
Parcel number:______________		

How is title held:_____________________________________ Purchase price: ________________ Purchase date: _________________

Current market value: ______________________Mortgage balance: __________________________ Equity: __________________________

B. Physical address	Type (single- or multi-family dwelling, lot, rental, etc.)	Mortgage lender's name and address
Parcel number:______________		

How is title held:_____________________________________ Purchase price: ________________ Purchase date: _________________

Current market value: ______________________Mortgage balance: __________________________ Equity: __________________________

C. Physical address	Type (single- or multi-family dwelling, lot, rental, etc.)	Mortgage lender's name and address
Parcel number:______________		

How is title held:_____________________________________ Purchase price: ________________ Purchase date: _________________

Current market value: ______________________Mortgage balance: __________________________ Equity: __________________________

Section 3. (continued) **General financial information** (personal and business)

D. Physical address	Type (single- or multi-family dwelling, lot, rental, etc.)	Mortgage lender's name and address
Parcel number:______________		

How is title held:_____________________________________ Purchase price: ________________ Purchase date: _________________

Current market value: ______________________Mortgage balance: __________________________ Equity: __________________________

Total Equity. Enter this amount on line 8, Section 4 (asset and liability analysis) . . . . $

Credit cards and lines of credit. Credit cards and unsecured lines of credit may only be allowed with three months of statements showing they are used for living expenses.

Type of account	Name and address of creditor	Monthly payment	Credit limit	Credit available	Amount owed
			Total	$	

Total. Enter this amount on line 20, Section 4 (asset and liability analysis) . . . . $

Other financial information. Please provide the following information relating to your financial conditions. If you check "Yes" in any box, provide dates, an explanation, and documentation. Attach additional pages as needed.

Court proceedings.. ☐ No ☐ Yes ____________________________________

Repossessions .... ☐ No ☐ Yes ____________________________________

Anticipated increase in income .... ☐ No ☐ Yes ____________________________________

Bankruptcies/receiverships .... ☐ No ☐ Yes ____________________________________

Recent transfer of assets .... ☐ No ☐ Yes ____________________________________

Beneficiary to trust, estate, profit sharing, etc. . ☐ No ☐ Yes ____________________________________

Last Oregon income tax return filed................. Year:_______ ____________________________________

Total number of exemptions claimed .... __________ ____________________________________

Adjusted gross income from return.................. $_________ ____________________________________

List any vehicles, equipment, or property sold, given away, or repossessed during the past three years. Attach additional pages as needed.

Year, make, model of vehicle, or property address	Who took possession	Value

Section 4. Assets and liability analysis

Immediate assets.

1. Cash	
2. Bank accounts / balance (from section 3)	
3. Safe deposit box value of contents (from section 3)	
4. Vehicles / available equity (from section 3)	
5. Personal property (from section 3)	
6. Loan / cash surrender value for life insurance (from section 3)	
7. Securities (from section 3)	
8. Current real estate equity (from section 3)	
9. Notes	
10. Accounts receivable	
11. Judgements / settlements received or pending	
12. Interest in trusts	
13. Interest in estates	
14. Partnership interests	
15. Major machinery / equipment, etc.	
16. Business inventory	
17. Other assets: Collectibles / guns / jewelry / coins / gold / silver, etc.	
18. Other assets (specify):	
19. **Total assests**	$

Current liabilities. Include judgements, notes, and other charge accounts. Do **not** include vehicle or home loans.

20. Amount owed to credit cards and lines of credit	
21. Taxes owed to IRS (provide a copy of recent notices)	
22. Other liabilities (specify):	
23. Other liabilities (specify):	
24. Other liabilities (specify):	
25. **Total liabilities**	$

Section 5. Monthly income and expense analysis

Income. Attach copies of all income sources that contribute to household expenses (minimum three months).

	Gross	Net
26. Wages / salaries / tips (yours)		
27. Social Security income (yours)		
28. Pension / annuities (yours)		
29. Disability (yours)		
30. Wages / salaries / tips (spouse's)		
31. Social Security income (spouse's)		
32. Pension / annuities (spouse's)		
33. Disability (spouse's)		
34. Business income (yours)		

Section 5. Monthly income and expense analysis (continued)

Income. Attach copies of all income sources that contribute to household expenses (minimum three months).

	Gross	Net
35. Business income (spouse's)		
36. Rental income		
37. Interest / dividends / royalties (average monthly)		
38. Payments from trusts / partnerships / entities		
39. Child support		
40. Alimony		
41. Unemployment		
42. Seller carried contracts / sales		
43. Other income (specify):		
44. Other income (specify):		
45. Other income (specify):		
46. **Total income**	$	$

Personal expenses (actually paid). (May be limited by federal standards.)

	Amount
47. Rent / mortgage / real estate secured line(s) of credit	
If renting—name, address, and phone number of landlord	
48. Real estate taxes (Is this included in your mortgage payment? ☐ No ☐ Yes)	
49. Personal home owners / renters insurance: ( ) Assoc. fees: ( )	
50. Personal utilities: Electric: ( )	
Gas / oil: ( ) Phone, internet, & cable: ( )	
Garbage: ( ) Water / sewer: ( )	
51. Food / clothing / other Items: No. of people: ( ) Their ages: ( )	
52. Auto payments / lease	
53. Auto insurance	
54. Auto maintenance / fuel / other transportation	
55. Life / health insurance	
56. Medical payments (not covered by insurance) (provide proof)	
57. Estimated tax payments (provide proof)	
58. Court ordered payments (alimony, child support, restitution, not deducted from your paycheck)	
59. Garnishments (specify)	
60. Delinquent tax payments (other than Oregon state taxes, IRS, etc.)	
61. Work related child care expenses	
62. Other expenses (do not include unsecured debt) (specify)	
63. **Total personal expenses**	$

Business expenses (actually paid). Provide current general ledger and profit / loss.

	Amount
64. Materials purchased (specify)	
65. Supplies (specify)	

Business expenses (actually paid) (continued)**.** Provide current general ledger and profit / loss.

	Amount
66. Installment payments (specify)	
67. Monthly payments (specify)	
68. Rent / mortgage	
If renting—name, address, and phone number of landlord	
69. Insurance	
70. Business utilities: Electric: ( )	
Gas / oil: ( ) Phone, internet, & cable: ( )	
Garbage: ( ) Water / sewer: ( )	
71. **Net** wages and salaries paid to employees	
72. Current taxes (payroll / business)	
73. Other: Specify: (do not include unsecured debt)	
74. **Total business expenses**	$

75. **Net disposable income** (line 46 minus lines 63 and 74) $

Section 6. Additional information

Please provide any additional information not already included. Attach additional pages as needed. **All** household income must be included.

Your proposed monthly payment $

Your proposed payment date ____________

Section 7. Authorization to disclose

Under penalties of perjury, I declare that I have examined this statement of assets, liabilities, and other information, and to the best of my knowledge and belief, it is true, correct, and complete. I (we) authorize the Oregon Department of Revenue to verify any information on this financial statement which may include credit reports.

Sign here

X

Your signature Date

X

Spouse's signature (if applying jointly, **both** must sign even if only one had income) Date

Return your completed form to: **Oregon Department of Revenue**
PO Box 14725
Salem OR 97309-5018