



# Form OR-SFC Statement of Financial Condition

<b>Return by:</b>
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**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.

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

Revenue use only
Date received
Revenue agent

Check here if applying for suspended collection status. For suspended collection status qualifications, visit [www.oregon.gov/dor](http://www.oregon.gov/dor) and search for "Suspended collection."

Check here if applying for a wage garnishment modification.

### Section 1. Personal information

Your first name	MI	Last name	Your Social Security number - -	Your date of birth
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Other names or aliases used

Spouse/RDP's first name	MI	Last name	Spouse/RDP's Social Security number - -	Spouse/RDP's date of birth
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Spouse/RDP's other names or aliases used

Your cell phone ( )	Your driver license number	State	Spouse/RDP's cell phone ( )	Spouse/RDP's driver license no.	State
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Your email	Spouse/RDP's email
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Dependent's name (living with you)	Date of birth	Social Security number - -	Relationship
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Dependent's name (living with you)	Date of birth	Social Security number - -	Relationship
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Dependent's name (living with you)	Date of birth	Social Security number - -	Relationship
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Your current physical address	City	State	ZIP code	County	Your home phone ( )
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Your mailing address (if different from above)	City	State	ZIP code
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Name of your tax representative (CPA, attorney, enrolled agent)	Fax number ( )	Phone ( )
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Address of your tax representative	City	State	ZIP code
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### Section 2. Employment information (personal and business)

Your employer or business name	Business phone ( )	Payroll fax ( )
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Address	City	State	ZIP code
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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/RDP's employer or business name	Business phone (       )	Payroll 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
<b>Total.</b> 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
<b>Total.</b> 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-)
<b>Total.</b> 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 6, 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 7, 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 8, 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 9, 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 28, 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.	Totals
1. Cash	
2. Bank accounts / balance (from section 3)	
3. Safe deposit box value of contents (from section 3)	
4. Enter vehicles equity (from section 3)	
5. Vehicle equity formula (line 4 - \$3000, if less than -0-, enter -0-) <b>This line for use on form 150-101-157, Settlement Offer Application only.</b>	
6. Personal property (from section 3)	
7. Loan / cash surrender value for life insurance (from section 3)	
8. Securities (from section 3)	
9. Current real estate equity (from section 3)	
10. Notes	
11. Accounts receivable	
12. Judgements / settlements received or pending	
13. Interest in trusts	
14. Interest in estates	
15. Partnership interests	
16. Major machinery / equipment, etc.	
17. Business inventory	
18. Other assets: (specify): (Example: \$1,000 guns / \$200 jewelry / \$800 gold)	
19. Other assets (specify):	
20. <b>Total assets</b> .....	\$

**Real property equity.** From Section 3. Liens or cost of sale don't reduce equity (can't be less than -0-).

Address or location	RMV from property tax statement	Mortgage payoff amount	Equity	Totals
21. Property 1:				
22. Property 2:				
23. Property 3:				
24. Total equity from properties listed on additional sheet (if applicable)				
25. Total of all real property equity (add the Equity column from lines 21 thru 24)				
26. Enter dollar amount from line 20				
<b>27. Total value of all immediate assets and real property equity</b> (line 25 plus line 26) .....				\$

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

28. Amount owed to credit cards and lines of credit (from Section 3)	
29. Taxes owed to IRS (provide a copy of recent notices)	
30. Other liabilities (specify):	
31. Other liabilities (specify):	
32. Other liabilities (specify):	
33. <b>Total liabilities</b> .....	\$

**Section 5. Monthly income and expense analysis**

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

List Net Income	Totals
34. Wages / salaries / tips (yours)	
35. Social Security income (yours)	
36. Pension / annuities (yours) <input type="checkbox"/> pension <input type="checkbox"/> annuities <input type="checkbox"/> both	
37. Disability (yours)	
38. Wages / salaries / tips (spouse/RDP's)	
39. Social Security income (spouse/RDP's)	
40. Pension / annuities (spouse/RDP's) <input type="checkbox"/> pension <input type="checkbox"/> annuities <input type="checkbox"/> both	
41. Disability (spouse/RDP's)	
42. Interest / dividends / royalties (average monthly)	
43. Payments from trust / partnerships / entities	
44. Unemployment	
45. Other income (specify)	
46. Other income (specify)	
47. Other income (specify)	

List Gross Income	
48. Business income (yours)	
49. Business income (spouse/RDP's)	
50. Rental income	
51. Child support	
52. Alimony	
53. Seller carried contracts / sales	
54. <b>Total income</b> .....	\$

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

	Amount
55. Rent / mortgage / real estate secured line(s) of credit <small>If renting—name, address, and phone number of landlord</small>	
56. Real estate taxes (Is this included in your mortgage payment? <input type="checkbox"/> No <input type="checkbox"/> Yes)	
57. Personal home owners / renters insurance: ( ) Assoc. fees: ( )	
58. Personal utilities: Electric: ( ) Natural gas / oil: ( ) Phone, internet, & cable: ( ) Garbage: ( ) Water / sewer: ( )	
59. Food / clothing / other items: No. of people: ( ) Their ages: ( )	
60. Auto payments / lease	
61. Auto insurance	
62. Auto maintenance / fuel / other transportation	
63. Medical payments (not covered by insurance) (provide proof)	
64. Estimated tax payments (provide proof)	
65. Court ordered payments (alimony, child support, restitution, not deducted from your paycheck)	

**Section 5. (continued) Monthly income and expense analysis**

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

	Amount
66. Garnishments (specify)	
67. Delinquent tax payments (other than Oregon state taxes, IRS, etc.)	
68. Work related child care expenses	
69. Other expenses (do not include unsecured debt) (specify)	
<b>70. Total personal expenses .....</b>	<b>\$</b>

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

	Amount
71. Materials purchased (specify)	
72. Supplies (specify)	
73. Installment payments (specify)	
74. Monthly payments (specify)	
75. Rent / mortgage <small>If renting—name, address, and phone number of landlord</small>	
76. Insurance	
77. Business utilities: Electric: ( )	
Natural gas / oil: ( )      Phone, internet, & cable: ( )	
Garbage: ( )                      Water / sewer: ( )	
78. <b>Net</b> wages and salaries paid to employees	
79. Current taxes (payroll / business)	
80. Other: Specify: (do not include unsecured debt)	
<b>81. Total business expenses .....</b>	<b>\$</b>
<b>82. Net disposable income</b> (line 54 minus lines 70 and 81).....	<b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

**Section 6. Additional information**

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

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**Section 6. (continued) Additional information**

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

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Your proposed monthly payment.....

Your proposed payment date.....

<b>Section 7. Authorization to disclose</b>	
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, <b>both</b> 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**