

Financial Statement of Debtor

(Submitted for Government Action on Claims Due the United States)

Instructions:

- 1) Complete all blocks. Write "N/A" in blocks that do not apply.
- 2) Use additional sheets or back of page where space is insufficient.
- 3) Must provide with this financial statement:
 - a. last two pay stubs
 - b. last tax return
 - c. proof of major expenses listed in "Fixed Monthly Expenses"
- 4) Submit documentation to E-mail: AccountsReceivableSection@fiscal.treasury.gov
or Mail: **Bureau of the Fiscal Service - ARS, PO Box 7010, Parkersburg, WV 26106**

Privacy Act Notice: We are asking you for this information pursuant to the U. S. Department of the Treasury's authority to collect debts owed to the United States, which is found at 31 U.S.C. 321, 3701 et seq., and 31 C.F.R. parts 285 and parts 900-904. The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. This information may be disclosed to other Federal agencies, credit bureaus, and private collection agencies for the purpose of collecting debt(s) owed by you to the United States. Your name and social security number may be disclosed to your employer if we decide to garnish your wages to collect debt(s) owed by you to the United States. This information may also be disclosed to a court, magistrate, congressional office, or a Federal, state, or local government agency, as authorized or required by Federal law. We are required to ask you for your social security number pursuant to 31 U.S.C. 7701(c)(1). Your social security number will be used for purposes of collecting and reporting on any delinquent amounts you owe to the United States. Disclosure of your financial information is voluntary. However, if the requested information is not furnished, the U.S. Department of the Treasury may not be able to resolve your debt pursuant to a mutual agreement, and we may ask the Department of Justice to obtain disclosure of the information by legal methods.

A. Personal Identification		
Name (Debtor):	Birth Date (M/D/Y):	Social Security Number:
Home Address		Driver's License Number and State:
Street 1:		Home Phone: Ext:
Street 2:		
City:		Email:
State:		
Zip Code:		

B. Employment	
Present Employer's Name:	Employer's Phone Number:
Employer's Address	
Street 1:	Job Title:
Street 2:	
City:	Present Employment Length:
State:	
Zip Code:	
List other current employers and any you have had in the last 3 years:	

C. Monthly Income and Expenses

- **Must attach a copy of last two paystubs and proof of major expenses**
- *Additional documentation may be requested if expenses or income fall outside expected amounts*

INCOME		EXPENSES	
Gross Salary1 (Before Deductions) Gross Salary2 (Before Deductions) <i>OTHER INCOME SOURCES</i> Commission Alimony Received Child Support Received Net Rental Income Interest/dividends Personal Income from Business Pension income Insurance annuity Disability or SSI Unemployment Other Income:		<i>---all expenses should be calculated as monthly---</i> Rent/Mortgage Home Hazard Insurance Local Home Taxes (if paid separately from mortgage) Childcare (Daycare) Car Payment Car Insurance Public Transportation Gasoline Electricity Cable TV Internet Telephone (Landline + Cell) Natural Gas Water Trash Other Utilities (Specify) Food Clothing Child support paid Alimony paid Student Loan/s Medical expenses (out-of-pocket) Credit Card/s (min. amount due) Other (Specify) Other (Specify)	
Deductions			
(Deductions per time period on paystub or documents) Federal Taxes State/County/City Taxes Social Security Taxes (FICA/Medicare) Medical Insurance Union Dues (If applicable) Life Insurance Allotments to Bank or Fin. Institutions Other payroll deductions (401k)			
Total Monthly Take home pay (Gross Salary + Other Income – Deductions)		Total Monthly Expenses (Sum of all of above)	

D. SPOUSE/COMPANION

- *By providing this information, you are not indicating spouse liability for invoice*
- *Spouse information is voluntary, however if bills listed in spouse name, their income is required.*
- *If not married but have a live-in companion, you may choose to furnish information on this companion below.*

Current Spouse's Name:	Birth Date (mm/dd/yy):	
If spouse's home address is different, list:		
Employer Name:	Employer Phone:	Employment length:
Job Title:	Gross salary: \$	Take home pay: \$

E. DEPENDENTS

Name	Age	Relationship

F. TAXES

- **Must attach a copy of your last filed Federal income tax form**

Did you file a Federal Income Tax Return last year? Yes No
 If Yes, Joint Individual Amount of Gross Income on return was \$

Are you or did you receive a tax refund from Federal, State, City or County? Yes No
If yes, list from whom and amount for each refund:

Entity: \$	Entity: \$
Entity: \$	Entity: \$

Do you owe delinquent taxes? Yes No If yes, list below, years and amounts due:

Entity: Year:	Amount Due: \$
Entity: Year:	Amount Due: \$

G. ASSETS

REAL PROPERTY: FARM/LAND/VACATION HOME/RENTAL

Are you buying the home in which you live? Yes No

Are you buying or do you own real property other than your home? Yes No

Property Description	Value	Equity

Is any of the above property owned jointly another? Yes No If yes, list property and the name of the co-owner:

Property: Co-Owner:	Property: Co-Owner:
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CASH

Provide name of the bank or financial institution, and the amount in each account or on deposit:

Name of Bank or Institution	Balance	Name of Bank or Institution	Balance
Check Account	\$	Money Market Account	\$
Savings Account	\$	Certificate of Deposit	\$
Credit Union Account	\$	IRA or Keogh Account	\$

OTHER ASSETS

Do you or your spouse/companion own U. S. Savings Bonds? Yes No Value: \$

Do you own stocks or other types of bonds? Yes No *If yes, list details below*

Name of Issuer	Address of Issuer	Value
		\$
		\$

List automobiles owned or being purchased by you, your spouse/companion or dependent:

Model/Year	Make/License Number	Value
		\$
		\$
		\$
		\$

List other assets by Type:

Camper/Recreational Vehicle Value: \$	Antiques, art collection Value: \$
Boat, Motorcycle, or Motorbike Value: \$	Jewelry valued over \$5,000 Value: \$

Is any of the property listed above owned jointly with anyone else? Yes No

If yes, with whom:

H. ITEMS WHICH MIGHT AFFECT FUTURE ASSETS:

Are you involved in a lawsuit in which you might receive money or something of value: Yes No

If yes, state where the suit is filed and what it involves (include Court number and caption):

Are you a Trustee, Executor, or Administrator of an estate? Yes No

If yes, give details:

If anyone holding money on your behalf? Yes No

If yes, give specific details:

If there any likelihood you will receive an inheritance? Yes No

If yes, give specific details:

Have you sold or transferred either real property or stocks and bonds in the past three years? Yes No

If yes, give specific details:

Are your wages and/or those of your spouse/companion under garnishment at this time? Yes No

If yes, give specific details:

Are there any outstanding unpaid judgments against you for debts other than this one? Yes No

If yes, give specific details and attach copies of the bills.

Do you owe large medical bills? Yes No

If yes, give specific details and attach copies of the bills.

With knowledge of the penalties for false statements provided by 18 United State Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the U. S. Department of Treasury, I certify that I believe the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other.

Date: _____ Signature: _____

Date: _____ Signature: _____

Please Note: If you have added additional sheets to this form, or added information on the back of this page or any page, please also sign those pages.

Notice Under the Paperwork Reduction Act:

We estimate it will take you about 45 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to correct address shown in "Where to send" in the Instructions.