

# FINANCIAL ANALYSIS DATA - PERSONAL (FAD-P 2017)

by Gary W Lundgren, EA

**~~~ CAREFULLY READ THE INFORMATION BELOW BEFORE COMPLETING THIS PACKET. ~~~**

Thank you for hiring us to help you resolve your tax issues. Our goal is to resolve your tax issue in a manner that works with your needs and within the confines of the law. **The following packet must be completed in its entirety.** The information in this packet should be information pertaining to your current financial affairs. If certain questions do not pertain to you, please write "N/A" for the answer. All questions need to be answered one way or another. **You can complete this in pencil** so you can make corrections as you go. This is a working document. The information herein is sent in on IRS/State forms.

**Returning an incomplete Financial Analysis Data packet will not only delay the processing of the packet, it may also result in the incomplete packet being returned to you.** We request that you review the entire packet first, and if you have any questions please contact us at the telephone number below.

Please allow **at least** two (2) weeks for us to review the extensive information listed in this packet, as well as the documents sent with the packet. If the requested documents are not sent with the packet, we will be unable to begin preparing your resolution. Please keep in mind that if we are preparing tax returns for you, this review could take even longer. Please be sure to type or print carefully and legibly.

Please note that the Internal Revenue Service will require that your financial information be no older than three (3) months at the time they are reviewing your case. Therefore, it may be necessary for us to request additional updated financial information even after this packet is accepted and reviewed.

**In order to prepare your resolution, we require a few documents in addition to the completed packet:**

- \_\_\_\_\_ Four (4) current and consecutive pay stubs which reflect income, taxes and any other deductions, for every W2 wage earner in the household.
- \_\_\_\_\_ Recent Social Security benefits statement which reflects the amount received and any deductions, for everyone in the household who receives Social Security benefits.
- \_\_\_\_\_ Recent Pension statement which reflects the income, taxes and any other deductions, for everyone in the household who receives pension or retirement benefits.
- \_\_\_\_\_ A signed copy of your 2016 return and any tax returns filed within the last year.
- \_\_\_\_\_ Recent Investment or Retirement account statement, if you do not have a recent statement you will need to contact that company and request they begin sending you statements.
- \_\_\_\_\_ Recent Whole or Universal Life Insurance Policy statement, if you do not have a recent statement you will need to contact that company and request they begin sending you statements.

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**DO NOT SEND ANY ORIGINAL DOCUMENTS**  
**Original documents cannot be returned to you. Send copies only.**

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## Compliance Information

Please be advised that the IRS will require that you are compliant with all tax regulations prior to the acceptance of a tax resolution. The main regulations that must be adhered to are listed below:

1. The last 6 to 10 years of federal tax returns must be filed and assessed, depending on need at the time;
2. All future tax returns must be filed and paid by their original due date without extension to file;
3. If you are required to make estimated tax payments, you must do so timely. Usually on a monthly basis on the 15th of the month;
4. If you are a wage earner, you must have adequate taxes withheld. Claim the proper withholding allowances on your W-4 form with your employer;
5. If you are a business owner with employees, you must be filing and paying employment taxes timely.

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**Please be advised that the IRS may require proof of compliance at any time during negotiations for your resolution, or after your resolution is finalized. Noncompliance will cause your resolution to default and may result in the IRS pursuing collection actions.**

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**If you need help or have questions, please contact us at 814-410-2900.**

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*Gary W Lundgren, EA*

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# Preparing Your Tax Resolution Process

**Now may be a better time than any to begin preparing the documentation required for your IRS resolution.** The IRS may request anywhere from three (3) to six (6) months of proof of payment for the expenses listed in this packet. We advise that you get into the habit of keeping all documents that can prove you paid your monthly expenses. For example, the IRS may request copies of utility bills and cancelled checks/bank statements showing that the bill has been paid. While it may take several months to prepare your resolution on our end (depending on your individual financial situation), this will give you time to work out a system of your own. Also, please remember that it is of the utmost importance for you to keep all original documents. The IRS may request the same information repeatedly and if you send the original, it may get misplaced or lost. DO NOT send us or the government any documents unless specifically requested. Send all documents at one time rather than in segments. That only adds time to your resolution and possible additional fees.

## Frequently Asked Questions:

### 1. What contact have you made with the IRS on my behalf?

We have submitted the Power of Attorney that allows us to speak to the IRS on your behalf. We typically make an initial call to the IRS to establish the status of your case and any pending actions. Thereafter we follow up with the IRS or State as the resolution process requires.

### 2. The IRS keeps sending me letters via regular/certified mail. I thought when I hired you the IRS would stop sending me these letters. What are you doing to stop this? How do you do everything in your power to keep a levy from being issued?

Please understand that the IRS will try to collect upon the debt as forcefully as possible until they have received a resolution in their hands. The letters do not stop, but a copy is sent to us once the power of attorney has been processed. We start a collection file with regards to the letters and we will track the natural progression of collection action that the IRS will try to take. When necessary, we will contact the IRS. There are several generic letters that the IRS sends to collect upon the debt. They range from a "Reminder" notice to a "Final Notice – Intent to Levy" with various time frames to contact them (ten days, thirty days, etc.). If we were to call the IRS with regards to these letters, they would give a deadline date to submit the resolution and if you and I are still in the process of preparing the resolution, we may not make that deadline and the IRS may not extend it. Therefore it is best to track the letters and call only when necessary. All IRS correspondence has strong language. It is our duty to step in to protect your rights when needed.

### 3. I have a levy, when would it be necessary to call the IRS on my behalf?

We would contact the IRS on your behalf if there is a current levy against your wages and/or bank account. Once we have reviewed the information in this packet and created a collection information statement with regards to your financial situation, we will begin negotiating a levy release. We cannot stop the IRS from issuing the levies, but we can negotiate the potential release of those levies. We try everything in our power to keep a levy from being issued, but if one is, we will promptly address it.

### 4. What is the difference between a lien and a levy, and will the IRS come and take my car/home?

A levy is an attachment against your income and cash assets (wages/bank account). A lien is an attachment against your property (mainly against property you own). The IRS rarely confiscates homes and/or vehicles, but rather they protect their assets by issuing a lien against your property. This lien is present on your credit report and will not be removed until after the resolution is accepted and paid in full.

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**We do not make any guarantees or assurances that Tax Liens will not be filed, or that any other enforced collections actions will be avoided (since we cannot control government, policy, procedure, law changes, or lack of disclosure by the client).**

**When sending this packet back to us just send us the following pages 1 thru 12, also the Business information and Rental property pages if applicable.**

**If you need help or have questions, please contact us at 814-410-2900.**

**PERSONAL INFORMATION**

**Taxpayer** (Your Full Legal Name)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License# \_\_\_\_\_ State Issued \_\_\_\_\_

Phone#'s: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Spouse/Non-Liable Party** - Is this person liable for your tax debt with you?  Yes  No

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License# \_\_\_\_\_ State Issued \_\_\_\_\_

Phone#'s: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Please note:** The IRS will request information for the entire household. If you are currently residing with someone who is not directly liable for the tax amounts, the IRS may likely require their information. To move through this process quickly, please provide all information as it pertains to the entire household. This includes any employers and/or vehicles for any non-liable person in the home. The IRS knows who lives at an address based on USPS records.

Physical Residence/Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County/Parish: \_\_\_\_\_

Mailing Address (if different from above):  Check here if same as physical address above.

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County/Parish: \_\_\_\_\_

**Marital Status:**  Married  Unmarried (Single, Separated, Divorced, Widowed)  
Date of marriage (mm/yyyy): \_\_\_\_\_ Divorce/Separation Date (mm/yyyy) \_\_\_\_\_

**Dependents living in your household and/or claimed on your tax return:**

First Name	Relationship	Age	Living with you?
			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Away at College
			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Away at College
			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Away at College
			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Away at College

**If any of the above dependents are not claimed on your last tax return please put an asterisk (\*) next to the name.**

Reasons, if any, why dependents are not claimed on your tax return (e.g. ex-spouse claims them as per divorce, etc.)

**Please be advised** that according to the Internal Revenue Service Temp. Reg, Sect 30L7122-IT, requires that non-liable members of the household must disclose financial information. The IRS requires the non-liable party's income simply for evaluation purposes and will not hold the non-liable party directly responsible for the sole liability of another.

**If you need help or have questions, please contact us at 814-410-2900.**

**PRIMARY TAXPAYER EMPLOYMENT INFORMATION**

**If this page does not apply to you, please check here \_\_\_\_\_**  
**All pages must be returned even if the page does not apply to you.**

Your Name: \_\_\_\_\_

Your Employment Status (check all that apply):

- W-2 Wage Earner
- Form 1099 Income Earner \*
- You own your own corporation, LLC, or partnership \*\*
- Other \_\_\_\_\_
- Independent Contractor \*
- Self Employed (sole proprietor or freelancer) \*
- Unemployed

\*If you checked Independent Contractor, 1099 Income Earner, or Self-Employed (operate a sole-proprietorship) you will need to complete the 'Worksheet for 1099 Income Earners or Self-Employed Individuals' provided at the end of this packet.

\*\*If you own a corporation, LLC, or partnership, contact our office. You may need to complete a separate Business Initial Client Packet.

**Employment Information – W2 wage earners:** Complete this section if you checked W2 Wage Earner (taxes are deducted from your paycheck).

**~~~ PROVIDE AT LEAST 4 COPIES OF YOUR LATEST & CONSECUTIVE PAYSTUBS ~~~**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hire Date (mm/dd/yyyy): \_\_\_\_\_

\*If you are a school teacher or perform seasonal work, how many months of the year do you work? \_\_\_\_\_

**How often are you paid:**  Weekly  Bi-Weekly (every other week)  
 Semi-Monthly (2x a month)  Monthly

**Payroll Information**

Payroll Contact Name: \_\_\_\_\_ Payroll Phone Number: \_\_\_\_\_

Payroll Fax Number: \_\_\_\_\_ Payroll Cutoff Date: \_\_\_\_\_

(Your payroll cutoff date is the last day that changes can be made before your paycheck is issued)

**Please indicate what you are claiming for your W4 withholdings:**

Single  Married  Married but withholding as Single

Number of Withholding Allowances you are claiming? Federal \_\_\_\_\_ State \_\_\_\_\_

**FORM W-4 EXEMPTIONS DISCLAIMER – Please read and initial.**

Please note that IRS regulations require that you claim the proper number of exemptions on your Form W-4 so that all necessary taxes are withheld and you will not owe taxes when you file your return. **The IRS will not agree to review a resolution until you are W-4 compliant.** The number of exemptions you claim should be directly related to the number of people you claim as dependants on your return. \_\_\_\_\_ **Initial Here**

Check here box if you are in the process of changing your exemptions. You must send 4 current pay stubs that reflect the proper exemptions claimed when received. In the meantime, please send 4 current pay stubs you have received.

**If you need help or have questions, please contact us at 814-410-2900.**

**SPOUSE/NON-LIABLE PARTY EMPLOYMENT INFORMATION**

**If this page does not apply to you, please check here \_\_\_\_\_**  
**All pages must be returned even if the page does not apply to you.**

Spouse/Non-Liable Party's Name: \_\_\_\_\_

Please be advised that according to the Internal Revenue Service Temp. Reg. Section 301.7122-IT, requires that the non-liable member of the house disclose financial information. The IRS requires the non-liable party's income simply for evaluation purposes and in no way will a non-liable party be held directly responsible for the sole liability of the other.

Your Employment Status (check all that apply):

- W-2 Wage Earner
- Form 1099 Income Earner \*
- You own your own corporation, LLC, or partnership \*\*
- Other \_\_\_\_\_
- Independent Contractor \*
- Self Employed (sole proprietor or freelancer) \*
- Unemployed

\*If you checked Independent Contractor, 1099 Income Earner, or Self-Employed (operate a sole-proprietorship) you will need to complete the 'Worksheet for 1099 Income Earners or Self-Employed Individuals' provided at the end of this packet.

\*\*If you own a corporation, LLC, or partnership, contact our office. You may need to complete a separate Business Initial Client Packet.

**Employment Information – W2 wage earners:** Complete this section if you checked W2 Wage Earner (taxes are deducted from your paycheck).

**~~~ PROVIDE AT LEAST 4 COPIES OF YOUR LATEST & CONSECUTIVE PAYSTUBS ~~~**

Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Hire Date (mm/dd/yyyy): \_\_\_\_\_

\*If you are a school teacher or perform seasonal work, how many months of the year do you work? \_\_\_\_\_

**How often are you paid:**  Weekly  Bi-Weekly (every other week)  
 Semi-Monthly (2x a month)  Monthly

**Payroll Information**

Payroll Contact Name: \_\_\_\_\_ Payroll Phone Number: \_\_\_\_\_

Payroll Fax Number: \_\_\_\_\_ Payroll Cutoff Date: \_\_\_\_\_

(Your payroll cutoff date is the last day that changes can be made before your paycheck is issued)

**Please indicate what you are claiming for your W4 withholdings:**

Single  Married  Married but withholding as Single

Number of Withholding Allowances you are claiming? Federal \_\_\_\_\_ State \_\_\_\_\_

**FORM W-4 EXEMPTIONS DISCLAIMER – Please read and initial.**

Please note that IRS regulations require that you claim the proper number of exemptions on your Form W-4 so that all necessary taxes are withheld and you will not owe taxes when you file your return. **The IRS will not agree to review a resolution until you are W-4 compliant.** The number of exemptions you claim should be directly related to the number of people you claim as dependants on your return. \_\_\_\_\_ **Initial Here**

Check here box if you are in the process of changing your exemptions. You must send 4 current pay stubs that reflect the proper exemptions claimed when received. In the meantime, please send 4 current pay stubs you have received.

**If you need help or have questions, please contact us at 814-410-2900.**

## OTHER HOUSEHOLD INCOME

**If this page does not apply to you, please check here \_\_\_\_\_**  
**All pages must be returned even if the page does not apply to you.**

Please include all pension, social security, child support, alimony, dividends or interest or IRA distributions, foster care, unemployment benefits, etc. All income is counted even if otherwise non-taxable or exempt.

**Does anyone in your household receive income from sources other than their own business or employer?**  
\_\_\_\_ No \_\_\_\_ Yes (if Yes, answer the following)

**Type of income received (Pension, Social Security, Child Support, etc.)** \_\_\_\_\_  
Recipients Name: \_\_\_\_\_ Child's Name (if applicable) \_\_\_\_\_  
Date (mm/yyyy) first received: \_\_\_\_\_ Date (mm/yyyy) benefits end: \_\_\_\_\_  
**Gross Monthly Amount Received:** \_\_\_\_\_ Amount of Medicare deducted (if applicable) \_\_\_\_\_

**Type of income received (Pension, Social Security, Child Support, etc.)** \_\_\_\_\_  
Recipients Name: \_\_\_\_\_ Child's Name (if applicable) \_\_\_\_\_  
Date (mm/yyyy) first received: \_\_\_\_\_ Date (mm/yyyy) benefits end: \_\_\_\_\_  
**Gross Monthly Amount Received:** \_\_\_\_\_ Amount of Medicare deducted (if applicable) \_\_\_\_\_

### Other Financial Information

**Are you involved in any open lawsuits?** \_\_\_\_ No \_\_\_\_ Yes (if Yes, answer the following)  
\_\_\_\_ Plaintiff \_\_\_\_ Defendant

Location of Filing (State): \_\_\_\_\_ Represented by: \_\_\_\_\_  
Docket/Case No. \_\_\_\_\_ Amount of suit \$ \_\_\_\_\_  
Possible Completion Date (mm/dd/yyyy): \_\_\_\_\_ Subject of suit: \_\_\_\_\_

**Have you filed for Bankruptcy in the past 10 yrs?** \_\_\_\_ No \_\_\_\_ Yes (if Yes, answer the following)

Date filed (mm/dd/yyyy): \_\_\_\_\_ Date Dismissed/Discharged (mm/dd/yyyy): \_\_\_\_\_  
Petition No. \_\_\_\_\_ Location (State) \_\_\_\_\_

**In the past 10 years have you resided outside the United States for periods of 6 months or longer?**

\_\_\_\_ No \_\_\_\_ Yes (if Yes, answer the following)

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

**Are you a beneficiary of a Trust, Estate, or life insurance policy?** \_\_\_\_ No \_\_\_\_ Yes (if Yes, answer the following)

Place where recorded: \_\_\_\_\_ EIN/TIN: \_\_\_\_\_  
Name of Trust/Estate/policy: \_\_\_\_\_ Anticipated amount \$ \_\_\_\_\_  
When will the amount be received? (mm/dd/yyyy): \_\_\_\_\_

**Are You a Trustee, Fiduciary, or Contributor of a Trust?** \_\_\_\_ No \_\_\_\_ Yes (if Yes, answer the following)

Name of Trust: \_\_\_\_\_ EIN: \_\_\_\_\_

**Do You Have a Safe Deposit Box (Business or Personal)** \_\_\_\_ No \_\_\_\_ Yes (if Yes, answer the following)

Location (Name, Address and Box Number(s)) \_\_\_\_\_

Contents: \_\_\_\_\_  
Value\$: \_\_\_\_\_

**Are you expecting any increase/decrease in household income?** \_\_\_\_ No \_\_\_\_ Yes (if Yes, answer the following)

Explanation: \_\_\_\_\_ (do not list annual salary increases)

How much will it change? \_\_\_\_\_ (approximate)

When? (mm/dd/yyyy): \_\_\_\_\_ (approximate time frame)

**In the past 10 yrs have you transferred any assets for less than full value?** \_\_\_\_ No \_\_\_\_ Yes

(if Yes, answer the following)

List Assets: \_\_\_\_\_

Value at time of transfer \$ \_\_\_\_\_ Date Transferred: \_\_\_\_\_

To Whom Transferred: \_\_\_\_\_

**If you need help or have questions, please contact us at 814-410-2900.**

FAD-P (11-25-16)

**Other Household Income**

[www.TaxBulldog.com](http://www.TaxBulldog.com)

## BANKING AND INVESTMENTS

If this page does not apply to you, please check here \_\_\_\_  
All pages must be returned even if the page does not apply to you.

**Banking:** Please include all bank, savings and loan, credit union, and financial institution accounts.

Every account that has your social security number attached to it must be listed, whether you use the account or not. (Attach another sheet if there are more than two accounts). Just a reminder: Any account with your social security number attached to it is susceptible to IRS collection action even if you are only on the signature card of the account.

### 1st Account

Type of account \_\_\_ Checking \_\_\_ Savings \_\_\_ Stored Value/Debit Card Year Opened: \_\_\_\_\_  
\_\_\_ Personal account \_\_\_ On signature card only \_\_\_ Business account\*

\* If you checked Business account list name of business here: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Balance \$ \_\_\_\_\_

If a portion of this account's funds belong to a Non-Liable person, list their name and relationship to you:

### 2nd Account

Type of account \_\_\_ Checking \_\_\_ Savings \_\_\_ Stored Value/Debit Card Year Opened: \_\_\_\_\_  
\_\_\_ Personal account \_\_\_ On signature card only \_\_\_ Business account\*

\* If you checked Business account list name of business here: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Balance \$ \_\_\_\_\_

If a portion of this account's funds belong to a Non-Liable person, list their name and relationship to you:

**Do you own or have an interest in any investments?** \_\_\_ No \_\_\_ Yes (if Yes, answer the following)

Include all stocks, bonds, mutual funds, certificates of deposits, and retirement assets such as IRAs, Keogh, SEP, and 401(k) plans. Include all corporations, partnerships, limited liability companies or other business entities that you are an officer, director, owner, member, or otherwise have a financial interest in. If you need additional space, attach a separate sheet.

**1st Investment** \_\_\_ Check here if you are unable to access any of the funds in the investment/interest.

Type of Investment/Financial Interest: \_\_\_\_\_

Name of Company/Fund Manager: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Acct No. \_\_\_\_\_

Current Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

**2nd Investment** \_\_\_ Check here if you are unable to access any of the funds in the investment/interest.

Type of Investment/Financial Interest: \_\_\_\_\_

Name of Company/Fund Manager: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Acct No. \_\_\_\_\_

Current Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

**If you need help or have questions, please contact us at 814-410-2900.**

**AVAILABLE CREDIT & LIFE INSURANCE**

**If this page does not apply to you, please check here \_\_\_\_  
All pages must be returned even if the page does not apply to you.**

**Do you have any available credit?** \_\_\_ No \_\_\_ Yes (if Yes, answer the following)

List all lines of open bank issued credit cards/lines. Do not list department store credit cards. If you have additional cards, attach a separate sheet.

**1st Credit Card**

Name of Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account#: \_\_\_\_\_  
Credit Limit \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Minimum Required Payment \$ \_\_\_\_\_

**2nd Credit Card**

Name of Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account#: \_\_\_\_\_  
Credit Limit \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Minimum Required Payment \$ \_\_\_\_\_

**3rd Credit Card**

Name of Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account#: \_\_\_\_\_  
Credit Limit \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Minimum Required Payment \$ \_\_\_\_\_

**Do you have any Whole Life insurance policies with a cash value you can access or take a loan out against before death?** \_\_\_ No \_\_\_ Yes (if Yes, answer the following)

Whole life insurance is a policy that you can access or take a loan out against before death. Term life insurance is a policy that you cannot access or take a loan out against before death. LIST WHOLE OR UNIVERSAL ONLY. Please include a current statement.

**1st Whole Life Insurance Policy**

Insurance Company \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Policy Numbers: \_\_\_\_\_ Policy Owner: \_\_\_\_\_  
Current Cash Value \$ \_\_\_\_\_ Outstanding Loan Balance \$ \_\_\_\_\_

**2nd Whole Life Insurance Policy**

Insurance Company \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Policy Numbers: \_\_\_\_\_ Policy Owner: \_\_\_\_\_  
Current Cash Value \$ \_\_\_\_\_ Outstanding Loan Balance \$ \_\_\_\_\_

**If you need help or have questions, please contact us at 814-410-2900.**



**REAL ESTATE**

**If this page does not apply to you, please check here \_\_\_\_**  
**All pages must be returned even if the page does not apply to you.**

**List all real estate that you own** include time shares, mobiles homes, and unimproved land. (If you have additional properties, attach a separate sheet.). **If you own rental property, you must complete 'Rental Property Worksheet' provided at the end of this packet.**

**1st Real Estate**

Date Purchased (mm/yyyy): \_\_\_\_\_

Purpose (residence, business, vacation, timeshare, etc.): \_\_\_\_\_

Type of residence (3 BR Single Family, Townhouse, Condo, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Whose name is property in? \_\_\_ Taxpayer \_\_\_ Spouse \_\_\_ Both \_\_\_ Other: \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Current Market Value \$ \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ (current market value can be found on www.zillow.com)

Amount of Payment \$ \_\_\_\_\_ Date of final payment (mm/dd/yyyy): \_\_\_\_\_

Name of Lender or Lien Holder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2nd Mortgage on this property?** \_\_\_ No \_\_\_ Yes Date Financed (mm/dd/yyyy): \_\_\_\_\_

Total Financed Amount \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_ Date of final payment (mm/dd/yyyy) \_\_\_\_\_

Name of Lender or Lien Holder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2nd Real Estate**

Date Purchased (mm/yyyy): \_\_\_\_\_

Purpose (residence, business, vacation, timeshare, etc.): \_\_\_\_\_

Type of residence (3 BR Single Family, Townhouse, Condo, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Whose name is property in? \_\_\_ Taxpayer \_\_\_ Spouse \_\_\_ Both \_\_\_ Other: \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Current Market Value \$ \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ (current market value can be found on www.zillow.com)

Amount of Payment \$ \_\_\_\_\_ Date of final payment (mm/dd/yyyy): \_\_\_\_\_

Name of Lender or Lien Holder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2nd Mortgage on this property?** \_\_\_ No \_\_\_ Yes Date Financed (mm/dd/yyyy): \_\_\_\_\_

Total Financed Amount \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_ Date of final payment (mm/dd/yyyy) \_\_\_\_\_

Name of Lender or Lien Holder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If you need help or have questions, please contact us at 814-410-2900.**

## VEHICLES

**If this page does not apply to you, please check here \_\_\_\_**  
**All pages must be returned even if the page does not apply to you.**

**Purchased/Leased Automobiles:** Include boats, RV's, motorcycles, trailers, etc. If you need additional space, attach a separate sheet.

Include all vehicles registered in your name, even if they are used by another party or titled in someone else's name (e.g. a parent, non-liable party, etc.). If you use a vehicle, we want to make sure you are given credit for the use of a vehicle. You may be required to prove all expenses paid regarding the use of this vehicle.

**1st Purchased/Leased Vehicle and/or Other Licensed Asset:** \_\_\_\_ Owned \_\_\_\_ Financed \_\_\_\_ Leased

Year: \_\_\_\_\_ Mileage: \_\_\_\_\_ Purchase Date (mm/yyyy) \_\_\_\_\_

Current Market Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

(current market value can be found at [www.kbb.com](http://www.kbb.com).)

Amount of Monthly Payment \$ \_\_\_\_\_ Date of Final Payment (mm/yyyy) \_\_\_\_\_

License/Tag# \_\_\_\_\_ VIN: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is this vehicle used for business purposes?** \_\_\_\_ No \_\_\_\_ Yes

If Yes, what is name of business? \_\_\_\_\_

**Whose name is the vehicle title registered in?** \_\_\_\_ Taxpayer \_\_\_\_ Spouse \_\_\_\_ Both \_\_\_\_ Other

Name of person vehicle registered to and your relationship to them. \_\_\_\_\_

\_\_\_\_ Check here if you pay all operating expenses for this vehicle.

**2nd Purchased/Leased Vehicle and/or Other Licensed Asset:** \_\_\_\_ Owned \_\_\_\_ Financed \_\_\_\_ Leased

Year: \_\_\_\_\_ Mileage: \_\_\_\_\_ Purchase Date (mm/yyyy) \_\_\_\_\_

Current Market Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

(current market value can be found at [www.kbb.com](http://www.kbb.com).)

Amount of Monthly Payment \$ \_\_\_\_\_ Date of Final Payment (mm/yyyy) \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

License/Tag# \_\_\_\_\_ VIN: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is this vehicle used for business purposes?** \_\_\_\_ No \_\_\_\_ Yes

If Yes, what is name of business? \_\_\_\_\_

**Whose name is the vehicle title registered in?** \_\_\_\_ Taxpayer \_\_\_\_ Spouse \_\_\_\_ Both \_\_\_\_ Other

Name of person vehicle registered to and your relationship to them. \_\_\_\_\_

\_\_\_\_ Check here if you pay all operating expenses for this vehicle.

### TRANSPORTATION DISCLAIMER

Please note that the IRS has created local standards for transportation. The local standards indicate the approximate amount that the government has determined it should cost to operate & maintain a vehicle in your area. Therefore, the IRS may make the final determination as to whether they will allow your overage as an allowable expense. Disallowance of the overage in transportation may increase your submitted resolution amount or disqualify you altogether. \_\_\_\_\_ **Initial Here**

**If you need help or have questions, please contact us at 814-410-2900.**

**INCOME ACTIVITY IN PAST 10 YEARS**

**If this page does not apply to you, please check here \_\_\_\_\_  
All pages must be returned even if the page does not apply to you.**

**1. Have you sold, or transferred real estate (include all residential, commercial, land, timeshares, sale of business, etc.)?** \_\_\_ No \_\_\_ Yes (if Yes, answer the following)

*Provide copy of HUD-1 Settlement Statements*

Address of property: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date Purchased (mm/dd/yyyy): \_\_\_\_\_ Date Sold (mm/dd/yyyy): \_\_\_\_\_  
Foreclosure Date (if applicable) (mm/dd/yyyy): \_\_\_\_\_

**2. Have you cashed out or withdrawn funds from any retirement account?**

\_\_\_ No \_\_\_ Yes (if Yes, answer the following)

Type of retirement account: \_\_\_\_\_  
Amount of Distribution \$ \_\_\_\_\_ Year of Distribution (yyyy): \_\_\_\_\_

**3. Have you cashed out any stocks or bonds?** \_\_\_ No \_\_\_ Yes (if Yes, answer the following)

*Provide a copy of the applicable Form 1099-B.*

Type of investment account: \_\_\_\_\_  
Amount of Distribution \$ \_\_\_\_\_ Year of Distribution (yyyy): \_\_\_\_\_

**4. Have any assets been transferred out of your name for less than the full value?** \_\_\_ No \_\_\_ Yes

(if Yes, answer the following)

Asset Description: \_\_\_\_\_  
Value at time of transfer \$ \_\_\_\_\_  
Date of Transfer (mm/dd/yyyy): \_\_\_\_\_  
To whom or where transferred: \_\_\_\_\_

**5. If you answered Yes to any of the questions above,** please provide a detailed summary of how the proceeds were used. Include a description, approximate date and amount. You may use a separate attachment if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. If you are married, and you reside in any of the following States** (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin or Puerto Rico) please answer the following:

Do you have a Pre/Post Nuptial Agreement? \_\_\_ No \_\_\_ Yes

Would you be willing to separate income and assets in a specific agreement that does so? \_\_\_ No \_\_\_ Yes

**If you need help or have questions, please contact us at 814-410-2900.**

## HOUSING & UTILITIES EXPENSE

**If this page does not apply to you, please check here \_\_\_\_\_**  
**All pages must be returned even if the page does not apply to you.**

**Renter/Lessee Information:** Complete if you rent or lease your residence.

Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Date Rented/Leased (mm/dd/yyyy): \_\_\_\_\_

Landlord/Lessor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent per month \$ \_\_\_\_\_

Do you have renter's insurance?  No  Yes. If Yes, amount per month \$ \_\_\_\_\_

**Homeowner Information:** Complete if you own your residence.

\_\_\_\_ 1st Mortgage \$ \_\_\_\_\_ per month.  
 \_\_\_\_ 2nd Mortgage \$ \_\_\_\_\_ per month.  
 Homeowners insurance \$ \_\_\_\_\_ per month. \_\_\_\_ check here if this is included in your mortgage payment.  
 Real property taxes \$ \_\_\_\_\_ per month. \_\_\_\_ check here if this is included in your mortgage payment.

**Other:** Complete if you have a different living situation than renting or owning your residence (e.g. live with relative, rent a room, etc.) Please indicate below what your current living situation if you do not rent or own

**Explanation:** \_\_\_\_\_

Monthly amount paid \$ \_\_\_\_\_ (indicate if any other housing expenses are included in this amount.)

**Housing & Utilities Expenses (Monthly):**

Items that you or your spouse pay.

	Name of Provider	Amount
Parking .....	_____	_____
Homeowner Association Dues .....	_____	_____
Utilities - Gas / Oil / Heating .....	_____	_____
Utilities - Electric .....	_____	_____
Trash .....	_____	_____
Sewer .....	_____	_____
Water .....	_____	_____
Telephone .....	_____	_____
Cell Phone (do not include business portion) .....	_____	_____
Cable/Internet Provider .....	_____	_____
Maintenance .....	_____	_____
Other (itemize on a separate sheet of paper) .....	_____	_____

***Housing & Utilities Disclaimer - Please Read and Initial.***

Please note that the IRS has created local Standards for housing and utilities which indicate the approximate amount it should cost to operate and maintain a household in your area. Therefore, the IRS will make the final determination as to whether they will allow any overage/excess as an allowable expense.

\_\_\_\_\_ **Initial Here**

**If you need help or have questions, please contact us at 814-410-2900.**

**OTHER LIABILITIES**

**If this page does not apply to you, please check here \_\_\_\_\_**  
**All pages must be returned even if the page does not apply to you.**

**Are you currently on a monthly Installment Agreement with the IRS or your State?**

\_\_\_ No \_\_\_ Yes (if Yes, answer the following)

*\* Please provide copy of the most recent statements/notice received from the IRS or State.*

\_\_\_ IRS Installment Agreement (we will gain any further information we need on this.)

\_\_\_ State Installment Agreement. State: \_\_\_\_\_ Amount of monthly payment \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_ Date Payments Started (mm/dd/yyyy) \_\_\_\_\_

Is the payment deducted directly from your paycheck? \_\_\_ No \_\_\_ Yes On what day of the month? \_\_\_\_\_

Is this payment deducted directly from your bank account? \_\_\_ No \_\_\_ Yes. On what day of the month? \_\_\_\_\_

*\* If you have retained us to prepare, submit, and negotiate an Offer in Compromise and are currently on an Installment Agreement, we encourage you to continue to make this payment. If you cannot continue to make this payment, your file may return to active IRS collections and could result in levy actions.*

**Do you have any Court Ordered Payments or Other Liabilities:** \_\_\_ No \_\_\_ Yes (if Yes, answer the following)

Include Federally funded student loans, back State tax payments, court ordered payments, secured loans, child support, alimony, retirement loans, life insurance loans, etc. even if they are deducted from your pay stub. If you need additional space attach a separate sheet.

**1st Liability Type:** \_\_\_\_\_ (court order, student loan, child support, alimony, etc.)

Lien/Note Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Balance Owing \$ \_\_\_\_\_

Are you currently paying on this liability? \_\_\_ No \_\_\_ Yes (if Yes, answer the following)

Date Payment Started (mm/dd/yyyy) \_\_\_\_\_ Date of Final Payment (mm/dd/yyyy) \_\_\_\_\_

Amount of monthly payment \$ \_\_\_\_\_ Deducted from your paycheck? \_\_\_ No \_\_\_ Yes

**2nd Liability Type:** \_\_\_\_\_ (court order, student loan, child support, alimony, etc.)

Lien/Note Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Balance Owing \$ \_\_\_\_\_

Are you currently paying on this liability? \_\_\_ No \_\_\_ Yes (if Yes, answer the following)

Date Payment Started (mm/dd/yyyy) \_\_\_\_\_ Date of Final Payment (mm/dd/yyyy) \_\_\_\_\_

Amount of monthly payment \$ \_\_\_\_\_ Deducted from your paycheck? \_\_\_ No \_\_\_ Yes

**Do you pay additional Childcare Costs?** \_\_\_ No \_\_\_ Yes (if Yes, answer the following)

Monthly amount paid \$ \_\_\_\_\_ Child(ren) name(s): \_\_\_\_\_

If your child has special needs, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you need help or have questions, please contact us at 814-410-2900.**

**INSURANCES, OTHER EXPENSES, SIGNATURES**

**If this page does not apply to you, please check here \_\_\_\_\_**  
**All pages must be returned even if the page does not apply to you.**

**Do you have health insurance?** \_\_\_ No \_\_\_ Yes (do not list an amount if the expense is deducted from your paycheck.)

Monthly amount paid \$ \_\_\_\_\_

Is this payment automatically deducted from your paycheck? \_\_\_ No \_\_\_ Yes

**Do you have any on-going medical expenses that are not covered by your insurance and that will last longer than 2 years?** \_\_\_ No \_\_\_ Yes

*This includes prescriptions, co-pays, medical supplies, eyeglasses, hearing aids, etc.*

Monthly amount paid \$ \_\_\_\_\_

List the medical conditions being treated: \_\_\_\_\_

**Do you have life insurance?** \_\_\_ No \_\_\_ Yes (if Yes, answer the following)

Is this payment automatically deducted from your paycheck? \_\_\_ No \_\_\_ Yes

\_\_\_ Term \$ \_\_\_\_\_ per month

\_\_\_ Whole Life\*\* \$ \_\_\_\_\_ per month

\_\_\_ Universal Life\*\* \$ \_\_\_\_\_ per month

\*\*If you check the Whole or Universal Life Insurance Box, you will need to complete the Whole Life Insurance section on page 6 of 11.

**Do you have any other monthly expenses that have not been previously listed?**

\_\_\_ No \_\_\_ Yes (if yes, answer the following)

**Expenses not allowed by the IRS include:** credit card payments, private school tuition, student loans payment for dependant child education, etc. Please note that the IRS has set standards for food, clothing & miscellaneous as well as vehicle ownership and operating expenses (gas, oil, maintenance, etc). These standards will be applied absent additional discussion of your personal situation. Attach a list if needed.

Description: \_\_\_\_\_

Amount of Monthly Payment: \$ \_\_\_\_\_

Is this payment automatically deducted from your paycheck? \_\_\_ No \_\_\_ Yes

By signing this page, I agree that I have received, read and understood the Initial Client Packet. I have provided the most current, accurate and thorough financial information available. I understand that the financial information requested in this packet will be used to prepare my tax resolution. I also understand that my qualification for a tax resolution will be based on my specific information as I have provided in this packet and that will have a direct impact on any tax resolution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**If you need help or have questions, please contact us at 814-410-2900.**

# WORKSHEET FOR SELF EMPLOYED & 1099 INCOME EARNERS

Must be completed if you earn 1099 income, are self-employed, or freelance to earn money.

**(If you do not receive 1099 income or are not self-employed, STOP!  
you do not need to complete the following pages)**

**Business Information for the taxpayer(s) and/or non-liable party.**

**If you complete a Schedule C with your tax return, you must complete these worksheets.**

Business Owner Name: \_\_\_\_\_

**If you own multiple businesses, you will need to complete a separate worksheet for each business.**

**Name of Business:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Federal Employer Identification Number (FEIN)** if applicable: \_\_\_\_\_

Your Social Security Number (SSN) is not considered an FEIN. - Please list N/A if you do not have an FEIN.

**Service or Product Provided:** \_\_\_\_\_

Business website address: \_\_\_\_\_

**Date Established** (mm/dd/yyyy): \_\_\_\_\_ **Date Closed** (mm/dd/yyyy): \_\_\_\_\_

Do you have employees?  No  Yes (if Yes, complete the section below)

Number of employees: \_\_\_\_\_ Average gross monthly payroll \$ \_\_\_\_\_

Frequency of tax deposits: \_\_\_\_\_ Are employees W-2 or 1099 recipients? \_\_\_\_\_

Is the business enrolled in Electronic Federal Tax Payment System (EFTPS)?  No  Yes

## Legal form of business:

Sole proprietor

Limited Liability Company Number of members \_\_\_\_\_

Schedule C  Form 1120

Partnership - income reported on Form 1065

Corporation - income reported on Form 1120

Do not complete the rest of the 'Worksheet for 1099 Income Earners or Self-Employed Individuals' before contacting our office if you operate an LLC, partnership, or corporation. You may need to complete a separate business packet instead.

**Is the business a Federal/State Government Contractor?**  No  Yes

A Federal/State Contractor is defined by U.S. Code "to include any person who enters into a contract with the United States or any department or agency thereof for the rendition of personal services and whose compensation is paid in whole or in part from funds appropriated by Congress.

**Are you making your Estimated Tax Payments (Form 1099-ES) for the 2017 Tax Year?**  No  Yes

Amount you are paying each quarter \$ \_\_\_\_\_

**\*Please be advised that the IRS will require that you are compliant with all tax regulations** prior to the acceptance of a tax resolution. If you are required to be making estimated tax payments, you must be doing so. The IRS may require proof of compliance at any time during the negotiations for your resolution or after your resolution is finalized.

**If you need help or have questions, please contact us at 814-410-2900.**

# SELF EMPLOYED & 1099 INCOME EARNERS - OTHER FINANCIAL DATA

Must be completed if you earn 1099 income, are self-employed, or freelance to earn money.

Does the business engage in e-Commerce (internet sales):  No  Yes (if Yes, answer the following)

## 1st Payment Processor (e.g PayPal, Authorize.net, Google Checkout, etc.)

Name of payment processing company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment Processor Account Number: \_\_\_\_\_

## 2nd Payment Processor (e.g PayPal, Authorize.net, Google Checkout, etc.)

Name of payment processing company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment Processor Account Number: \_\_\_\_\_

Does your business accept credit cards:  No  Yes (if Yes, complete the following)

## 1st Credit Card: \_\_\_\_\_

Merchant Account Number: \_\_\_\_\_

Merchant Account Provider's Name: \_\_\_\_\_

Merchant Account Provider's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 2nd Credit Card: \_\_\_\_\_

Merchant Account Number: \_\_\_\_\_

Merchant Account Provider's Name: \_\_\_\_\_

Merchant Account Provider's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Bank Accounts

Include checking, savings, online bank accounts, stored value cards (e.g. payroll cards, government benefit cards, etc.) – DO NOT LIST ANY PERSONAL ACCOUNTS

### 1st Account

Type:  Checking  Savings  Online Bank Account  Stored Value/Debit Card

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Average Account Balance:\$ \_\_\_\_\_

Is this account used for business purposes only?  No  Yes

If you checked No, specify other purposes here: \_\_\_\_\_

### 2nd Account

Type:  Checking  Savings  Online Bank Account  Stored Value/Debit Card

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Average Account Balance:\$ \_\_\_\_\_

Is this account used for business purposes only?  No  Yes

If you checked No, specify other purposes here: \_\_\_\_\_

**If you need help or have questions, please contact us at 814-410-2900.**



# SELF EMPLOYED & 1099 INCOME EARNERS - ACCTS RECEIVABLE & ASSETS

Must be completed if you earn 1099 income, are self-employed, or freelance to earn money.

**Does the business have any accounts or notes receivable:** \_\_\_ No \_\_\_ Yes (if Yes, complete the below)

Account/Note Receivables: Money which is owed to a company by a customer for products and services provided on credit. A specific sale is generally only treated as an account receivable after the customer is sent an invoice.

\*\*If you checked on page 1 of 4 that the business is a Federal Government Contractor include all federal contracts below\*\*

## 1st Account/Note Receivable

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Status (age, factored, other): \_\_\_\_\_ Due Date (mm/dd/yyyy): \_\_\_\_\_  
Amount Due \$ \_\_\_\_\_  
Invoice Number/Federal Government Contract Number: \_\_\_\_\_

## 1st Account/Note Receivable

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Status (age, factored, other): \_\_\_\_\_ Due Date (mm/dd/yyyy): \_\_\_\_\_  
Amount Due \$ \_\_\_\_\_  
Invoice Number/Federal Government Contract Number: \_\_\_\_\_

**Does the business have any assets:** \_\_\_ No \_\_\_ Yes (if Yes, complete the section below)

*Include all vehicles, machinery, equipment, merchandise inventory, and real property owned or leased by the business.*

## 1st Property Description:

Purchase/Lease/Rental Date (mm/dd/yyyy): \_\_\_\_\_  
Current Market Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_  
Amount of Monthly Payment: \_\_\_\_\_ Date of Final Payment (mm/yyyy) \_\_\_\_\_  
Asset Location Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Lender/Lessor/Landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 2nd Property Description:

Purchase/Lease/Rental Date (mm/dd/yyyy): \_\_\_\_\_  
Current Market Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_  
Amount of Monthly Payment: \_\_\_\_\_ Date of Final Payment (mm/yyyy) \_\_\_\_\_  
Asset Location Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Lender/Lessor/Landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If you need help or have questions, please contact us at 814-410-2900.**

**SELF EMPLOYED & 1099 INCOME EARNERS - PROFIT & LOSS STATEMENT**

Must be completed if you earn 1099 income, are self-employed, or freelance to earn money.

**Yearly Income & Expenses (You must provide actual figures, not estimates).  
Only list business income/expenses. Do not list any personal income/expenses here.**

**Complete this for January 1 through the end of the last completed month.**

**Period from** (mm/dd/yyyy): \_\_\_\_\_ **through** (mm/dd/yyyy): \_\_\_\_\_

**INCOME** (year to date amounts as it pertains to the above time frame (not monthly))

Gross Receipts from Sales, Services, Rents, Interest, Dividends, etc. .... \$ \_\_\_\_\_

**BUSINESS EXPENSES** (year to date amounts as it pertains to the above time frame (not monthly))

Materials Purchased ..... \$ \_\_\_\_\_

Inventory Purchased ..... \$ \_\_\_\_\_

Gross Wages/Salaries Paid ..... \$ \_\_\_\_\_

Office Rent (office/facilities/equipment - do not include home office) ..... \$ \_\_\_\_\_

Supplies ..... \$ \_\_\_\_\_

Utilities (telephone, etc - do not include home office utilities) ..... \$ \_\_\_\_\_

Vehicle Operating Costs \* ..... \$ \_\_\_\_\_

List Vehicle Used in Business: \_\_\_\_\_ Mileage: \_\_\_\_\_

Repairs/Maintenance (not including home office or vehicle) ..... \$ \_\_\_\_\_

Insurance (not including home office or vehicle) ..... \$ \_\_\_\_\_

Current Taxes - Type of Taxes: \_\_\_\_\_ (do not include personal income tax) \$ \_\_\_\_\_

Professional Fees (do not include our fees) ..... \$ \_\_\_\_\_

Office Expenses ..... \$ \_\_\_\_\_

Entertainment ..... \$ \_\_\_\_\_

Advertising/Marketing ..... \$ \_\_\_\_\_

Travel (out of town only) ..... \$ \_\_\_\_\_

Dues & Subscriptions ..... \$ \_\_\_\_\_

Business Debt Payments ..... \$ \_\_\_\_\_

Other Expenses: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\* If you use the vehicle 100% in your business list actual costs of fuel, maintenance, insurance, and payments. Be prepared to provide a detailed list if asked. Otherwise list the number of miles for business for the time period and we will calculate the rate for you. The mileage rate is often results in a better amount for you.

**If you need help or have questions, please contact us at 814-410-2900.**

**RENTAL PROPERTY INCOME**

**This must be completed if you have rental property.**

Your Name: \_\_\_\_\_

**Rental Property:** \_\_\_\_\_ Date Rented to 3rd Party (mm/dd/yyyy): \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Who's name is the property in? \_\_\_ Taxpayer \_\_\_ Spouse \_\_\_ Both \_\_\_ Other \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Current Market Value \$ \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ (current market value can be found on www.zillow.com)

Amount of Payment \$ \_\_\_\_\_ Date of Final Payment (mm/dd/yyyy): \_\_\_\_\_

Name of Lender/Lien Holder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Do you have a second mortgage?** \_\_\_ No \_\_\_ Yes Date Financed (mm/dd/yyyy): \_\_\_\_\_

Total Amount Financed \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

Amount of 2nd Mortgage Payment \$ \_\_\_\_\_ Date of Final Payment (mm/dd/yyyy): \_\_\_\_\_

Name of Lender/Lien Holder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Rental Property Profit & Loss Statement**

**Yearly Income & Expenses (You must provide actual figures, not estimates). Only list rental property income/ expenses. Do not list any personal expenses here.**

**Complete this for January 1 through the end of the last completed month.**

**Period from** (mm/dd/yyyy): \_\_\_\_\_ **through** (mm/dd/yyyy): \_\_\_\_\_

**INCOME** (year to date amounts as it pertains to the above time frame (not monthly)

Gross Rents Received ..... \$ \_\_\_\_\_

**EXPENSES** (year to date amounts as it pertains to the above time frame (not monthly)

Mortgage ..... \$ \_\_\_\_\_

Property Tax (not included in mortgage payment) ..... \$ \_\_\_\_\_

Insurance (not included in mortgage payment) ..... \$ \_\_\_\_\_

Property Management Expenses ..... \$ \_\_\_\_\_

Advertising ..... \$ \_\_\_\_\_

Maintenance ..... \$ \_\_\_\_\_

Utilities (telephone, etc. - Not including home office) ..... \$ \_\_\_\_\_

Vehicle Operating Costs \* ..... \$ \_\_\_\_\_

List Vehicle Used in Business: \_\_\_\_\_ Mileage: \_\_\_\_\_

Insurance ..... \$ \_\_\_\_\_

Professional Fees (do not include our fees) ..... \$ \_\_\_\_\_

Office Expenses ..... \$ \_\_\_\_\_

Meals & Entertainment ..... \$ \_\_\_\_\_

Travel (out of town) ..... \$ \_\_\_\_\_

Dues & Subscriptions ..... \$ \_\_\_\_\_

Debt Payments Relative to Rental Property ..... \$ \_\_\_\_\_

Other Expenses: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**If you need help or have questions, please contact us at 814-410-2900.**