

## Collection Information Statement for Wage Earners and Self-Employed Individuals

**Wage Earners** Complete Sections 1, 2, 3, and 4, including signature line on page 4. *Answer all questions or write N/A.*  
**Self-Employed Individuals** Complete Sections 1, 2, 3, 4, 5 and 6 and signature line on page 4. *Answer all questions or write N/A.*  
**For Additional Information**, refer to Publication 1854, "How To Prepare a Collection Information Statement"  
**Include attachments if additional space is needed to respond completely to any question.**

<b>Name on Internal Revenue Service (IRS) Account</b>	<b>Social Security Number SSN on IRS Account</b>	<b>Employer Identification Number EIN</b>
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### Section 1: Personal Information

<b>1a</b> Full Name of Taxpayer and Spouse (if applicable)		<b>1c</b> Home Phone ( ) ( )	<b>1d</b> Cell Phone ( ) ( )
<b>1b</b> Address (Street, City, State, ZIP code) (County of Residence)		<b>1e</b> Business Phone ( ) ( )	<b>1f</b> Business Cell Phone ( ) ( )
		<b>2b</b> Name, Age, and Relationship of dependent(s)	
<b>2a</b> Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)			
<b>3a</b> Taxpayer	Social Security No. (SSN)	Date of Birth (mmddyyyy)	Driver's License Number and State
<b>3b</b> Spouse			

### Section 2: Employment Information

*If the taxpayer or spouse is self-employed or has self-employment income, also complete Business Information in Sections 5 and 6.*

Taxpayer		Spouse	
<b>4a</b> Taxpayer's Employer Name		<b>5a</b> Spouse's Employer Name	
<b>4b</b> Address (Street, City, State, ZIP code)		<b>5b</b> Address (Street, City, State, ZIP code)	
<b>4c</b> Work Telephone Number ( ) ( )	<b>4d</b> Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5c</b> Work Telephone Number ( ) ( )	<b>5d</b> Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4e</b> How long with this employer (years)   (months)	<b>4f</b> Occupation	<b>5e</b> How long with this employer (years)   (months)	<b>5f</b> Occupation
<b>4g</b> Number of exemptions claimed on Form W-4	<b>4h</b> Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<b>5g</b> Number of exemptions claimed on Form W-4	<b>5h</b> Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

### Section 3: Other Financial Information (Attach copies of applicable documentation.)

<b>6</b> Is the individual or sole proprietorship party to a lawsuit (If yes, answer the following) <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>			
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date (mmddyyyy)	Subject of Suit	
<b>7</b> Has the individual or sole proprietorship ever filed bankruptcy (If yes, answer the following) <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>			
Date Filed (mmddyyyy)	Date Dismissed or Discharged (mmddyyyy)	Petition No.	Location
<b>8</b> Any increase/decrease in income anticipated (business or personal) (If yes, answer the following) <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>			
Explain. (Use attachment if needed)		How much will it increase/decrease \$	When will it increase/decrease
<b>9</b> Is the individual or sole proprietorship a beneficiary of a trust, estate, or life insurance policy (If yes, answer the following) <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>			
Place where recorded:		EIN: :	
Name of the trust, estate, or policy	Anticipated amount to be received \$	When will the amount be received	
<b>10</b> In the past 10 years, has the individual resided outside of the United States for periods of 6 months or longer (If yes, answer the following) <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>			
Dates lived abroad: from (mmddyyyy)		To (mmddyyyy)	

**Section 4: Personal Asset Information for All Individuals**

**11 Cash on Hand.** Include cash that is not in a bank. **Total Cash on Hand** \$

**Personal Bank Accounts.** Include all checking, online bank accounts, money market accounts, savings accounts, stored value cards (e.g., payroll cards, government benefit cards, etc.) List safe deposit boxes including location and contents.

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union, or Financial Institution.	Account Number	Account Balance As of _____ mmddyyyy
<b>12a</b>			\$
<b>12b</b>			\$

**12c Total Cash** (Add lines 12a, 12b, and amounts from any attachments) \$

**Investments.** Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, and 401(k) plans. **Include all corporations, partnerships, limited liability companies or other business entities in which the individual is an officer, director, owner, member, or otherwise has a financial interest.**

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, ZIP code) of Company	Current Value	Loan Balance (if applicable) As of _____ mmddyyyy	Equity Value Minus Loan
<b>13a</b>	Phone	\$	\$	\$
<b>13b</b>	Phone	\$	\$	\$
<b>13c</b>	Phone	\$	\$	\$

**13d Total Equity** (Add lines 13a through 13c and amounts from any attachments) \$

Available Credit. List bank issued credit cards with available credit. Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of _____ mmddyyyy	Available Credit As of _____ mmddyyyy
<b>14a</b>  Acct No.:	\$	\$	\$
<b>14b</b>  Acct No.:	\$	\$	\$

**14c Total Available Credit** (Add lines 14a, 14b and amounts from any attachments) \$

**15a Life Insurance.** Does the individual have life insurance with a cash value (Term Life insurance does not have a cash value.)  
 **Yes**  **No** If **Yes** complete blocks 15b through 15f for each policy:

<b>15b</b> Name and Address of Insurance Company(ies):			
<b>15c</b> Policy Number(s)			
<b>15d</b> Owner of Policy			
<b>15e</b> Current Cash Value	\$	\$	\$
<b>15f</b> Outstanding Loan Balance	\$	\$	\$

**15g Total Available Cash.** (Subtract amounts on line 15f from line 15e and include amounts from any attachments) \$

**16 In the past 10 years, have any assets been transferred by the individual for less than full value**  
*(If yes, answer the following. If no, skip to 17a)*

Yes  No

List Asset	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where was it Transferred
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**Real Property Owned, Rented, and Leased.** Include all real property and land contracts.

	Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>17a</b> Property Description		\$	\$	\$		\$

Location (Street, City, State, ZIP code) and County

Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone

<b>17b</b> Property Description		\$	\$	\$		\$
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Location (Street, City, State, ZIP code) and County

Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone

**17c Total Equity** (Add lines 17a, 17b and amounts from any attachments) \$

**Personal Vehicles Leased and Purchased.** Include boats, RVs, motorcycles, trailers, etc.

Description (Year, Mileage, Make, Model)		Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>18a</b> Year	Mileage		\$	\$	\$		\$

Make Model Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone

<b>18b</b> Year	Mileage		\$	\$	\$		\$
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Make Model Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone

**18c Total Equity** (Add lines 18a, 18b and amounts from any attachments) \$

**Personal Assets.** Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets.

	Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>19a</b> Property Description		\$	\$	\$		\$

Location (Street, City, State, ZIP code) and County

Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone

<b>19b</b> Property Description		\$	\$	\$		\$
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Location (Street, City, State, ZIP code) and County

Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone

**19c Total Equity** (Add lines 19a, 19b and amounts from any attachments) \$

**If the taxpayer is self-employed, sections 5 and 6 must be completed before continuing.**

**Monthly Income/Expense Statement** (For additional information, refer to Publication 1854.)

Total Income		Total Living Expenses			IRS USE ONLY
Source	Gross Monthly	Expense Items <sup>5</sup>		Actual Monthly	Allowable Expenses
<b>20</b> Wages (Taxpayer) <sup>1</sup>	\$	<b>33</b> Food, Clothing, and Misc. <sup>6</sup>		\$	
<b>21</b> Wages (Spouse) <sup>1</sup>	\$	<b>34</b> Housing and Utilities <sup>7</sup>		\$	
<b>22</b> Interest - Dividends	\$	<b>35</b> Vehicle Ownership Costs <sup>8</sup>		\$	
<b>23</b> Net Business Income <sup>2</sup>	\$	<b>36</b> Vehicle Operating Costs <sup>9</sup>		\$	
<b>24</b> Net Rental Income <sup>3</sup>	\$	<b>37</b> Public Transportation <sup>10</sup>		\$	
<b>25</b> Distributions <sup>4</sup>	\$	<b>38</b> Health Insurance		\$	
<b>26</b> Pension/Social Security (Taxpayer)	\$	<b>39</b> Out of Pocket Health Care Costs <sup>11</sup>		\$	
<b>27</b> Pension/Social Security (Spouse)	\$	<b>40</b> Court Ordered Payments		\$	
<b>28</b> Child Support	\$	<b>41</b> Child/Dependent Care		\$	
<b>29</b> Alimony	\$	<b>42</b> Life insurance		\$	
<b>30</b> Other (Rent subsidy, Oil credit, etc.)	\$	<b>43</b> Taxes (Income and FICA)		\$	
<b>31</b> Other	\$	<b>44</b> Other Secured Debts (Attach list)		\$	
<b>32</b> Total Income (add lines 20-31)	\$	<b>45</b> Total Living Expenses (add lines 33-44)		\$	

- 1 Wages, salaries, pensions, and social security:** Enter gross monthly wages and/or salaries. Do not deduct withholding or allotments taken out of pay, such as insurance payments, credit union deductions, car payments, etc. To calculate the gross monthly wages and/or salaries:  
*If paid weekly* - multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33  
*If paid biweekly (every 2 weeks)* - multiply biweekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22  
*If paid semimonthly (twice each month)* - multiply semimonthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46
- 2 Net Income from Business:** Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. **This figure is the amount from page 6, line 82.** If the net business income is a loss, enter "0". Do not enter a negative number. If this amount is more or less than previous years, attach an explanation.
- 3 Net Rental Income:** Enter monthly net rental income. This is the amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0". Do not enter a negative number.
- 4 Distributions:** Enter the total distributions from partnerships and subchapter S corporations reported on Schedule K-1, and from limited liability companies reported on Form 1040, Schedule C, D or E.
- 5 Expenses not generally allowed:** We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses if it is proven that they are necessary for the health and welfare of the individual or family or for the production of income.
- 6 Food, Clothing, and Misc.:** Total of clothing, food, housekeeping supplies, and personal care products for one month.
- 7 Housing and Utilities:** For principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, telephone, and cell phone.
- 8 Vehicle Ownership Costs:** Total of monthly lease or purchase/loan payments.
- 9 Vehicle Operating Costs:** Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.
- 10 Public Transportation:** Total of monthly fares for mass transit (e.g., bus, train, ferry, taxi, etc.)
- 11 Out of Pocket Health Care Costs:** Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)

**Certification:** Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

<b>Taxpayer's Signature</b>	<b>Spouse's Signature</b>	<b>Date</b>
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**Attachments Required for Wage Earners and Self-Employed Individuals:**

Copies of the following items for the last 3 months from the date this form is submitted (check all attached items):

- Income - Earnings statements, pay stubs, etc. from each employer, pension/social security/other income, self employment income (commissions, invoices, sales records, etc.).
- Banks, Investments, and Life Insurance - Statements for all money market, brokerage, checking and savings accounts, certificates of deposit, IRA, stocks/bonds, and life insurance policies with a cash value.
- Assets - Statements from lenders on loans, monthly payments, payoffs, and balances for all personal and business assets. Include copies of UCC financing statements and accountant's depreciation schedules.
- Expenses - Bills or statements for monthly recurring expenses of utilities, rent, insurance, property taxes, phone and cell phone, insurance premiums, court orders requiring payments (child support, alimony, etc.), other out of pocket expenses.
- Other - credit card statements, profit and loss statements, all loan payoffs, etc.
- A copy of last year's Form 1040 with all attachments. Include all Schedules K-1 from Form 1120S or Form 1065, as applicable.