

State of Georgia
Department of Revenue

STATEMENT OF FINANCIAL CONDITION FOR INDIVIDUALS

(If additional space is needed,
attach separate sheet)

The information provided in this statement must include all household employment, assets, liability, income and expense. Spouse and dependent information are required although only one person may be liable for the tax.

SECTION I – PERSONAL INFORMATION

1. Taxpayer's Name(s) and Residence Address _____ _____ _____ How long at this Address? __Yr __Mo Do you own [] or rent []?	2. Daytime Phone Number _____ _____ _____ _____	3. Marital Status (Check One) [] Single [] Married [] Separated [] Divorced
	4. Social Security Number Taxpayer _____ Spouse _____	5. Date of Birth Taxpayer _____ Spouse _____
6. Previous Address If At Current Address Less Than 2 Years _____ _____ _____	7. Income Tax Return Information A. Year of Last Filed Federal Income Tax Return _____ B. Federal Adjusted Gross Income From Last Return \$ _____ C. Year of Last Filed Georgia Income Tax Return _____	

SECTION II – EMPLOYMENT INFORMATION

8. Taxpayer's Employer or Business – Name and Address _____ _____ _____	9. Employer Phone Number _____ _____	10. Occupation _____ _____	
	11. Length of Employment Years _____ Mo. _____	12. Work Relationship [] Employee [] Proprietor [] Partner [] Officer	
13. Spouse's Employer or Business – Name and Address _____ _____ _____	14. Employer Phone Number _____ _____	15. Occupation _____ _____	
	16. Length of Employment Years _____ Mo. _____	17. Work Relationship [] Employee [] Proprietor [] Partner [] Officer	
18. Taxpayer's Part-time or Previous Employment in Last Three Years	19. Spouse's Part-Time or Previous Employment in Last Three Years		
Employer's Name	Employment Dates	Employer's Name	Employment Dates
	To		To
	To		To
	To		To
20. Have your wages or salary been garnished within the previous three years?			
		Taxpayer [] Yes [] No Spouse [] Yes [] No	

SECTION III – DEPENDENT INFORMATION

21. Dependent Name (Other Than Spouse)	Date of Birth	Relationship	Monthly Income
			\$

SECTION IV – ASSETS								
22. Cash						TOTAL (Enter also on Page 3, Item 30-A)		\$
23. Bank or Credit Union Accounts (Checking, Savings, Certificate of Deposit, etc.)								
Name of Institution		Account Number		Type of Account		Balance		
						\$		
TOTAL (Enter also on Page 3, Item 30-B)						\$		
24. Bank Credit Cards (Visa, MasterCard, Discover, American Express, etc.)								
Name of Issuer		Account Number		Credit Limit	Amount Owed	Credit Available		
				\$	\$	\$		
TOTAL (Enter also on Page 3, Item 30-C)						\$		
25. Securities (Stocks, Bonds, Mutual Funds, IRA, Government Securities, Money Market Funds, etc.)								
Type		Issuer			Quantity or Denomination	Current Value		
						\$		
TOTAL (Enter also on Page 3, Item 30-D)						\$		
26. Real Property (Personal Residence, Vacation or Second Home, Investment Property, Unimproved Land, etc.)								
Description		Address		Current Market Value	Amount Owed	Equity In Property		
				\$	\$	\$		
TOTAL (Enter also on Page 3, Item 30-E)						\$		
27. Vehicles – Excluding Leased Vehicles (Including Motorhomes, Campers, Motorcycles, Boats, Trailers, etc.)								
Description		Make	Purchase Date	Year	Tag Number	Current Market Value	Amount Owed	Equity In Vehicle
						\$	\$	\$
TOTAL (Enter also on Page 3, Item 30-F)						\$		
28. Other Assets								
				Current or Appraised Value				Current or Appraised Value
Notes Receivable				\$		Timber, Mineral or Drilling Rights		\$
Cash Surrender Value of Life Insurance						Patents or Copyrights		
Judgments or Settlements Receivable						Other (Specify)		
Vested Retirement Account								
Collectables, Antiques or Artwork								
TOTAL (Enter also on Page 3, Item 30-G)						\$		

SECTION V – LIABILITIES

29. Liabilities (Do Not Include Any Mortgages or Vehicle Loans)

Description	Total Amount Owed	Description	Total Amount Owed
Notes Payable	\$	Past Due Other Taxes	\$
Installment or Personal Loans		Vehicle Lease: Make _____ Yr _____	
Education or Student Loans		Vehicle Lease: Make _____ Yr _____	
Bank Revolving Credit		Other Liabilities:	
Judgments Payable			
Past Due Federal Taxes			
Past Due State Taxes			
TOTAL (Enter also on Page 3, Item 31)			\$

SECTION VI – NET WORTH CALCULATION

30. Assets

A. Cash	\$
B. Bank or Credit Union Accounts	
C. Bank Credit Cards	
D. Securities	
E. Real Property	
F. Vehicles	
G. Other Assets	
Total Assets	\$
31. Liabilities	\$
32. Net Worth ("Total Assets" Minus "Liabilities")	\$

SECTION VII – OTHER INFORMATION

33. Are you currently in filing compliance with all Georgia taxes?
 Yes No If "No", identify tax type and period: _____
34. If the tax liability was incurred in the operation of a business, has the business been discontinued?
 Yes No N/A If "Yes", date discontinued: _____
35. Have you disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?
 Yes No If "Yes", identify: _____
36. Is a foreclosure proceeding pending on any real estate that you own or have an interest in?
 Yes No
37. Is anyone holding any assets on your behalf?
 Yes No If "Yes", identify: _____ Relationship: _____
38. Are you a party to any lawsuit now pending?
 Yes No
39. Is there a likelihood that you will receive an inheritance within the next four years?
 Yes No If "Yes", from whom? _____ Relationship: _____
40. Have you previously petitioned the Department of Revenue for an offer in compromise for any tax liability?
 Yes No
41. Are you or any business that you own currently under bankruptcy court jurisdiction?
 Yes No Bankruptcy Case No.: _____

SECTION VIII – INCOME & EXPENSE ANALYSIS

42. Monthly Household Disposable Income				
Gross Monthly Income			Monthly Living Expenses	
Source	Taxpayer	Spouse	Source	Amount
Salary, Wages, Commissions, Tips	\$	\$	House or Rent Payment	\$
Self-Employment Income			Income Taxes (Federal, State, FICA)	
Pensions, Disability & Social Security			Estimated Tax (If Applicable)	
Dividends & Interest			Groceries	
Gift or Loan Proceeds			Medical Expenses & Prescriptions	
Rental Income			Utilities:	
Estate, Trust & Royalty Income			Electric \$_____ + Gas \$_____	
Workers' Comp. & Unemployment			+ Water \$_____ + Phone \$_____ =	
Alimony & Child Support			Insurance:	
Other (Specify)			Life \$_____ + Health \$_____	
			+ Auto \$_____ + Home \$_____ =	
			Court Ordered Payment	
			Personal Loan Payment	
			Religious & Charitable Donations	
			Clothing & Personal Grooming	
			Entertainment & Recreation	
			Legal Fees	
			Transportation Expense	
			Vehicle Loan Payment	
			Vehicle Lease Payment	
			Property & Ad Valorem Taxes	
			Child Care	
			Installment & Credit Card Payments	
			Tuition Payment	
			Other (Specify)	
Subtotal	\$	\$		
Combined Monthly Income	\$		Total Monthly Living Expenses	\$

43. Net Monthly Household Disposable Income ("Combined Monthly Income" Minus "Total Monthly Living Expenses") \$

I/we have examined this Statement of Financial Condition for Individuals and hereby affirm that to the best of my/our knowledge and belief, it is true, correct and complete.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

POA Signature _____ Date _____

(Attach Power of Attorney - Use Department of Revenue Form RD-1061 Only)