



Statement of Financial Condition

Return by:

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.

☐ Check here if applying for suspended collection status. For suspended collection status qualifications, visit www.oregon.gov/dor and search for "Suspended collection."

Revenue use only

Date received

Revenue agent

Include:

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

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	Business 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		Business 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
Total. 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
Total. 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-)
Total. 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 5, 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 6, 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 7, 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 8, 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 20, 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. Vehicles / available equity (from section 3)	
5. Personal property (from section 3)	
6. Loan / cash surrender value for life insurance (from section 3)	
7. Securities (from section 3)	
8. Current real estate equity (from section 3)	
9. Notes	
10. Accounts receivable	
11. Judgements / settlements received or pending	
12. Interest in trusts	
13. Interest in estates	
14. Partnership interests	
15. Major machinery / equipment, etc.	
16. Business inventory	
17. Other assets: (specify): (Example: \$1,000 guns / \$200 jewelry / \$800 gold)	
18. Other assets (specify):	
19. Total assests	\$

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

20. Amount owed to credit cards and lines of credit	
21. Taxes owed to IRS (provide a copy of recent notices)	
22. Other liabilities (specify):	
23. Other liabilities (specify):	
24. Other liabilities (specify):	
25. Total liabilities	\$

Section 5. Monthly income and expense analysis

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

	Gross	Net
26. Wages / salaries / tips (yours)		
27. Social Security income (yours)		
28. Pension / annuities (yours) <input type="checkbox"/> pension <input type="checkbox"/> annuities <input type="checkbox"/> both		
29. Disability (yours)		
30. Wages / salaries / tips (spouse/RDP's)		
31. Social Security income (spouse/RDP's)		
32. Pension / annuities (spouse/RDP's) <input type="checkbox"/> pension <input type="checkbox"/> annuities <input type="checkbox"/> both		
33. Disability (spouse/RDP's)		
34. Business income (yours)		

Section 5. Monthly income and expense analysis (continued)**Income.** Attach copies of all income sources that contribute to household expenses (minimum three months).

	Gross	Net
35. Business income (spouse/RDP's)		
36. Rental income		
37. Interest / dividends / royalties (average monthly)		
38. Payments from trusts / partnerships / entities		
39. Child support		
40. Alimony		
41. Unemployment		
42. Seller carried contracts / sales		
43. Other income (specify):		
44. Other income (specify):		
45. Other income (specify):		
46. Total income	\$	\$

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

	Amount
47. Rent / mortgage / real estate secured line(s) of credit <small>If renting—name, address, and phone number of landlord</small>	
48. Real estate taxes (Is this included in your mortgage payment? <input type="checkbox"/> No <input type="checkbox"/> Yes)	
49. Personal home owners / renters insurance: () Assoc. fees: ()	
50. Personal utilities: Electric: () Natural gas / oil: () Phone, internet, & cable: () Garbage: () Water / sewer: ()	
51. Food / clothing / other items: No. of people: () Their ages: ()	
52. Auto payments / lease	
53. Auto insurance	
54. Auto maintenance / fuel / other transportation	
55. Life / health insurance	
56. Medical payments (not covered by insurance) (provide proof)	
57. Estimated tax payments (provide proof)	
58. Court ordered payments (alimony, child support, restitution, not deducted from your paycheck)	
59. Garnishments (specify)	
60. Delinquent tax payments (other than Oregon state taxes, IRS, etc.)	
61. Work related child care expenses	
62. Other expenses (do not include unsecured debt) (specify)	
63. Total personal expenses	\$

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

	Amount
64. Materials purchased (specify)	
65. Supplies (specify)	

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

	Amount
66. Installment payments (specify)	
67. Monthly payments (specify)	
68. Rent / mortgage If renting—name, address, and phone number of landlord	
69. Insurance	
70. Business utilities: Electric: ()	
Natural gas / oil: () Phone, internet, & cable: ()	
Garbage: () Water / sewer: ()	
71. Net wages and salaries paid to employees	
72. Current taxes (payroll / business)	
73. Other: Specify: (do not include unsecured debt)	
74. Total business expenses	\$
75. Net disposable income (line 46 minus lines 63 and 74).....	\$

Section 6. Additional informationPlease provide any additional information not already included. Attach additional pages as needed. **All** household income must be included.

Your proposed monthly payment.....

\$

Your proposed payment date.....

Section 7. Authorization to disclose

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, both 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