

Kansas Department of Revenue -  
**FINANCIAL INFORMATION STATEMENT**

Compliance and Enforcement

915 SW Harrison

Topeka, KS 66625-2001

*(If you need additional space, please attach a separate sheet.)*

<b>1. Taxpayer(s) name(s) and address (including county)</b>	<b>2. Home phone number</b> (    )	<b>3. Social Security Number</b> Taxpayer
	<b>4. Marital status</b>	Spouse
	<b>5. Date of Birth</b>	<b>6. Driver License number</b>
	Taxpayer	Taxpayer
	Spouse	Spouse

**Section I. EMPLOYMENT INFORMATION**

<b>7. Taxpayer's employer or business</b> (name and address)	Number of exemptions claimed on form W-4	How long employed	Business phone (    )	<i>(Check appropriate Box)</i> <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner
	Pay period	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> other	
	Occupation			
<b>8. Spouse's employer or business</b> (name and address)	Number of exemptions claimed on form W-4	How long employed	Business phone (    )	<i>(Check appropriate Box)</i> <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Partner
	Pay period	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> other	
	Occupation			

**Section II. PERSONAL INFORMATION**

**9. Previous address(es)**

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**10. Age and relationship of dependents living in your household (exclude yourself and spouse)**

Name:	Age	Relationship

**11. Other wage earners or persons living in household**

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12. Past tax return	Last filed income tax return (State filed in, tax year)	Number of exemptions claimed	Adjusted gross income
Taxpayer			
Spouse			

**Section III Vehicle Information**

**13. List all vehicles**

A. Make	Year	VIN #	Bal. Owed \$	Loan begin date	Name and address of Lender
		Market Value			
Model	Tag #	\$	Monthly Payment	Date of last payment made	
		Equity in Assets			\$

B. Make	Year	VIN #	Bal. Owed \$	Loan begin date	Name and address of Lender
		Market Value			
Model	Tag #	\$	Monthly Payment	Date of last payment made	
		Equity in Assets			\$

C. Make	Year	VIN #	Bal. Owed \$	Loan begin date	Name and address of Lender
		Market Value			
Model	Tag #	\$	Monthly Payment	Date of last payment made	
		Equity in Assets			\$

D. Make	Year	VIN #	Bal. Owed \$	Loan begin date	Name and address of Lender
		Market Value			
Model	Tag #	\$	Monthly Payment	Date of last payment made	
		Equity in Assets			\$

**SECTION IV Bank accounts (including savings & loans, credit Unions, IRA and retirement plan, certificates of deposit, etc.)**

14. Name/Address of Institution or Bank	Type of Account	Account Number	Balance (monthly average)

15. Life Insurance Information	Policy No.	Type	Face Amount	Available Loan Value
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		

**16. Major credit cards, bank cards and lines of credit from banks, credit unions and savings and loans**

Name / Address of Financial Institution	Type of Account or Card	Monthly payment	Credit Limit	Amount Owed	Credit Available
<b>TOTAL</b>					

**17 Safe deposit boxes rented or access (List all locations, box number, and contents)**


18. REAL PROPERTY		Name / Address of Lien, Note Holder or Oblige		Loan begin date
<b>A. Home (Address and legal description)</b>				
1	Current Value		Balance Owed	Loan end date
	\$		\$	
	Equity in assets		Monthly Payment	Date of last payment made
	\$		\$	
<b>Home (Address and legal description)</b>				
2	Current Value	Name / Address of Lien, Note Holder or Oblige	Balance Owed	Loan end date
	\$		\$	
	Equity in assets		Monthly Payment	Date of last payment made
	\$		\$	
<b>B. Farm Land / Rental Property or other</b>				
Address and legal description of property		Name / Address of Lien, Note Holder or Oblige		Loan begin date
1	Current Value		Balance Owed	Loan end date
	\$		\$	
	Equity in assets		Monthly Payment	Date of last payment made
	\$		\$	
2	Current Value	Name / Address of Lien, Note Holder or Oblige	Balance Owed	Loan end date
	\$		\$	
	Equity in assets		Monthly Payment	Date of last payment made
	\$		\$	

19. Please check the following as it applies:		<i>(If yes, explain in space provided)</i>		TYPE	TOTAL WORTH
A. Trust Fund	a. yes ____	no ____			\$
B. Individual Retirement Account (IRA)	b. yes ____	no ____			\$
C. Stocks/Bonds	c. yes ____	no ____			\$
D. Mutual Funds	d. yes ____	no ____			\$
E. Annuity	e. yes ____	no ____			\$
F. Retirement Plans	f. yes ____	no ____			\$
G. Military Pay	g. yes ____	no ____			\$
Military Retirement	yes ____	no ____			\$
H. 401K Retirement Account	h. yes ____	no ____			\$
I. Certificate of Deposit (CD)	i. yes ____	no ____			\$
J. Recent Transfers of Assets for less than full value	j. yes ____	no ____			\$
K. Are you a participant/beneficiary to a trust, estate or profit sharing	k. yes ____	no ____			\$

20 Securities (stocks, bonds, mutual funds, money market funds, government securities, etc.):				
Kind	Quantity or Denomination	Current Value	Where Located	Owner of Record
		\$		
		\$		
		\$		

**21 Other information relating to your financial condition. If you check "Yes", please give dates and explain:**

a Court proceedings	yes _____	no _____	Explanation:
b Repossessions	yes _____	no _____	
c Garnishments	yes _____	no _____	
d Anticipated increase in income	yes _____	no _____	
e Bankruptcy	yes _____	no _____	

Attorney name, address and phone number

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Case #	Filing Date	Chapter
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**Section V Monthly Income and Expense Analysis**

Total Income			
Source	Net	Source	Net
22. Wages/salaries (taxpayer)	\$	31. Other (list below)	\$
23. Wages/salaries (spouse)	\$	a.	\$
24. Interest, dividends	\$	b.	\$
25 Net business income	\$	c.	\$
26. Rental income	\$	d.	\$
27. Pension (taxpayer)	\$	e.	\$
28. Pension (spouse)	\$	f.	\$
29. Child Support	\$	g.	\$
30. Alimony	\$	h.	\$
		Total Income	\$

**Necessary Living Expenses (Monthly average)**

32. House payment/Rent	\$	45. Court ordered payments (garnishments)	\$
33. Electric & Gas/ Propane	\$	46. Personal Property Tax	\$
34. Water/Trash/Sewer	\$	47. Taxes (State and Federal Income Tax)	\$
35. Cable/Satelite	\$	48. Student loans	\$
36. Cell phone/home phone	\$	49. Personal loans	\$
37. Groceries	\$	50. Car loans	\$
38. Child/dependent care	\$	51. Health Insurance	\$
39 Clothing	\$	52. Home owners/ Renters Insurance	\$
40. Credit Card payments	\$	53. Life Insurance	\$
41. Magazine/newspaper subscriptions	\$	54. Other (list below)	\$
42. Gas for transportation	\$		\$
43. Medical Bills	\$		\$
44 Prescriptions	\$		\$
			\$
		55. Total Expenses	\$
		(KDOR use only)	
		Net difference (income less living expense)	

56. ATTACH COPY OF YOUR LAST PAYCHECK STUB HERE.

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Additional information or comments:

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I grant the Kansas Department of Revenue and its agents and/or employees permission to access my consumer report as defined in 15 U.S.C.A. 1681a(d). I understand this information will be used, among other things, in identifying, and locating, and validating my assets. This permission is continuing: I expressly give the Kansas Department of Revenue and its agents and/or employees permission to access my consumer report at any point from now until I revoke this permission in writing.

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**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.*

Your signature	Spouse's signature (if joint return was filed)
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_