

INSTRUCTIONS FOR COMPLETING THE STATEMENT OF FINANCIAL CONDITION

It is important that you answer all questions on this form to give the Department of Revenue the opportunity to review your claim. Incomplete forms will delay processing or result in rejection of your proposed payment plan due to our decision being based on incomplete information. Mark any line that does not apply to you with "N/A".

ASSETS & LIABILITIES:

When completing Statement of Assets and Liabilities, be sure to complete all lines.

INCOME AND EXPENSES:

INCOME:

(1) Business:

- (a) Corporation must attach their Federal Tax Returns for the last two accounting periods and current cash flow projections.
- (b) Individual proprietorships and partnerships must supply Personal and Business Tax Returns for the last two years and current cash flow projection.

(2) Individuals:

- (a) Please furnish copy of your paystub to verify income. If your pay fluctuates, please supply Tax Return.
- (b) If you are receiving DPA, Pension Income, Utility Subsidy, Unemployment Compensation or Social Security, furnish copy of check or letter from Agency.
- (c) Income should be shown for all members of household.
- (d) If you have additional sources of income, please explain.

EXPENSES:

- (1) All expense items, except groceries, should be supported with receipts.
- (2) Utility bills should be supported with samples of winter and summer bills to arrive at your average monthly expenses.
- (3) If you pay some expenses quarterly or annually, e.g. insurance, average this amount over a 12 month period.
- (4) If you have a medical problem which requires monthly expenditures, a note from your doctor will assist the Department.

ADDITIONAL INFORMATION:

In your own words, please explain below why plan is necessary. (Use separate sheet if necessary)

**STATEMENT OF FINANCIAL CONDITION
AND OTHER INFORMATION**

CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE

TAXPAYER'S NAME AND ADDRESS

CHECK APPROPRIATE BLOCK:

- INDIVIDUAL
 PARTNERSHIP
 CORPORATION

IF BUSINESS, SHOW ADDRESS AND EMPLOYER IDENTIFICATION NUMBER

BUSINESS PHONE

IF INDIVIDUAL, COMPLETE THIS SECTION

HOME PHONE	BUSINESS PHONE Husband (H) Wife (W)	OCCUPATION (H) (W)	AVG. MONTHLY TAKE HOME PAY (H) (W)	SOCIAL SECURITY NUMBER (H) (W)	
HUSBAND'S EMPLOYER (Name and address)			HUSBAND'S FIRST NAME (If not shown above)	DATES PAID	HOW LONG EMPLOYED
WIFE'S EMPLOYER (Name and address)			WIFE'S FIRST NAME (If not shown above)	DATES PAID	HOW LONG EMPLOYED
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	NUMBER OF EXEMPTIONS (Excluding H and W)	DATE OF BIRTH (H) (W)	NAME AND ADDRESS OF NEXT OF KIN (Other than spouse)		

OTHER INCOME (Sources)	AMOUNTS	DATES RECEIVED
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IF PARTNERSHIP OR CORPORATION, COMPLETE THIS SECTION

ESTIMATED AVERAGE NET INCOME FOR NEXT SIX MONTHS	NET INCOME FOR PAST TWO YEARS
	19 \$ 19 \$

GIVE THE FOLLOWING INFORMATION ON OFFICERS OR PARTNERS

NAME AND TITLE	ADDRESS	NUMBER OF SHARES OR INTEREST

GENERAL INFORMATION, COMPLETE THIS SECTION IN ALL CASES

BANK ACCOUNTS WITH (Names and addresses)	LOCATION AND NUMBER OF EACH SAFE DEPOSIT BOX
DESCRIPTION AND LICENSE NUMBER OF EACH VEHICLE	REAL PROPERTY (Brief descriptions and locations)

LIFE INSURANCE POLICIES NOW IN EFFECT

POLICY NUMBER	NAME OF COMPANY	RIGHT TO CHANGE BENEFICIARY		AMOUNT OF POLICY	CASH SURRENDER VALUE	BALANCE DUE ON LOAN
		YES	NO			

ARE FORECLOSURE, BANKRUPTCY, RECEIVERSHIP, OR ASSIGNMENT FOR BENEFIT OF CREDITORS PROCEEDINGS PENDING?

- YES NO

HAVE YOU DISPOSED OF ANY ASSETS OR PROPERTY BY SALE, TRANSFER, EXCHANGE, GIFT OR IN ANY OTHER MANNER EXCEPT FOR FULL VALUE FROM THE BEGINNING OF THE TAXABLE PERIOD IN WHICH THE LIABILITY WAS INCURRED TO THE PRESENT DATE?

- YES NO (If yes, attach separate statement to show amounts, dates, circumstances, etc.)

ADDITIONAL INFORMATION - INCLUDE A STATEMENT REGARDING PROSPECT OF INCREASE IN VALUE OF ASSETS OR IN PRESENT INCOME.

