

FINANCIAL INFORMATION STATEMENT - INDIVIDUALS

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

| | | |
|---|-------------------------------|---|
| 1. Taxpayer(s) Name(s) and address (including county) | 2. Home Phone Number: | 3. Social Security Number: |
| | 4. Marital Status | Taxpayer: |
| | 5. Date of Birth Taxpayer: | Spouse: |
| | Spouse: | 6. Driver License Number Spouse: |

Section I EMPLOYEE INFORMATION

| | | | | |
|---|--|--------------------|-----------------------|--|
| 7. Taxpayer's Employer or Business (name and address) | Number of exemptions claimed on Form W-4 | How long employed? | Business Phone Number | <i>(Check appropriate box)</i> |
| | Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other | | | <input type="checkbox"/> Wage Earner <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner |
| | Occupation | | | |
| 8. Spouse's Employer or Business (name and address) | Number of exemptions claimed on Form W-4 | How long employed? | Business Phone Number | <i>(Check appropriate box)</i> |
| | Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other | | | <input type="checkbox"/> Wage Earner <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner |
| | Occupation | | | |

Section II PERSONAL INFORMATION

9. Previous address(es)

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

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
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| | | |
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11. Other wage earners or persons living in household

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

Mail the completed Business Financial Information Statement form to: Kansas Department of Revenue, Revenue Recovery Bureau, PO Box 12005, Topeka, KS 66601-2005 Location Address: 120 SE 10th Ave Website: www.ksrevenue.gov Phone: 785296-6124

| Section III | VEHICLE INFORMATION |
|-------------|---------------------|
|-------------|---------------------|

13. List all vehicles, boats, trailers, recreational vehicles, ATV

| | | | | |
|----------|---------------------|-------------------------|----------------------------|-----------------------------|
| A. Make: | Tag #: | Equity in assets: \$ | Loan begin date: | Name and address of Lender: |
| Model: | VIN: | Balance owed: \$ | Loan end date: | |
| Year: | Market value: \$ | Monthly payment: \$ | Date of last payment made: | |
| B. Make: | Tag #: | Equity in assets: \$ | Loan begin date: | Name and address of Lender: |
| Model: | VIN: | Balance owed: \$ | Loan end date: | |
| Year: | Market value: \$ | Monthly payment: \$ | Date of last payment made: | |
| C. Make: | Tag #: | Equity in assets: \$ | Loan begin date: | Name and address of Lender: |
| Model: | VIN: | Balance owed: \$ | Loan end date: | |
| Year: | Market value: \$ | Monthly payment: \$ | Date of last payment made: | |
| D. Make: | Tag #: | Equity in assets: \$ | Loan begin date: | Name and address of Lender: |
| Model: | VIN: | Balance owed: \$ | Loan end date: | |
| Year: | Market value: \$ | Monthly payment: \$ | Date of last payment made: | |

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 Number | 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 |
|---|-------------------------|-----------------|--------------|-------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

17. Virtual Currency (Cryptocurrency) – List all virtual currency you own or in which you have a financial interest (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.). (Use additional sheets if necessary).

| Type of Virtual Currency | Name of Virtual Currency Wallet, Exchange, or Digital Currency Exchange (DCE) | Email address used to Set-up with the Virtual Currency Exchange or DCE | Location(s) of Virtual Currency (Mobil Wallet, Online, and/or External Hardware Storage) | Virtual Currency Amount and Value in US dollars as of today (e.g. 10 Bitcoins \$64,600 USD) |
|--------------------------|---|--|--|---|
| | | | | |
| | | | | |
| | | | | |

18. Safe deposit boxes rented or access (List all locations, box number(s), and contents)

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| |
| |

| 19. Real Property | | Name / Address of Lien Note Holder or Oblige | Loan begin date |
|--|------------------|--|---------------------------|
| A. Home (Address and legal description) | | Current Value | Balance Owed |
| 1. | \$ | | \$ |
| | Equity in assets | Monthly Payment | Date of last payment made |
| | \$ | \$ | |
| Home (Address and legal description) | | Current Value | Balance Owed |
| 2. | \$ | | \$ |
| | Equity in assets | Monthly Payment | Date of last payment made |
| | \$ | \$ | |
| B. farm Land / rental Property or other (Address and legal description of property) | | Current Value | Balance Owed |
| 1. | \$ | | \$ |
| | Equity in assets | Monthly Payment | Date of last payment made |
| | \$ | \$ | |
| 2. | Current Value | | Balance Owed |
| | \$ | | \$ |
| | Equity in assets | Monthly Payment | Date of last payment made |
| | \$ | \$ | |

20. Please check the following as it applies:

(If yes, explain in space provided)

| | a. yes | no | TYPE | TOTAL WORTH |
|--|--------|----|------|-------------|
| A. Trust Fund | yes | no | | \$ |
| B. Individual Retirement Account (IRA) | yes | no | | \$ |
| C. Stock/Bonds | yes | no | | \$ |
| D. Mutual Funds | yes | no | | \$ |
| E. Annuity | yes | no | | \$ |
| F. Retirement Plans | yes | no | | \$ |
| G. Military Pay | yes | no | | \$ |
| Military Retirement | yes | no | | \$ |
| H. 401K Retirement Account | yes | no | | \$ |
| I. Certificate of Deposit (CD) | yes | no | | \$ |

| | | | | |
|--|------------|--------|--|----|
| J. Recent Transfers of Assets for less than full value | a. yes____ | no____ | | \$ |
| K. Are you a participant/beneficiary to a trust, estate, or profit sharing | b. yes____ | no____ | | \$ |

21. Securities (stocks, bonds, mutual funds, money market funds, government securities, etc):

| Kind | Quantity or Denomination | Current Value | Where located | Owner of Record |
|------|--------------------------|---------------|---------------|-----------------|
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

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

| | yes____ | no____ | Explanation: |
|-----------------------------------|---------|--------|--------------|
| a. Court proceedings | | | |
| b. Repossessions | | | |
| c. Garnishments | | | |
| d. Anticipated increase in income | | | |
| e. Bankruptcy | | | |

Attorney name, address and phone number

| | | |
|--------|-------------|---------|
| Case # | Filing Date | Chapter |
|--------|-------------|---------|

SECTION V Monthly Income and Expense Analysis

| Total Income | | | |
|-------------------------------|-------|------------------------|-------|
| Source | Gross | Source | Gross |
| 23. Wages/salaries (taxpayer) | \$ | 32. Other (list below) | \$ |
| 24. Wages/salaries (spouse) | \$ | | \$ |
| 25. Interest, dividends | \$ | | \$ |
| 26. Net business income | \$ | | \$ |
| 27. Rental income | \$ | | \$ |
| 28. Pension (taxpayer) | \$ | | \$ |
| 29. Pension (spouse) | \$ | | \$ |
| 30. Child Support | \$ | | \$ |
| 31. Alimony | \$ | | \$ |
| | | Total Income | |

| Necessary Living Expenses (Monthly average) | | | |
|---|----|---|----|
| 33. House payment/Rent | \$ | 46. Court ordered payments (garnishments) | \$ |
| 34. Electric & Gas/ Propane | \$ | 47. Personal Property Tax | \$ |
| 35. Water/Trash/Sewer | \$ | 48. Taxes (State and Federal Income Tax) | \$ |

| | | | |
|--------------------------------------|----|---|----|
| 36. Cable/Satellite | \$ | 49. Student loans | \$ |
| 37. Cell phone/home phone | \$ | 50. Personal loans | \$ |
| 38. Groceries | \$ | 51. Car loans | \$ |
| 39. Child/dependent care | \$ | 52. Health Insurance | \$ |
| 40. Clothing | \$ | 53. Homeowners/ Renters Insurance | \$ |
| 41. Credit Card payments | \$ | 54. Life Insurance | \$ |
| 42. Magazine/newspaper subscriptions | \$ | 55. Other (list below) | \$ |
| 43. Gas for transportation | \$ | | \$ |
| 44. Medical Bills | \$ | | \$ |
| 45. Prescriptions | \$ | | \$ |
| | | | \$ |
| | | 56. Total Expenses | \$ |
| | | (KDOR use only) | |
| | | Net difference (income less living expense) | |

57. REMEMBER TO INCLUDE ALL APPLICABLE ATTACHMENTS LISTED BELOW

- Copies of the most recent pay stub, earnings statement, etc. from each employer
- Copies of bank statements for the three most recent months
- Copies of the most recent statement, etc. from all other sources of income such as pensions, Social Security, rental income, interest and dividends, court order for child support, alimony, and rent subsidies
- Copies of the most recent statement for each investment and retirement account
- Copies of the most recent statement from lenders on loans such as mortgages, second mortgages, vehicles, etc. showing monthly payments, loan payoffs, and balances
- List of Notes Receivable, if applicable
- Accountant's depreciation schedules, if applicable
- Documentation to support any special circumstances, if applicable

Additional information or comments:

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.

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)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary

My Commission Expires _____