

**Kansas Department of Revenue, Compliance Enforcement  
Partial Financial Disclosure Statement**

<b>Account Number:</b>	
<b>Received By:</b>	

Taxpayer Name:		Spouse Name:	
SSN:		Spouse SSN:	
All Monthly Income:		All Monthly Income:	
Wage-Earner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wage-Earner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name and Address:		Employer's Name and Address:	

Real or Personal Property Description	Date Acquired	Value	Housing
			<input type="checkbox"/> Rent <input type="checkbox"/> Own Monthly Mortgage or Rent: _____ If Owned, how long? _____ Yr. _____ Mo.

Banking and Savings			Monthly Expenses		
Banking	Balance	Institution Name	Total Monthly Expenses Estimated		\$
Checking	\$		~~~~~ OR ~~~~~		
Checking	\$		Expense Description	Current Balance	Payment
			Mortgage /Rent	\$	\$
Savings	\$		Auto Payments / Liens	\$	\$
			Utilities	\$	\$
Savings	\$		Food	\$	\$
			Transportation	\$	\$
401K/IRA	\$		Medical	\$	\$
			Credit Cards	\$	\$
401K/IRA	\$		Other	\$	\$
			Total Expenses		\$

Investments	Description	Value	Other Income or Assets:
Mutual Funds and Stocks		\$	
Certificate of Deposit		\$	