

# Collection Information Statement

Name(s) and Address Leann Lytle 1625 Woodcreek Dr Fairfield, CA 94534	Your Social Security Number or Individual Taxpayer Identification Number 249-82-6362 <hr/> Your Spouse's Social Security Number or Individual Taxpayer Identification Number _____
<input type="checkbox"/> If address provided above is different than last return filed, please check here	Your telephone numbers Home: (707) 631-7656 <hr/> Work: _____ Cell: _____
County of Residence Solano	Spouse's telephone numbers Home: _____ <hr/> Work: _____ Cell: _____

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse. Under 65 \_\_\_\_\_ 65 and Over \_\_\_\_\_

If you or your spouse are self employed or have self employment income, provide the following information:

Name of Business	Business EIN	Type of Business	Number of Employees (not counting owner)
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**A. ACCOUNTS / LINES OF CREDIT**

**PERSONAL BANK ACCOUNTS** Include checking, online, mobile (e.g., PayPal), savings accounts, money market accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
Ally		Chk	103	<input type="checkbox"/>
USAA		Chk	55.08	<input type="checkbox"/>

**INVESTMENTS** Include Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds, Commodities (Silver, Gold, etc.), and other investments. If applicable, include business accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
N/A				<input type="checkbox"/>
				<input type="checkbox"/>

**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 (Mobile 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)
N/A				

**B. REAL ESTATE** Include home, vacation property, timeshares, vacant land and other real estate. (Use additional sheets if necessary.)

Description/Location/County	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
Home (Rental)  <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Other	1,635	Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
  <input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			

**C. OTHER ASSETS** Include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of Life Insurance company in Description. If applicable, include business assets such as tools, equipment, inventory, etc. (Use additional sheets if necessary.)

Description	Monthly Payment	Year Purchased	Final Payment (mo/yr)	Current Value	Balance Owed	Equity
2012 Kia Soul	\$253		/	4,000	5,000	-1,000
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**D. CREDIT CARDS** (Visa, MasterCard, American Express, Department Stores, etc.)

Type	Credit Limit	Balance Owed	Minimum Monthly Payment
AmEx		793	

**TURN PAGE TO CONTINUE**

**E. BUSINESS INFORMATION** Complete E1 for Accounts Receivable owed to you or your business. (Use additional sheets if necessary.) Complete E2 if you or your business accepts credit card payments. Include virtual currency wallet, exchange or digital currency exchange.

**E1. Accounts Receivable owed to you or your business**

Name	Address	Amount Owed
N/A		
List total amount owed from additional sheets		
Total amount of accounts receivable available to pay to IRS now		

**E2. Name of individual or business on account**

Credit Card (Visa, Master Card, etc.)	Issuing Bank Name and Address	Merchant Account Number
See attached		

**F. EMPLOYMENT INFORMATION** If you have more than one employer, include the information on another sheet of paper. (If attaching a copy of current pay stub, you do not need to complete this section.)

Your current Employer (name and address) Fairfield - Suisun Unified School District  Unpaid medical leave  How often are you paid (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input checked="" type="checkbox"/> Monthly Gross per pay period _____ Taxes per pay period (Fed) _____ (State) _____ (Local) _____ How long at current employer _____	Spouse's current Employer (name and address)   How often are you paid (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period _____ Taxes per pay period (Fed) _____ (State) _____ (Local) _____ How long at current employer _____
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**G. NON-WAGE HOUSEHOLD INCOME** List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes and attach a copy of your current year profit and loss statement.

Alimony Income		Net Rental Income		Interest/Dividends Income	
Child Support Income		Unemployment Income		Social Security Income	
Net Self Employment Income		Pension Income		Other:	

**H. MONTHLY NECESSARY LIVING EXPENSES** List monthly amounts. (For expenses paid other than monthly, see instructions.)

1. Food / Personal Care See instructions. If you do not spend more than the standard allowable amount for your family size, fill in the Total amount only.		4. Medical		Actual Monthly Expenses	IRS Allowed
	Actual Monthly Expenses	IRS Allowed	Health Insurance		
Food	400		Out of Pocket Health Care Expenses	50	
Housekeeping Supplies			<b>Total</b>	<b>50</b>	
Clothing and Clothing Services			<b>5. Other</b>		
Personal Care Products & Services				Actual Monthly Expenses	IRS Allowed
Miscellaneous			Child / Dependent Care		
<b>Total</b>	<b>400</b>		Estimated Tax Payments		
<b>2. Transportation</b>			Term Life Insurance	85	
	Actual Monthly Expenses	IRS Allowed	Retirement (Employer Required)		
Gas / Insurance / Licenses / Parking / Maintenance etc.	150		Retirement (Voluntary)		
Public Transportation			Union Dues	30	
<b>Total</b>	<b>150</b>		Delinquent State & Local Taxes (minimum payment)		
<b>3. Housing &amp; Utilities</b>			Student Loans (minimum payment)		
	Actual Monthly Expenses	IRS Allowed	Court Ordered Child Support		
Rent	1,635		Court Ordered Alimony		
Electric, Oil/Gas, Water/Trash	120		Other Court Ordered Payments		
Telephone/Cell/Cable/Internet	150		Other (specify)		
Real Estate Taxes and Insurance (if not included in B above)			Other (specify)		
Maintenance and Repairs			Other (specify)		
<b>Total</b>	<b>1,905</b>		<b>Total</b>	<b>115</b>	

Under penalty of perjury, I declare 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	Date
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Credit Cards:

<u>CC</u>	<u>Balance</u>	<u>Limit</u>	<u>Avail.</u>
AmEx	\$ 793	\$ 800	\$ 100
AmEx	\$ 948	\$1,000	\$ 52
CapOne	\$1,915	\$2,000	\$ 85
Citi	\$1,100	\$1,100	\$ 0
PayPal	\$ 200	\$3,300	\$3,100
PayPal	\$ 426	\$ 700	\$ 274
Venmo	\$ 271	\$ 700	\$ 429
Apple	\$ 800	\$ 800	\$ 0