

Collection Information Statement for Wage Earners and Self-Employed Individuals

Wage Earners Complete Sections 1, 2, 3, 4, and 5 including the signature line on page 4. *Answer all questions or write N/A if the question is not applicable.*
Self-Employed Individuals Complete Sections 1, 3, 4, 5, 6 and 7 and the signature line on page 4. *Answer all questions or write N/A if the question is not applicable.*
For Additional Information, refer to Publication 1854, "How To Prepare a Collection Information Statement."
Include attachments if additional space is needed to respond completely to any question.

Section 1: Personal Information

1a Full Name of Taxpayer and Spouse (if applicable) VICTOR S & SHEILA R BRANDON		2c Provide information on all other persons in household or claimed as dependents		
1b Address (street, city, state, ZIP code and country) 6025 CHAMPAGNE LN PASO ROBLES, CA 93446		Name	Age	Relationship
		<i>N/A</i>		
1c County of Residence SAN LUIS OBISPO	1d Home Phone ()	3a Do you or your spouse have any outside business interests? Include any interest in an LLC, LLP, corporation, partnership, etc. <input type="checkbox"/> Yes (percentage of ownership ____ %) <input checked="" type="checkbox"/> No		
1e Cell Phone (805) 459-8729	1f Work Phone (805) 441-8332	3b Business name		
2a Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		3c Type of business (select one) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
2b SSN or ITIN Taxpayer 573-41-8804 Spouse 560-55-0128	Date of Birth (mmddyyyy) Taxpayer 11041969 Spouse 12091965			

Section 2: Employment Information for Wage Earners

If you or your spouse have self-employment income instead of, or in addition to wage income, complete Business Information in Sections 6 and 7.

Taxpayer		Spouse	
4a Taxpayer's Employer Name		5a Spouse's Employer Name	
4b Address (street, city, state, ZIP code and country)		5b Address (street, city, state, ZIP code and country)	
4c Work Telephone Number ()	4d Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No	5c Work Telephone Number ()	5d Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No
4e How long with this employer (years) (months)	4f Occupation	5e How long with this employer (years) (months)	5f Occupation
4g Number claimed as a dependent on your Form 1040	4h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	5g Number claimed as a dependent on your Form 1040	5h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

Section 3: Other Financial Information (Attach copies of applicable documentation)

6 Are you a party to a lawsuit (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date (mmddyyyy)	Subject of Suit	
7 Have you ever filed bankruptcy (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No.
Location Filed			EIN:
8 In the past 10 years, have you lived outside of the U.S for 6 months or longer (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Dates lived abroad: from (mmddyyyy)		To (mmddyyyy)	
9a Are you the beneficiary of a trust, estate, or life insurance policy including those located in foreign countries or jurisdictions (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Place where recorded: Name of the trust, estate, or policy			EIN:
Anticipated amount to be received \$		When will the amount be received	
9b Are you a trustee, fiduciary, or contributor of a trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of the trust:			EIN:
10 Do you have a safe deposit box (business or personal) including those located in foreign countries or jurisdictions (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location (Name, address and box number(s))		Contents	Value \$
11 In the past 10 years, have you transferred any assets with a fair market value of more than \$10,000 including real property, for less than their full value (If yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List Asset(s)	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where was it Transferred