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Financial Disclosure Form



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# Personal Information

## Full Name: Date of Birth: Social: Driver’s License Number and State: County of Residence:

**Spouse's Personal Information**

Full Name: Date of Birth: Social: Driver’s License Number and State: County of Residence:

If you and your spouse are **separated, CHECK HERE** or **living in separate households, CHECK HERE Dependent's Information** (List only persons you are entitled to claim on your tax return)

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|  |  |  |
| --- | --- | --- |
| Name: | Age & Relationship: | SSN: |
| Name: | Age & Relationship: | SSN: |
| Name: | Age & Relationship: | SSN: |
| Name: | Age & Relationship: | SSN: |

**Primary Income Information** *Are you or your spouse Self Employed?* YES NO

**Your Income** *(This includes all income, including Social Security, Unemployment, Pension and Retirement Income)*

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| --- | --- | --- | --- |
| Name of Employer: |  | Occupation: |  |
| Date of Hire: |  | Pay Period: | Weekly Bi-Weekly Semi-Monthly Monthly Other |
| Gross Income per pay period: | $ | Number of exemptions claimed on form W-4: |  |

**Spouse Income**

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| --- | --- | --- | --- |
| Name of Employer: |  | Occupation: |  |
| Date of Hire: |  | Pay Period: | Weekly Bi-Weekly Semi-Monthly Monthly Other |
| Gross Income per pay period: | $ | Number of exemptions claimed on form W-4: |  |

(List all bank accounts including checking accounts, online bank accounts, money

**Bank Account Information *market accounts, savings accounts, stored value cards, and safe deposit box info)***

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Account | Bank Name | Account Number | Current Balance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Current Cash** on Hand *(include cash that is not in the bank)*: $

# Rented Property

|  |  |
| --- | --- |
| Lease Address: |  |
| Property Description: |  | Monthly Payment: | $ | Lease Expiration Date: |  |

**Real Owned Property**

(Include ALL property you own or have ownership interest in, including your home, investment property, timeshares, and vacation property)

|  |  |
| --- | --- |
| Lender Name & Address: |  |
| Purchase Price: | $ | Purchase Date: |  | Monthly Payment: | $ |
| Mortgage Balance: | $ | Current Value: | $ | Final Payment Date: |  |
| Property Address: |  | Property Description: |  |

Is this property used as a rental or to otherwise generate income? Yes No

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If *YES*, please estimate the monthly profit or loss amount here: $

(Include ALL stocks, bonds, mutual funds, stock options, certificates of deposit,

Investments and retirement assets such as IRAs, Keogh, and 401(k) plans.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type ofInvestment | Full Name of Company | Total Current Value | Outstanding Loan Balance | Amount Vested Accessible Funds |
|  |  | $ | $ | $ |
|  |  | $ | $ | $ |
|  |  | $ | $ | $ |

**Vehicles** (Cars, trucks, ATVs, boats, RVs, etc.)

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| --- | --- | --- | --- | --- | --- |
| Type of use Personal, Biz or Both | Primary Operator | Year | Make/model | Mileage | Monthly Payment |
| 1 | Personal Biz Both |  |  |  |  | $ |
| 2 | Personal Biz Both |  |  |  |  | $ |
| 3 | Personal Biz Both |  |  |  |  | $ |
|  |
| Financed? | Name of Lender | Vin / tag | Final Pmt Date | Loan Balance | Current Value |
| 1 | Y N |  |  |  | $ | $ |
| 2 | Y N |  |  |  | $ | $ |
| 3 | Y N |  |  |  | $ | $ |

(Please list the amount you spend each month on the following items. Please estimate

**Housing Related Expenses *if you are unsure of the exact amount or if the amount is slightly different each month.)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Electric | $ | Student Loans | $ | Other Court Ordered Payments | $ |
| Housing Oil/Gas | $ | Child Daycare | $ | State Installment Agreement Payments | $ |
| Water | $ | Child Support | $ | Renters Insurance | $ |
| Trash | $ | HOA | $ | Real Estate Taxes | $ |
| Cell Phone | $ | House Phone | $ | TV/Internet Services | $ |
| Public Transport | $ | Vehicle Operating (insurance, gas, repairs) | $ |
| Other (Please describe) |  | $ |
| Other (Please describe) |  | $ |

**Medical Related Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| Health Insurance | $ | Prescriptions | $ |

**Life Insurance**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of insured |  | Company |  |
| Current Cash Value | $ | Outstanding Loan | $ |
| Owner of Policy |  | Payment Amount | $ |
| **Type of Policy: Term Universal Whole** | Month Premium | $ |

**Personal Liability Information** (Available Credit: Please list **all** lines of credit **and** credit cards)

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Issuing Financial Institution Name, Type of Credit, & Account Number | Monthly Payment | Amount Owed as of *(mm/dd/yyyy)* | Credit Limit | Available Credit as of *(mm/dd/yyyy)* |
|  | $ |  | $ |  |
|  | $ |  | $ |  |

**Other Financial Information**

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| --- |
| Are you or your business party to a **lawsuit**? YES NO (Please specify: **Plaintiff Defendant**) |
| Have you, your spouse or your business ever filed **bankruptcy?** YES NO |
| In the past 10 years, have you or your spouse **resided outside the country** for longer than six months? YES NO |
| Are you, your spouse, or your business a **beneficiary** of a **trust**, **estate**, or **life insurance policy**? YES NO |
| Are you, a **trustee**, **fiduciary**, or **contributor to a trust**? YES NO |
| Do you have a **safe deposit box** (business or personal)? YES NO |
| Do you anticipate any **increase** or **decrease** in income? YES NO |
| In the **past 10 years**, have any **assets been transferred** for **less than full value**? YES NO |

AFFIRMATION OF TRUTH

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#### I and affirm that the financial information given is true and accurate. I/We understand that the income and expense information given will be used by Tax Defense Network to resolve my/our tax debts with the Federal and State taxing authorities, and I/we have included all documents to supports my/our claims.

### Signature Date Signature Date