# 

Financial Disclosure Form



David Collins

Tax Defense Network Affiliated Partner

9301 Ocoee St #64

Chattanooga, TN 37363

Phone:

Fax:

Email: David.collins@moneysolver.org

# 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)

**☐**

**☐**

|  |  |  |
| --- | --- | --- |
| 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)*

☐

☐

☐

☐

☐

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**

☐

☐

☐

☐

☐

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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

☐

☐

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

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

☐

☐

☐

☐

☐

☐

☐

☐

☐

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)

**☐**

**☐**

**☐**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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**

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

|  |
| --- |
| 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

☐

☐

☐

☐

☐

☐

☐

☐

#### 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