Business Financial

Disclosure Form



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Business Information

General Information

Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity Type: ׫Partnership ׫Corporation ׫S-Corporation ׫LLC Classified as a Corporation ׫LLC (# of Members? \_\_\_\_\_\_\_)

Mailing Address:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_ Date Established/Incorporated: \_\_\_\_\_\_\_\_\_\_

Type of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Information

Number of Employees: \_\_\_\_\_\_ Monthly Average Gross Payroll: \_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Federal Tax Deposit: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Is the business enrolled in EFTPS: ׫Yes ׫No

Acceptable Payments Information

Does the Business Participate in e-Commerce (Internet Sales): ׫Yes ׫No

**List Payment Processors (PayPal, Authorize.net, Google Checkout, etc.)**

|  |  |
| --- | --- |
| Processor: | Account Number: |
| Processor: | Account Number: |

**Credit Cards accepted by the business**

|  |  |  |
| --- | --- | --- |
| **Type of Credit Card**  **(Visa, MC, etc.)** | **Merchant Account Number** | **Merchant Account Provider Name and Address/Phone** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Primary Income Information

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

**Name of Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| How long with this employer? | Occupation: |
| Number of exemptions claimed on Form W-4: | Pay Period: [ ] Weekly [ ] Bi-Weekly [ ] 2X Month [ ] Monthly [ ] Other  It is important that you send us at least one statement from every income source.  If you are unsure how to secure this information, please contact your tax analyst. |

If you are **Self Employed**, CHECK HERE [ ]

**SPOUSE INCOME**

**Name of Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| How long with employer: | Occupation: |
| Number of exemptions claimed on Form W-4: | Pay Period: [ ] Weekly [ ] Bi-Weekly  [ ] 2X Month [ ] Monthly [ ] Other |

If your spouse is **Self Employed**, CHECK HERE [ ]

Secondary Income Information

**YOUR SECONDARY INCOME**

**Name of Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| How long with this employer? | Occupation: |
| Number of exemptions claimed on Form W-4: | Pay Period: [ ] Weekly [ ] Bi-Weekly [ ] 2X Month [ ] Monthly [ ] Other |

**SPOUSE'S SECONDARY INCOME**

**Name of Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| How long with this employer? | Occupation: |
| Number of exemptions claimed on Form W-4: | Pay Period: [ ] Weekly [ ] Bi-Weekly [ ] 2X Month [ ] Monthly [ ] Other |

Other Financial Information

Are you or your business party to a **lawsuit**? YES [ ] NO [ ]

Have you, your spouse or your business ever filed **bankruptcy?** YES [ ] NO [ ]

Do you anticipate any **increase** or **decrease** in income? YES [ ] NO [ ]

Are you, your spouse, or your business a beneficiary of a **trust**, **estate**, or **life** **insurance** **policy**? YES [ ] NO [ ]

In the past 10 years, have you or your spouse **resided outside the country** for longer than six months? YES [ ] NO [ ]

Personal Asset Information

Bank Account Information: List **all** bank accounts including checking accounts, online bank accounts, money market accounts, savings accounts, stored value cards, and safe deposit box info.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Account | Full Name and Address of Institution | Account Number | Current Balance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Investments**:** Include **all** stocks, bonds, mutual funds, stock options, certificates of deposit, whole life insurance policies and retirement assets such as IRAs, Keogh, and 401(k) plans.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Investment | Full Name, Address, and Phone Number of Company | Total Current Value | Outstanding Loan Balance | Amount Vested Accessible Funds |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Personal Liability Information

Credit Cards

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Card | Issuing Financial Institution | Monthly Payment | Outstanding Balance | Credit Limit |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Personal Asset Information, Property

RENTED PROPERTY:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary Residence? | Single Family Home or Apartment | Do you have a Lease? | Lease Expiration Date | Monthly Payment |
|  |  |  |  |  |

REAL PROPERTY OWNED: Include ALL property you own or have ownership interest in, including your home, investment property, timeshares, and vacation property. If a special condition exists, fill out this information as completely as possible and explain the situation to your tax analyst.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Property Description | Purchase Price | Purchase Date | Current Loan Balance | **Monthly Payment** | Final Payment | Current Value |
|  |  |  |  |  |  |  |
| Address | | | Lender *or* Landlord Name Address Phone | | | |
|  | | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Property Description | Purchase Price | Purchase Date | Current Loan Balance | **Monthly Payment** | Final Payment | Current Value |
|  |  |  |  |  |  |  |
| Address | | | Lender *or* Landlord Name Address Phone | | | |
|  | | |  | | | |

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: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Property Description | Purchase/Lease Date | Purchase Date | Current Loan Balance | **Monthly Payment** | Final Payment | Current Value |
|  |  |  |  |  |  |  |
| Address | | | Lender *or* Landlord Name Address Phone | | | |
|  | | |  | | | |

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: \_\_\_\_\_\_\_\_\_\_

In the past 10 years, have any assets been transferred for less than full value? YES [ ] NO [ ]

**Fair Market Value**: Find this with an Internet Search or Property Tax Appraisal

**Current Loan Balance**: Check your mortgage statement or contact your mortgage lender

**Date of Final Payment**: Check your mortgage statement or contact your mortgage lender

Vehicles

PRIMARY VEHICLE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Mileage | Purchase/Lease Date | Current Value | Loan Balance | **Monthly Payment** | Final Payment |
|  |  |  |  |  |  |  |
| Make | Model | Lender/Lessor Name Address and Phone Number | | | | |
|  |  |  | | | | |

If you use this vehicle for both personal and business purposes, please CHECK HERE [ ]

SPOUSE VEHICLE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Mileage | Purchase/Lease Date | Current Value | Loan Balance | **Monthly Payment** | Final Payment |
|  |  |  |  |  |  |  |
| Make | Model | Lender/Lessor Name Address and Phone Number | | | | |
|  |  |  | | | | |

If you use this vehicle for both personal and business purposes, please CHECK HERE [ ]

ADDITIONAL VEHICLE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Mileage | Purchase/Lease Date | Current Value | Loan Balance | **Monthly Payment** | Final Payment |
|  |  |  |  |  |  |  |
| Make | Model | Lender/Lessor Name Address and Phone Number | | | | |
|  |  |  | | | | |

If you use this vehicle for your business only, please CHECK HERE [ ]

ADDITIONAL VEHICLE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Mileage | Purchase/Lease Date | Current Value | Loan Balance | **Monthly Payment** | Final Payment |
|  |  |  |  |  |  |  |
| Make | Model | Lender/Lessor Name Address and Phone Number | | | | |
|  |  |  | | | | |

If you use this vehicle for your business only, please CHECK HERE [ ]

RV, BOAT, OR OTHER VEHICLE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Mileage | Purchase/Lease Date | Current Value | Loan Balance | **Monthly Payment** | Final Payment |
|  |  |  |  |  |  |  |
| Make | Model | Lender/Lessor Name Address and Phone Number | | | | |
|  |  |  | | | | |

If you use this vehicle for your business only, please CHECK HERE [ ]

Monthly Expenses

Please list the amount you spend each month on the following items. If you are unsure of the exact amount or if the amount is slightly different each month, an estimate is okay. If you do not have a listed expense, simply leave the item blank.

Housing Related Expenses:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Electric | Oil/Gas | Water | Trash | Real Estate Taxes | Home Owners Insurance | Renters Insurance | Alarm |
|  |  |  |  |  |  |  |  |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Medical Related Expenses:

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

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Other Expenses:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child Daycare | Child Support | Alimony | Other Court Ordered Payments | Term Life Insurance | Student Loans | State Tax Installment Agreement Payments |
|  |  |  |  |  |  |  |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_



Financial Disclosure Form  
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**