



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: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> 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: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
Gross Income per pay period: \$	Number of exemptions claimed on form W-4:

Bank Account Information

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

Lender Name & Address:			
Purchase Price: \$	Purchase/Refi 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: \$ _____

Investments

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:	Primary Operator	Purchase Date	Year	Make/model	Mileage	Monthly Pmt
1 Personal <input type="checkbox"/> Biz <input type="checkbox"/> Both <input type="checkbox"/>						\$
2 Personal <input type="checkbox"/> Biz <input type="checkbox"/> Both <input type="checkbox"/>						\$
3 Personal <input type="checkbox"/> Biz <input type="checkbox"/> Both <input type="checkbox"/>						\$

Financed?	Name of Lender	Vin / tag	Final Pmt Date	Loan Balance	Current Value
1 Y N				\$	\$
2 Y N				\$	\$
3 Y N				\$	\$

Housing Related Expenses

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	\$
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Life Insurance

Name of insured		Company	
Current Cash Value	\$	Outstanding Loan	\$
Owner of Policy		Payment Amount	\$
Type of Policy: Term <input type="checkbox"/> Universal <input type="checkbox"/> Whole <input type="checkbox"/>		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