

Kansas Department of Revenue -  
**FINANCIAL INFORMATION STATEMENT - INDIVIDUAL**

Compliance and Enforcement

915 SW Harrison St.

Topeka, KS 66612-1588

(If you need additional space, please attach a separate sheet.)

|  |                             |                                  |
|--|-----------------------------|----------------------------------|
| <b>1. Taxpayer(s) name(s) and address (including county)</b> | <b>2. Home phone number</b> | <b>3. Social Security Number</b> |
|  | ( )                         | Taxpayer                         |
|  | <b>4. Marital status</b>    | Spouse                           |
|  | <b>5. Date of Birth</b>     | <b>6. Driver License number</b>  |
|  | Taxpayer                    | Taxpayer                         |
|  | Spouse                      | Spouse                           |

**Section I. EMPLOYMENT INFORMATION**

|   |  |   |  |   |
|---|--|---|--|---|
| <b>7. Taxpayer's employer or business</b><br>(name and address) | Number of exemptions claimed on form W-4 | How long employed   | Business phone<br>( )  | (Check appropriate Box)<br><input type="checkbox"/> Wage earner<br><input type="checkbox"/> Sole Proprietor<br><input type="checkbox"/> Partner                             |
|   | Pay period                               | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly | <input type="checkbox"/> Bi -weekly<br><input type="checkbox"/> other            |   |
|   | Occupation                               |   |  |   |
| <b>8. Spouse's employer or business</b><br>(name and address)   | Number of exemptions claimed on form W-4 | How long employed   | Business phone<br>( )  | (Check appropriate Box)<br><input type="checkbox"/> Wage earner<br><input type="checkbox"/> Sole Proprietor<br><input type="checkbox"/> Partner<br><input type="checkbox"/> |
|   | Pay period                               | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly | <input checked="" type="checkbox"/> Bi -weekly<br><input type="checkbox"/> other |   |
|   | Occupation                               |   |  |   |

**Section II. PERSONAL INFORMATION**

**9. Previous address(es)**

---



---



---

**10. Age and relationship of dependents living in your household (exclude yourself and spouse)**

| Name: | Age | Relationship |
|-------|-----|--------------|
|       |     |              |
|       |     |              |
|       |     |              |
|       |     |              |
|       |     |              |

**11. Other wage earners or persons living in household**

---



---



---

| 12. Past tax return | Last filed income tax return (State filed in, tax year) | Number of exemptions claimed | Adjusted gross income |
|---------------------|---|------------------------------|-----------------------|
| Taxpayer            |   |                              |                       |
| Spouse              |   |                              |                       |

**Section III Vehicle Information**

**13. List all vehicles**

|           |       |                  |                 |                           |                            |
|-----------|-------|------------------|-----------------|---------------------------|----------------------------|
| <b>A.</b> | Year  | VIN #            | Bal. Owed       | Loan begin date           | Name and address of Lender |
| Make      |       | Market Value     | \$              | Loan end date             |                            |
| Model     | Tag # | Equity in Assets | Monthly Payment | Date of last payment made |                            |
|           |       | \$               | \$              |                           |                            |
| <b>B.</b> | Year  | VIN #            | Bal. Owed       | Loan begin date           | Name and address of Lender |
| Make      |       | Market Value     | \$              | Loan end date             |                            |
| Model     | Tag # | Equity in Assets | Monthly Payment | Date of last payment made |                            |
|           |       | \$               | \$              |                           |                            |
| <b>C.</b> | Year  | VIN #            | Bal. Owed       | Loan begin date           | Name and address of Lender |
| Make      |       | Market Value     | \$              | Loan end date             |                            |
| Model     | Tag # | Equity in Assets | Monthly Payment | Date of last payment made |                            |
|           |       | \$               | \$              |                           |                            |
| <b>D.</b> | Year  | VIN #            | Bal. Owed       | Loan begin date           | Name and address of Lender |
| Make      |       | Market Value     | \$              | Loan end date             |                            |
| Model     | Tag # | Equity in Assets | Monthly Payment | Date of last payment made |                            |
|           |       | \$               | \$              |                           |                            |

**SECTION IV Bank accounts (including savings & loans, credit unions, IRA and retirement plan, certificates of deposit, etc.)**

| <b>14. Name/Address of Institution or Bank</b> | Type of Account | Account Number | Balance (monthly average) |
|--|-----------------|----------------|---------------------------|
|  |                 |                |                           |
|  |                 |                |                           |
|  |                 |                |                           |
|  |                 |                |                           |
|  |                 |                |                           |
|  |                 |                |                           |
|  |                 |                |                           |

| <b>15. Life Insurance Information</b> | Policy No. | Type  | Face Amount | Available Loan Value |
|---------------------------------------|------------|---|-------------|----------------------|
|                                       |            | <input type="checkbox"/> Whole<br><input type="checkbox"/> Term |             |                      |
|                                       |            | <input type="checkbox"/> Whole<br><input type="checkbox"/> Term |             |                      |
|                                       |            | <input type="checkbox"/> Whole<br><input type="checkbox"/> Term |             |                      |
|                                       |            | <input type="checkbox"/> Whole<br><input type="checkbox"/> Term |             |                      |

| <b>16. Major credit cards, bank cards and lines of credit from banks, credit unions and savings and loans</b> |                         |                 |              |             |                  |
|---|-------------------------|-----------------|--------------|-------------|------------------|
| Name / Address of Financial Institution   | Type of Account or Card | Monthly payment | Credit Limit | Amount Owed | Credit Available |
|   |                         |                 |              |             |                  |
|   |                         |                 |              |             |                  |
|   |                         |                 |              |             |                  |
|   |                         |                 |              |             |                  |
|   |                         |                 |              |             |                  |
|   |                         |                 |              |             |                  |
|   |                         |                 |              |             |                  |
| <b>TOTAL</b>  |                         |                 |              |             |                  |

| <b>17 Safe deposit boxes rented or access (List all locations, box number, and contents)</b> |
|--|
|  |
|  |
|  |
|  |
|  |

| 18. REAL PROPERTY                              |  |                  | Name / Address of Lien,<br>Note Holder or Obligor |                 | Loan begin date           |
|--|--|------------------|---|-----------------|---------------------------|
| <b>A. Home (Address and legal description)</b> |  | Current Value    |   | Balance Owed    | Loan end date             |
| 1  |  | \$               |   | \$              |                           |
|  |  | Equity in assets |   | Monthly Payment | Date of last payment made |
|  |  | \$               |   | \$              |                           |
| <b>Home (Address and legal description)</b>    |  |                  | Name / Address of Lien,<br>Note Holder or Obligor |                 | Loan begin date           |
| 2  |  | Current Value    |   | Balance Owed    | Loan end date             |
|  |  | \$               |   | \$              |                           |
|  |  | Equity in assets |   | Monthly Payment | Date of last payment made |
|  |  | \$               |   | \$              |                           |
| <b>B. Farm Land / Rental Property or other</b> |  |                  | Name / Address of Lien,<br>Note Holder or Obligor |                 | Loan begin date           |
| Address and legal description of property      |  |                  |   |                 |                           |
| 1  |  | Current Value    |   | Balance Owed    | Loan end date             |
|  |  | \$               |   | \$              |                           |
|  |  | Equity in assets |   | Monthly Payment | Date of last payment made |
|  |  | \$               |   | \$              |                           |
| 2  |  |                  | Name / Address of Lien,<br>Note Holder or Obligor |                 | Loan begin date           |
|  |  | Current Value    |   | Balance Owed    | Loan end date             |
|  |  | \$               |   | \$              |                           |
|  |  | Equity in assets |   | Monthly Payment | Date of last payment made |
|  |  | \$               |   | \$              |                           |

| 19. Please check the following as it applies:                                |             |         | (If yes, explain in space provided) |             |
|--|-------------|---------|-------------------------------------|-------------|
|  | a. yes ____ | no ____ | TYPE                                | TOTAL WORTH |
| A. Trust Fund  |             |         |                                     | \$          |
| B. Individual Retirement Account (IRA)                                       |             |         |                                     | \$          |
| C. Stocks/Bonds  |             |         |                                     | \$          |
| D. Mutual Funds  |             |         |                                     | \$          |
| E. Annuity   |             |         |                                     | \$          |
| F. Retirement Plans  |             |         |                                     | \$          |
| G. Military Pay  |             |         |                                     | \$          |
| Military Retirement  | yes ____    | no ____ |                                     | \$          |
| H. 401K Retirement Account   |             |         |                                     | \$          |
| I. Certificate of Deposit (CD)   |             |         |                                     | \$          |
| J. Recent Transfers of Assets<br>for less than full value                    |             |         |                                     | \$          |
| K. Are you a participant/beneficiary to a<br>trust, estate or profit sharing |             |         |                                     | \$          |

| 20 Securities (stocks, bonds, mutual funds, money market funds, government securities, etc.): |                             |               |               |                 |
|---|-----------------------------|---------------|---------------|-----------------|
| Kind  | Quantity or<br>Denomination | Current Value | Where Located | Owner of Record |
|   |                             | \$            |               |                 |
|   |                             | \$            |               |                 |
|   |                             | \$            |               |                 |

**21 Other information relating to your financial condition. If you check "Yes", please give dates and explain:**

|                                  |           |          |              |
|----------------------------------|-----------|----------|--------------|
|                                  |           |          | Explanation: |
| a Court proceedings              | yes _____ | no _____ |              |
| b Repossessions                  | yes _____ | no _____ |              |
| c Garnishments                   | yes _____ | no _____ |              |
| d Anticipated increase in income | yes _____ | no _____ |              |
| e Bankruptcy                     | yes _____ | no _____ |              |

Attorney name, address and phone number

---



---



---



---



---



---



---



---

|        |             |         |
|--------|-------------|---------|
| Case # | Filing Date | Chapter |
|        |             |         |

**Section V Monthly Income and Expense Analysis**

| Total Income                                |       |   |           |
|---|-------|---|-----------|
| Source                                      | Gross | Source                                      | Gross     |
| 22. Wages/salaries (taxpayer)               | \$    | 31. Other (list below)                      | \$        |
| 23. Wages/salaries (spouse)                 | \$    | a.  | \$        |
| 24. Interest, dividends                     | \$    | b.  | \$        |
| 25 Net business income                      | \$    | c.  | \$        |
| 26. Rental income                           | \$    | d.  | \$        |
| 27. Pension (taxpayer)                      | \$    | e.  | \$        |
| 28. Pension (spouse)                        | \$    | f.  | \$        |
| 29. Child Support                           | \$    | g.  | \$        |
| 30. Alimony                                 | \$    | h.  | \$        |
|   |       | <b>Total Income</b>                         | <b>\$</b> |
| Necessary Living Expenses (Monthly average) |       |   |           |
| 32. House payment/Rent                      | \$    | 45. Court ordered payments (garnishments)   | \$        |
| 33. Electric & Gas/ Propane                 | \$    | 46. Personal Property Tax                   | \$        |
| 34. Water/Trash/Sewer                       | \$    | 47. Taxes (State and Federal Income Tax)    | \$        |
| 35. Cable/Satelite                          | \$    | 48. Student loans                           | \$        |
| 36. Cell phone/home phone                   | \$    | 49. Personal loans                          | \$        |
| 37. Groceries                               | \$    | 50. Car loans                               | \$        |
| 38. Child/dependent care                    | \$    | 51. Health Insurance                        | \$        |
| 39 Clothing                                 | \$    | 52. Home owners/ Renters Insurance          | \$        |
| 40. Credit Card payments                    | \$    | 53. Life Insurance                          | \$        |
| 41. Magazine/newspaper subscriptions        | \$    | 54. Other (list below)                      | \$        |
| 42. Gas for transportation                  | \$    |   | \$        |
| 43. Medical Bills                           | \$    |   | \$        |
| 44 Prescriptions                            | \$    |   | \$        |
|   |       |   | \$        |
|   |       | <b>55. Total Expenses</b>                   | <b>\$</b> |
|   |       | (KDOR use only)                             |           |
|   |       | Net difference (income less living expense) |           |

**56. REMEMBER TO INCLUDE ALL APPLICABLE ATTACHMENTS LISTED BELOW**

- Copies of the most recent pay stub, earnings statement, etc. from each employer
- Copies of bank statements for the three most recent months
- Copies of the most recent statement, etc. from all other sources of income such as pensions, Social Security, rental income, interest and dividends, court order for child support, alimony, and rent subsidies
- Copies of the most recent statement for each investment and retirement account
- Copies of the most recent statement from lenders on loans such as mortgages, second mortgages, vehicles, etc. showing monthly payments, loan payoffs, and balances
- List of Notes Receivable, if applicable
- Accountant's depreciation schedules, if applicable
- Documentation to support any special circumstances, if applicable

---

**Additional information or comments:**

---

I grant the Kansas Department of Revenue and its agents and/or employees permission to access my consumer report as defined in 15 U.S.C.A. 1681a(d). I understand this information will be used, among other things, in identifying, and locating, and validating my assets. This permission is continuing: I expressly give the Kansas Department of Revenue and its agents and/or employees permission to access my consumer report at any point from now until I revoke this permission in writing.

**CERTIFICATION**

*Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.*

|                |  |
|----------------|--|
| Your signature | Spouse's signature (if joint return was filed) |
|----------------|--|

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_