

KANSAS DEPARTMENT OF REVENUE
FINANCIAL INFORMATION STATEMENT - INDIVIDUALS

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

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

Section I. EMPLOYMENT INFORMATION

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

Mail the completed Individual Financial Information Statement form to: Kansas Department of Revenue, Revenue Recovery Bureau, PO Box 12005, Topeka, KS 66612-2005 Location Address: 120 SE 10th Ave Website: www.ksrevenue.gov Phone: 785-296-6124

Section III Vehicle Information

13. List all vehicles

A.	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.	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	
		\$	\$		

C.	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	
		\$	\$		

D.	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.)

14. Name/Address of Institution or Bank	Type of Account	Account Number	Balance (monthly average)

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

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

17 Safe deposit boxes rented or access (List all locations, box number, and contents)

18. REAL PROPERTY		Name / Address of Lien, Note Holder or Oblige		Loan begin date
A. Home (Address and legal description)				
1	Current Value		Balance Owed	Loan end date
	\$		\$	
	Equity in assets		Monthly Payment	Date of last payment made
	\$		\$	
Home (Address and legal description)				
2	Current Value		Balance Owed	Loan end date
	\$		\$	
	Equity in assets		Monthly Payment	Date of last payment made
	\$		\$	
B. Farm Land / Rental Property or other				
Address and legal description of property		Name / Address of Lien, Note Holder or Oblige		Loan begin date
1	Current Value		Balance Owed	Loan end date
	\$		\$	
	Equity in assets		Monthly Payment	Date of last payment made
	\$		\$	
2	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. Trust Fund	a. yes ____	no ____	TYPE	TOTAL WORTH
B. Individual Retirement Account (IRA)	b. yes ____	no ____		\$
C. Stocks/Bonds	c. yes ____	no ____		\$
D. Mutual Funds	d. yes ____	no ____		\$
E. Annuity	e. yes ____	no ____		\$
F. Retirement Plans	f. yes ____	no ____		\$
G. Military Pay	g. yes ____	no ____		\$
Military Retirement	yes ____	no ____		\$
H. 401K Retirement Account	h. yes ____	no ____		\$
I. Certificate of Deposit (CD)	i. yes ____	no ____		\$
J. Recent Transfers of Assets for less than full value	j. yes ____	no ____		\$
K. Are you a participant/beneficiary to a trust, estate or profit sharing	k. yes ____	no ____		\$

20 Securities (stocks, bonds, mutual funds, money market funds, government securities, etc.):				
Kind	Quantity or 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:

a Court proceedings	yes _____	no _____	Explanation:
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.	\$
		Total Income	\$
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	\$		\$
			\$
		55. Total Expenses	\$
		(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)
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Subscribed and sworn to before me this _____ day of _____, 20__

Notary

My Commission Expires: _____