

# Collection Information Statement

Your name(s) and address	Your Social Security Number Your Spouse's Social Security Number Area Code and Phone Number Home: Your Work: Your Spouse's Work:
Your Employer or Business (name and address)	Your Spouse's Employer or Business (name and address)

**A. ACCOUNTS:** (include Banks, Savings and Loans, Credit Union, Certificates of Deposits, Individual Retirement Arrangements (IRAs), Roth Individual Retirement Arrangements (IRAs), Keogh Plans, Simplified Employee Pensions, Mutual Funds, and Stock Brokerage Accounts)

Name of Institution	Address	Type of Account	Balance

**B. REAL ESTATE:** (home and other real estate)

County/Description	Value	Balance Owed	Equity	Monthly Payment

**C. OTHER ASSETS:** (cars, boats, recreational vehicles, whole life policies, etc.)

County/Description	Value	Balance Owed	Equity	Monthly Payment

**D. CREDIT CARDS:**

Type (e.g., VISA/Nations Bank)	Credit Limit	Balance Owed	Minimum Monthly Payment

**E. MONTHLY INCOME:**

Your Gross Pay: _____	Spouse's Gross Pay: _____	Your Available Income: _____
Federal Tax Withholding: _____	Federal Tax Withholding: _____	
State and Local Taxes: _____	State and Local Taxes: _____	Spouse's Available Income: _____
Social Security Taxes: _____	Social Security Taxes: _____	
Retirement/Medicare: _____	Retirement/Medicare: _____	Total Available Income: _____
Court Ordered Payments: _____	Court Ordered Payments: _____	
Your Net Pay: _____	Spouse's Net Pay: _____	
Other Income: _____	Other Income: _____	
Your Available Income: _____	Spouse's Available Income: _____	

**F. MONTHLY EXPENSES**

	Amount	IRS USE
Rent: (don't show mortgage here)		
<i>NATIONAL STANDARDS:</i> food, household/ personal needs, miscellaneous (See instructions)		
Utilities (electric, water, heat, telephone)		
Transportation (gas, bus fare, car insurance, etc.)		
Medicine (health insurance, drugs, doctor bills)		
Child /Dependent Care Costs		
Quarterly Payment of Estimated Taxes (Form 1040ES)		
Life Insurance (if NOT listed in Section C)		
Other Deductions or Expenses NOT Listed		
1. _____		
2. _____		
3. _____		
<b>TOTAL EXPENSES</b>		

**G. ADDITIONAL INFORMATION**

Total Number of Dependents (include yourself and spouse):	
Expected Change To Income, Health Expenses, ETC.	
MONTHLY AMOUNT YOU PROPOSE TO PAY THE INTERNAL REVENUE SERVICE FOR YOUR ACCOUNT:	\$
FOR IRS USE ONLY (Sections B, C, D, and F) TOTAL ALLOWABLE EXPENSES: MONTHLY PAYMENT AMOUNT:	

Under penalties of perjury, I declare 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	Date
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