

U.S. Department of the Treasury

Financial Disclosure Statement

To evaluate a hardship claim, the U.S. Department of the Treasury (the Department) compares the expenses you claim and support against averages spent for those similar expenses by families of the same size and income as yours. The Department considers proven expenses as reasonable up to the amount of these averages. If you claim more for an expense than the average spent by families like yours, you must provide persuasive explanation why the amount you claim is necessary. These average amounts were determined by the Internal Revenue Service (IRS) from different government studies. You can find the average expense amount that the Department uses at the following Web site: www.irs.gov and then search for "Collection Financial Standards."

- Complete all items. Do not leave any item blank. If the answer is zero, write zero.
- Provide documentation of expenses. Expenses will not be considered if you do not provide documents supporting the amounts claimed.
- Disclose and provide documentation of household income.
- Failure to provide this information and documentation will result in a denial of your claim of financial hardship.
- Sign and date page 6

Income

Your Name: _____

Address: _____

County: _____

Current Employer: _____

Employer Phone: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Date Employed: _____

Present Position: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

YOU MUST ENCLOSE: COPY OF YOUR TWO MOST RECENT PAY STUBS AND COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING

Please list all taxes deducted from your pay.

Deductions	Amount	Reason
Federal Tax:	\$ _____	_____
State Tax:	\$ _____	_____
City/Other:	\$ _____	_____
FICA:	\$ _____	_____
Medicare:	\$ _____	_____
Other:	\$ _____	_____
401K:	\$ _____	_____
Retirement:	\$ _____	_____
Union Dues:	\$ _____	_____
Medical:	\$ _____	_____
Dental:	\$ _____	_____
Vision:	\$ _____	_____
Credit Union:	\$ _____	_____
Other:	\$ _____	_____
Other:	\$ _____	_____

Number of dependents: _____(including yourself)

Marital status: Married Single Divorced

Spouse's Income

Your spouse's name: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

YOU MUST ENCLOSE: COPY OF YOUR TWO MOST RECENT PAY STUBS AND COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING

Please explain all deductions shown on pay-stubs:

Deductions	Amount	Reason
Federal Tax:	\$ _____	_____
State Tax:	\$ _____	_____
City/Other:	\$ _____	_____
FICA:	\$ _____	_____
Medicare:	\$ _____	_____
401K:	\$ _____	_____
Retirement:	\$ _____	_____
Union Dues:	\$ _____	_____
Medical:	\$ _____	_____
Dental:	\$ _____	_____
Vision:	\$ _____	_____
Credit Union:	\$ _____	_____
Other:	\$ _____	_____
Other:	\$ _____	_____

Other household members(s) with income:

Name: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

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Please explain all deductions shown on other household member's pay-stubs:

Deductions	Amount	Reason
Federal Tax:	\$ _____	_____
State Tax:	\$ _____	_____
City/Other:	\$ _____	_____
FICA:	\$ _____	_____

Medicare: \$ _____

401K: \$ _____

Retirement: \$ _____

Union Dues: \$ _____

Medical: \$ _____

Dental: \$ _____

Vision: \$ _____

Credit Union: \$ _____

Other: \$ _____

Other: \$ _____

Other Income:

Child support: \$ _____ Weekly Bi-Weekly Monthly Other _____

Alimony: \$ _____ Weekly Bi-Weekly Monthly Other _____

Interest: \$ _____ Weekly Bi-Weekly Monthly Other _____

Public assistance: \$ _____ Weekly Bi-Weekly Monthly Other _____

Rental income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Other: \$ _____ Weekly Bi-Weekly Monthly Other _____

Describe Other: _____

Monthly Expenses

Shelter (YOU MUST SEND COPY OF MORTGAGE OR LEASE)

Rent/Mortgage: \$ _____ Paid to whom: _____

2nd home mortgage: \$ _____ Paid to whom: _____

Home/Renter insurance: \$ _____

Other: \$ _____ Describe: _____

Other: \$ _____ Describe: _____

Other: \$ _____ Describe: _____

Food and Household Expenses

FOOD: \$ _____/month

Clothing: \$ _____/month

Utilities (SEND COPIES OF BILLS)

Electric: \$ _____

Gas: \$ _____

Water/Sewer: \$ _____

Garbage pickup: \$ _____

Telephone: \$ _____

Cell Phone \$ _____

Internet \$ _____

Other: \$ _____ Describe: _____

Other: \$ _____ Describe: _____

Medical (YOU MUST SEND COPIES OF BILLS)

Insurance \$ _____ /per month

(Only list payments not deducted from paycheck)

Bill payments \$ _____/per month

(Only list payments not covered by insurance)

Other: \$ _____/per month

Describe: _____

Transportation (YOU MUST SEND COPIES OF CAR PAYMENT AGREEMENT OR BILLS)

of cars: _____

1st Car payment: \$ _____ /per month

2nd Car payment: \$ _____ /per month

Gas and oil: \$ _____/per month

Public transportation: \$ _____ /per month

Tolls: \$ _____ /per month

Car insurance: \$ _____ /per month

Other: \$ _____ Describe: _____

Child/Dependent Care (YOU MUST SEND COPIES OF BILLS)

Child/Dependent care: \$ _____ /per month Number of children: _____

Child support: \$ _____/per month Number of children: _____

Other: \$ _____/per month Describe: _____

Other Expenses (YOU MUST SEND COPIES OF BILLS)

Other Insurance: \$ _____ Describe: _____

Tax Debt: \$ _____ Describe: _____

Student Loans _____ Describe: _____

Miscellaneous Expenses (Attach a list describing expense, monthly payment and enclose bills)

SIGNATURE

I declare under penalty of law that the answers and statements contained herein are true and correct.

Signature _____ Date _____

Warning: 18 U.S.C. 1001 provides that "whoever...knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both".

Privacy Act Notice

This request is authorized under 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 31 U.S.C. 3720D. You are not required to provide this information. If you do not, we cannot determine your financial ability to repay your federal debt. The information you provide will be used to evaluate your ability to pay. It may be disclosed to government agencies and their contractors, to employees, lenders, and others to enforce this debt; to third parties in audit, research, or dispute about the management of this debt; and to parties with a right to this information under the Freedom of Information Act or other Federal law, or with your consent. These uses are explained in Notice for System of Records 18-11-07, 64 FR 30166 (June 4, 1999), 64 FR 72407 (Dec. 27, 1999). We will send a copy at your request.