



Collection Information For Individuals

Agent's name

1. Taxpayers Names and Addresses (including county)	2. Home Telephone Number	3. Marital Status
	4. Social Security number a. Taxpayer: b. Spouse:	

Section One: Employment Information

5. Taxpayer's Employer or Business Name and Address	6. Business Telephone	7. Occupation
	8. Paydays	9. Type <input type="checkbox"/> Partner <input type="checkbox"/> Sole <input type="checkbox"/> Employee
10. Spouse's Employer or Business Name and Address	11. Business Telephone	12. Occupation
	13. Paydays	14. Type <input type="checkbox"/> Partner <input type="checkbox"/> Sole <input type="checkbox"/> Employee

Section Two: Personal Information

15. Name, Address and Telephone Number of Next of Kin or Other Reference	
16. Age and Relationship of Dependents (excluding husband and wife in your household)	17. Number of Exemptions Claimed on W-4.
18. a. Taxpayer's Date of Birth	b. Spouse's Date of Birth

Section Three: General Financial Information

19. Latest Filed State Income Tax Return (Tax Year)	20. Adjusted Gross Income
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21. Bank Accounts (including savings and loans, credit unions, IRA and retirement plans, certificates of deposit, money market accounts, savings bonds, etc.)

Name of Institution	Address	Type of Account	Account Number	Balance
				\$
Total				\$

Section Three: General Financial Information Continued

22. Bank charge cards, credit unions, savings and loans, lines of credit, signature loan and other liabilities, including taxes.

Type of Account or Card	Name and Address of Financial Institution	Credit Limit	Credit Available	Amount Owed	Monthly Payment
TOTAL from 22					

23. Safe Deposit Boxes Rented or Accessed (List all locations, box numbers and contents)

24. Real Property (Brief description and type of ownership)	Address (Include County and State)
a.	
b.	
c.	

25. Life Insurance (Name of Company)	Policy Number	Type	Face Amount	Accumulated cash Value	Monthly payment
			\$	\$	\$
TOTAL for 25			\$	\$	\$

Section Four: Asset and Liability Analysis

26. Vehicles	Model	Year	License #	Value	Amount owed	Monthly payment
a.				\$	\$	\$
b.						
c.						
TOTAL for 26				\$	\$	\$

27. Real property (from item 24)	Description	Value	Amount owed	Monthly payment
a.		\$	\$	\$
b.				
c.				
TOTAL for 27		\$	\$	\$

28. Other Assets (recreational vehicles, jewelry, antiques, collectible items, guns, etc.)

a.	Description	Value	Amount owed	Monthly payment
b.		\$	\$	\$
c.				
TOTAL for 28		\$	\$	\$

29. Asset/Payment totals (add totals from lines 22, 25, 26, 27 and 28)	\$	\$	\$
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DO NOT mail with your tax return. To insure proper processing, mail separately to: Taxpayer Services Division, 210 North 1950 West, SLC, UT 84134

Section Five: Monthly Income and Expense Analysis

INCOME			NECESSARY LIVING EXPENSES	
Source	Gross	Net	Type of expense	Amount
30. Taxpayer s wages/salaries (attach 2 most recent check stubs)	\$	\$	40. Rent (do not show mortgage listed in item 27)	
31. Spouse s wages/salaries (attach 2 most recent check stubs)			41. Groceries (no. of people ____)	\$
32. Interest/Dividends			42. Payment Totals (from line 29) "Official Use Only"	
33. Net business income (from form_____)			43. Utilities (average of last 12 months) Gas \$_____ Water \$_____	
34. Rental income			Electric \$_____ Telephone \$_____	
35. Pension (taxpayer)			44. Transportation (bus, fares, gasoline maintenance, etc.)	
36. Pension (spouse)			45. Insurance Home \$_____ Health \$_____	
37. Child Support			Car \$_____	
38. Alimony			46. Medical Doctor \$_____ Dentist \$_____	
39. Other			Hospitals \$_____ Other \$_____	
			47. Payments made to IRS for delinquent taxes	
			48. Child support	
			49. Estimated tax prepayments IRS _____ State _____	
			50. Other expenses (specify)	
TOTAL	\$	\$	TOTAL	\$
			Net difference	\$

Information contained in this document is subject to verification by the Utah State Tax Commission. You may be required to provide documentation in support of your statement(s).

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: (required)	Date	Spouses signature (required if jointly liable)	Date
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If you need an accommodation under the American s with Disabilities Act, contact the Tax Commission at (801) 297-3811 or Telecommunications Device for the Deaf (801) 297-3819. Please allow three working days for a response.

** Failure to furnish ALL requested information will result in delaying the resolution of your account.

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