

Personal Financial Statement

C-58P

This information will be used to evaluate your ability to pay what you owe, determine if a payment agreement is appropriate and what payment terms are acceptable. This information may be used for collection purposes. We are allowed to require Social Security numbers under 42 USC 405 (c)(2)(C)(i). You are not legally required to provide the information requested; however, if no information is provided or the information is insufficient to make a determination, your request will be denied. Before requesting an installment agreement, you should consider less costly alternatives, such as a bank loan.

Please print	Your full name			Spouse's full name		
	Your Social Security number		Your birth date	Spouse's Social Security number		Spouse's birth date
	Your address			Spouse's address (if different)		
	City	State	Zip code	City	State	Zip code
	Home phone number ()		Work phone number ()	Spouse's home phone number ()		Spouse's work phone number ()

Employment	You <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
	Your employer or business name		Occupation	Spouse's employer or business name		Occupation
	Address			Address		
	City	State	Zip code	City	State	Zip code
	Professional licenses held by you		Renewal dates	Professional licenses held by spouse		Renewal dates

Real estate (home, land, cabin). Attach your property tax statements.

Address	City	State	County	Mortgage balance	Current value	Paid to	Minimum payment

Bank accounts (credit unions, money market, stocks, bonds, 401[k]s, IRAs, etc.) Attach additional sheets if necessary.

Name and address of institution	Type of account	Account number	Name on account	Balance/value
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other			
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other			
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other			

Motor vehicles (cars, boats, RVs, motor cycles, snowmobiles, ATVs, etc.) Attach additional sheets if necessary.

Year/make	Model	Date acquired	Financed by	Balance due	Payoff date	Minimum monthly payment

Complete the other side.

Credit cards and other obligations

Credit cards (Visa, MasterCard, American Express, Discover, etc.)

Card name	Credit limit	Current balance	Minimum monthly payment

Other obligations (home equity, personal loans, amounts owed to IRS, etc.)

Type of obligation	Collateral or security used	Payoff date	Current balance	Minimum monthly payment

Income and expenses

Monthly income. Attach the two most recent pay stubs for each person.

Your gross pay	_____	Social Security/pension	_____
Spouse's gross pay	_____	Profit from business	_____
Alimony/child support paid to you	_____	Other (deferred comp, commissions, disability)	_____

Total monthly income \$

Monthly expenses

Number in household _____ Ages _____

Taxes withheld	Housing and utilities
Federal/state/FICA	Rent/mortgage
Child support/alimony	Association fees
Retirement/IRAs/401(k)s	Insurance taxes
Day care	Utilities
Life insurance	Phone
Medical insurance	Cable
Medical expenses not paid by insurance	Groceries
Transportation	Clothing/personal care items
Gas/parking/insurance	Total credit cards
Bus	Total other obligations
	Total motor vehicles

Total monthly expenses \$

Attach any other related financial information.

Payment proposal

Payment terms you are requesting

Proposed payment amount: \$_____ to be paid → semimonthly on the _____ and _____ → starting _____ (date)
 monthly
 biweekly (every other week)

- Send your proposed payments until the Department of Revenue contacts you. Write your Social Security or Minnesota ID number on your payments to ensure proper credit to your account.
- Cashing your check/money order does not constitute acceptance of your terms by the Department of Revenue.
- **Penalty and interest will accrue, as provided by law, until the balance is paid in full.**
- **If you enter into an agreement with the department, payments will be made by Electronic Funds Transfer.**

Sign here

I declare that the information I have provided in this statement is true and correct to the best of my knowledge and belief. I authorize the Department of Revenue to verify any information on this form.

Your signature _____ Date _____ Spouse's signature _____ Date _____

The information you provide on this form is confidential. It can only be given to the Internal Revenue Service, other states, Minnesota municipalities, the Minnesota Collection Enterprise, the Minnesota Attorney General in the administration of tax laws, the Minnesota Department of Human Services if there is any evidence you have deserted your children or are delinquent in child support payments, or another person who must list some or all of your income or expenses on his or her tax return.