



FINANCIAL DISCLOSURE STATEMENT TO BE COMPLETED BY INDIVIDUAL DEFENDANT

A. GENERAL INSTRUCTIONS - READ CAREFULLY

The information requested in the following form is to be submitted concerning a current case in connection with an asset investigation. Prior to completing and submitting this form, you should discuss this matter and this form thoroughly with your own attorney.

The purpose of this form is to determine the assets in which you may have an interest. If you are married or have a live-in companion, you must list assets held by your spouse or companion, as well as yourself, and show whether each asset is owned individually or jointly. By completing and signing this financial disclosure statement, you acknowledge that the information provided will affect action by the United States Department of Justice and further understand that any false answers can lead to the termination or nullification of any payment agreement ultimately reached **and/or** prosecution for false statements as provided under Title 18, United States Code, Section 1001 (maximum prison sentence of five (5) years and/or a fine of not more than \$250,000).

Each separate question must be answered completely. If the answer is "none" you must state "none." Do **not** leave any question unanswered. If there is insufficient space on the form, please attach additional sheets as necessary, and date and initial each additional page.

You must sign this page, date and initial each page, and sign page 15 and the accompanying Releases. Note the signature/initial line wherever the arrow → appears.

B. ACKNOWLEDGMENT, IF REPRESENTED BY COUNSEL - Signature Required

I _____ am _____ am not (check one) represented by counsel in the collection of this debt. If I am represented by retained or appointed counsel, I acknowledge having reviewed the foregoing instructions with my counsel. My counsel's name is _____.

Date: _____ Name: _____
Last First Middle



Signature _____

Authority for the solicitation of the requested information includes one or more of the following: 5 U.S.C. § 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. § 501 -530A; 28 U.S.C. § 1651, 3201 -3206; 31 U.S.C. § 3701 -3731; 44 U.S.C. § 3101; 4 C.F.R. § 101 -101.8; 28 C.F.R. § 0.160, 0.171 and Appendix to Subpart Y; 18 U.S.C. § 3664(d)(3).

The principal purpose for gathering this information is to evaluate your ability to pay the government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register, Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at pages 12774. Disclosure of the information is voluntary. If the requested information is not furnished, the United States may seek disclosure through other means.

FINANCIAL DISCLOSURE STATEMENT

A. PERSONAL IDENTIFYING DATA

1. FULL NAME: _____ <small>(Last) (First) (Middle)</small> Circle appropriate title: Mr. Ms. Mrs. Dr. Jr. III				
2. STATE ALL OTHER NAMES BY WHICH YOU HAVE EVER BEEN KNOWN.		a. _____		
b. _____		c. _____		
3. YOUR DATE OF BIRTH MONTH/DAY/YEAR	4. YOUR DRIVER'S LICENSE NO. AND STATE OF ISSUANCE.	5. YOUR SOCIAL SECURITY NO.	6. YOUR HOME TELEPHONE NUMBER	7. YOUR CELLULAR TELEPHONE NUMBER
_____/_____/_____ <small>No. _____ State _____</small>	_____/_____/_____ <small>No. _____ State _____</small>	_____/_____/_____ <small>No. _____ State _____</small>	() ____ - ____	() ____ - ____
8. PRESENT HOME ADDRESS		9. DATES OF RESIDENCE	10. YOUR EMAIL ADDRESS	
_____ Address _____ State Zip Code		_____/_____/_____ to Present	_____ @ _____	

EDUCATION		Check all that apply	Location of School
11. PROVIDE YOUR EDUCATIONAL BACKGROUND.	Less Than 12 years	<input type="checkbox"/>	
	High School Diploma or equivalent	<input type="checkbox"/>	
	Vocational School	<input type="checkbox"/>	
	College (provide degree or no. of years attended)	<input type="checkbox"/>	
	Post Graduate (provide degree or no. of years attended)	<input type="checkbox"/>	
	Vocational School	<input type="checkbox"/>	
12. PROFESSIONAL LICENSES:	Type:	Expiration Date:	
	_____	_____	
	_____	_____	

B. EMPLOYMENT INFORMATION

13. FULL NAME OF PRESENT EMPLOYER: _____
14. OCCUPATION: _____
15. DATES OF EMPLOYMENT: From: ____/____/____ to Present
16. BUSINESS ADDRESS: _____ State ____ Zip _____ Tel. No.(____) _____
PREVIOUS EMPLOYER (List all previous employers for past five (5) years.) Please include addresses and dates of employment.
17. COMPANY NAME: _____ Dates Employed: From: ____/____/____ to ____/____/____ OCCUPATION: _____ ADDRESS: _____ STATE ____ ZIP _____ Telephone No.(____) _____



18. COMPANY NAME: _____ Dates Employed: From: ____/____/____ to ____/____/____
 OCCUPATION: _____
 ADDRESS: _____ STATE ____ ZIP _____ Telephone No.(____) _____

19. COMPANY NAME: _____ Dates Employed: From: ____/____/____ to ____/____/____
 OCCUPATION: _____
 ADDRESS: _____ STATE ____ ZIP _____ Telephone No.(____) _____

20. COMPANY NAME: _____ Dates Employed: From: ____/____/19__ to ____/____/____
 OCCUPATION: _____
 ADDRESS: _____ STATE ____ ZIP _____ Telephone No.(____) _____

C. EARNINGS (SALARY, WAGES, COMMISSIONS, ETC.) AND BACKGROUND INFORMATION

21. YOUR GROSS SALARY FROM YOUR PRESENT EMPLOYER.
 MARK ONE: a. Weekly b. Bi-Weekly c. Monthly

\$

d. YOUR TAKE HOME PAY.

\$

22a. ARE YOU CURRENTLY AN ACTIVE MEMBER OF THE ARMED FORCES, INCLUDING NATIONAL GUARD AND RESERVES?

Yes

No

IF YES, PLEASE GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR UNIT AND HOW MANY YEARS REMAINING IN YOUR ENLISTMENT.

Unit

Term

22b. ARE YOU A MEMBER OF A UNION?

Yes

No

IF YES, PLEASE GIVE THE NAME OF THE UNION, YOUR YEARS OF MEMBERSHIP, AND THE ADDRESS OF YOUR LOCAL CHAPTER.

Name and Address of the Local Chapter

Years of Membership

NAME:

From: ____/____/____ to ____/____/____

ADDRESS:

23. DO YOU HAVE ANY OTHER INCOME FROM ANY OTHER SOURCE OR BUSINESS (INCLUDING UNEMPLOYMENT)?

Yes

No

a. IF YES, PLEASE IDENTIFY EACH SOURCE AND STATE YOUR MONTHLY GROSS EARNINGS (UNEMPLOYMENT, SALARY, WAGES, COMMISSIONS, ETC.) FROM EACH SOURCE.

b. Source

c. Income

24. GARNISHMENT: Are you or your spouse/companion's wages under garnishment at this time?	Yes	
	No	
a. IF YES, PROVIDE SPECIFIC DETAILS.		

25. LIST EACH PREVIOUS HOME ADDRESS (Include all permanent or temporary residences and dates of occupancy for the last five (5) years.)				
a. Dates of residence:	Address	City	State	Zip Code
b. Dates of residence:	Address	City	State	Zip Code
c. Dates of residence:	Address	City	State	Zip Code
d. Dates of residence:	Address	City	State	Zip Code

26a. RENTAL AGREEMENT. Do you or your spouse/companion rent the premises on which you live? If YES, please complete the following:	Yes	
	No	

a. Name of Landlord	b. Address/telephone number of Landlord	c. Payment Schedule (weekly, monthly, annually)	d. Rent Payment	e. Utilities included in rent	f. Deposit or other funds held by landlord
			\$		\$

26b. RENTAL AGREEMENT. If you neither own nor rent your residence, then state the name of the owner of the property in which you live and the arrangement by which you occupy the premises without payment:

27. MARITAL STATUS (Mark one box to show your current marital status and provide information about your spouse(s) below.)
a. Never Married: <input type="checkbox"/> b. Married <input type="checkbox"/> c. Separated: <input type="checkbox"/> d. Legally Separated <input type="checkbox"/> e. Divorced <input type="checkbox"/> f. Widowed <input type="checkbox"/>

28. NAME OF SPOUSE/COMPANION _____ (Last) (First) (Middle)		
a. SPOUSE/COMPANION'S DATE OF BIRTH Month/Day/Year	b. SPOUSE/COMPANION'S HOME TELEPHONE NUMBER	c. SPOUSE/COMPANION'S CELLULAR TELEPHONE NUMBER
____/____/____	()	()
c. SPOUSE/COMPANION'S OCCUPATION	d. BUSINESS TELEPHONE NUMBER	
	()	

29. SPOUSE/COMPANION'S EMPLOYER

a. NAME _____

b. ADDRESS _____ STATE _____ ZIP _____ Telephone No. _____

30a. LIST NAME OF EACH FORMER SPOUSE AND DATES OF MARRIAGE(S) **DATES OF MARRIAGE**

1. Name	From: ___/___/___ to ___/___/___
2. Name	From: ___/___/___ to ___/___/___
3. Name	From: ___/___/___ to ___/___/___
4. Name	From: ___/___/___ to ___/___/___

30b. ALIMONY PAYMENTS RECEIVED - Do you or your spouse/companion receive alimony payments? If yes, complete the following:

Yes	
No	

a Name of Former Spouse	b Amount of Alimony Received Per Month
1. Name	\$
2. Name	\$

30c. ALIMONY PAYMENTS PAID - Do you or your spouse/companion pay alimony? If yes, complete the following:

a Name of Former Spouse	b Amount of Alimony Paid Per Month
1. Name	\$
2. Name	\$

31. DEPENDENT CHILDREN/RELATIVES (List type of relationship and date of birth of each person listed.)

a. Complete Name(s)	b. Relationship	c. Date of Birth	d. Cellular telephone number	e. Do these relatives reside with you. (Circle one)
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

32. CHILD SUPPORT PAYMENTS RECEIVED - Do you or your spouse/companion receive child support payments? If yes, complete the following:

Yes	
No	

Name of dependent	Dependent's Date of Birth	Name of non-custodial parent	Name of Custodial Parent	List arrearage (if any)

CHILD SUPPORT PAYMENTS MADE - Do you or your spouse/companion make child support payments? If yes, answer the following:	Yes	
	No	

Name of dependent	Dependent's Date of Birth	Name of non-custodial parent	Name of Custodial Parent	List arrearage (if any)

33. Do you receive or expect to receive aid to families with dependent children, unemployment compensation or any other type of assistance from the United States, your own state, any other governmental agency or any other person? If yes, list the source and amount.

a. Source of Payment (name of person, state, etc.)	b. Program	c. Payment Amount	d. Payment schedule

D. ASSETS AND LIABILITIES

34. Name of each bank, credit union and any other financial institution or company with which you, your spouse/companion, or any other person or entity associated with you have or have ever had any account at any time during the past five (5) years.

a. Name of Financial Institution and Address	b. Name(s) on Account	c. Account No. and Type	d. Current Balance in Account

35. SAVINGS BONDS: Do you, your spouse/companion or your defendants own U.S. Savings Bonds?.

a. Denomination of Bond	b. Name(s) on Bond	c. Purchase Date	d. Value

36. INDIVIDUAL RETIREMENT ACCOUNT. Do you or your spouse have any Individual Retirement Account (“IRA”), Keogh Account, other retirement account or savings, or any interest in any profit-sharing or pension plan? If YES, please identify each account by name of financial institution, address, account number and name on account.	Yes	
	No	

a. Name of Financial Institution and address	b. Name(s) on Account	c. Account No. And Type	d. Current Balance In Account

37. SAFETY DEPOSIT BOXES: Do you, or your spouse, or any other person maintain or rent a safety deposit box in your name(s) or in any other name? If YES, give name and address of banks(s) and name(s) utilized to open or maintain the safety deposit box(es).	Yes	
	No	

a. Name of Financial Institution and Address	b. Safety Deposit Box No.	c. Account No.	d. Type of Account

38. Do you or your spouse/companion have any interest in any real estate anywhere in the world? (This includes any real estate currently being sold under contract.) If YES, identify each real estate interest as stated below.	Yes	
	No	

a. Complete Address (Include State and County)	b. Name on Deed	c. Purchase Price	d. Fair Market Value	e. Balance Due on Mortgage	f. Monthly Payment	g. Date Mtg. Paid Off
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

h. Provide the name of the company with whom your home is insured.	_____
i. Provide the address of your insurer.	_____

j. LEASEHOLD INTERESTS. If any real estate holdings are income producing properties, identify tenants name and address and current lease terms. Provide income statemens and/or tax returns for the last two years for each rental property.	Name on lease: _____ Address: _____ City: _____ State _____ Zip: _____ TERM: _____
	Name on lease: _____ Address: _____ City: _____ State _____ Zip: _____ TERM: _____
	Name on lease: _____ Address: _____ City: _____ State _____ Zip: _____ TERM: _____

39. Do you or your spouse/companion or dependents own or have possession of any automobiles, boats, aircrafts, other vehicles or mobile homes? If YES, specify as stated below.

a. Description: Include Year, Make and Model	b. Do you own the vehicle or property?		c. Purchase Price	d. Loan Balance
	Yes	No		
Automobile			\$	\$
Automobile (2nd)			\$	\$
Automobile (3rd)			\$	\$
Boat			\$	\$
Truck			\$	\$
Recreational Vehicles (campers, Motor homes)			\$	\$
Utility Trailer			\$	\$
Any other vehicles (Including ATVs, Jet-Skis, snowmobiles)			\$	\$
Aircraft			\$	\$
Mobile Home			\$	\$
Motorcycle			\$	\$
e. Provide the name of the company(ies) with whom your vehicles are insured.			_____	
Provide the address(es) of the company(ies) with whom your vehicles are insured.			_____	

40. Do you or your spouse/companion or dependents own or have possession of any sporting goods? If YES, specify as stated below.

a. Description: Include Year, Make and Model	b. Do you own the property?		c. Purchase Price	d. Loan Balance
	Yes	No		
Guns			\$	\$
Hunting Gear			\$	\$
Recreational Equipment (pool table, pinball machine)			\$	\$
Swimming Pool			\$	\$
Jacuzzi/Hot Tub			\$	\$
Sauna			\$	\$
Any other equipment			\$	\$

41. Do you or your spouse/companion or dependents own or have possession of any miscellaneous assets? If YES, specify as stated below.

a. Description:	b. Do you own the asset?		c. Purchase Price	d. Loan Balance
	Yes	No		
Animals			\$	\$
Season Tickets			\$	\$
Time Shares			\$	\$
E-Trade Accounts			\$	\$
Retainers/Deposits/Advance Payments			\$	\$

41. Do you or your spouse/companion or dependents own or have possession of any miscellaneous assets? If YES, specify as stated below.				
Mineral Interests			\$	\$
Other (describe)			\$	\$

42. SECURITIES: Do you or your spouse own any Securities (bonds, stocks, mutual funds, etc.)? If YES, please furnish the following information for each such asset.				Yes	
				No	
a. Name of Issuing Company	b. Number of Units or Shares	c. Fair Market Value	d. Amount of Indebtedness		
e. Are you a member of any investment or barter trading clubs? If yes, provide account statements for the last two years showing investments and current club value.				Yes	
				No	

43. GIFTS/TRANSFERS. Have you or your spouse transferred, sold, gifted, or in any other way disposed of any assets or property with a cost or fair market value of \$300 or more at any time in the past three (3) years? If YES, please furnish the following information for each such asset.				Yes	
				No	
a. Description of Asset	b. Date of Transfer	c. Fair Market Value When Transferred	d. Amount Received	e. Name and Relationship of Transferee to Defendant	
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

44. RECEIVABLES Do you or your spouse or your companion have any accounts receivable or notes owed to you? If YES, specify as stated below.				Yes	
				No	

a. Account Name	b. Book Value	c. Liquidation Value	d. Amount of Indebtedness	e. Date, if Pledged
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

45. JUDGMENTS Do you or your spouse have any judgments owed to you? If YES, specify as stated below.		Yes	
		No	
a. Amount of Judgment	b. Full Name of Debtor		
a. Amount of Judgment (cont.)	b. Full Name of Debtor (cont.)		

46. DIGITAL ACCOUNTS: Do you have any Digital or On-Line Accounts not previously listed on this financial form with a value of more than \$500.00? If yes, list all of the following:		Yes	
		No	
a. Prepaid Card Type Ex: Prepaid Visa or Master Cards Ex: Prepaid Gift Cards	Account Number:	Current Value:	
1.			
2.			
3.			
b. Online Payment Services Ex: Paypal Ex: NETeller	Account Number:	Current Value:	
1.			
2.			
3.			
c. Digital Currency Accounts Ex: E-Gold Ex: Western Express	Account Number:	Current Value:	
1.			
2.			
3.			
d. Virtual World Transactions Ex: Second Life Ex: Warcraft	Account Number:	Current Value:	
1.			
2.			
3.			

47. List all other forms of compensation which you or your spouse receive and which you have not already disclosed (including insurance annuity, disability benefits, lottery winnings, pensions, etc.)		
a. Identify Source of Compensation	b. Schedule for Receipt (e.g., Weekly, Monthly)	c. Amount
		\$
		\$
		\$
		\$

48. Does anyone or any entity owe any money to you or your spouse not previously disclosed? If yes, please state specific information listed below.							Yes	
							No	

a. Name of Person/Entity	b. Their Address	c. Date of Loan	d. Amount Owed

49. Do you or your spouse have any life insurance policy now in force with right to change beneficiary reserved? If YES, state specific information listed below.							Yes	
							No	

a. Company Name	b. Policy Number	c. Amount of Policy	d. Present Cash Surrender Value Plus Accumulated Dividends	e. Policy Loan	f. Date Made	g. Premium Date	h. Amount of Payments Made

50. Do you or your spouse have any life insurance policy assigned or pledged on any indebtedness?							Yes	
							No	

If any of the policies listed in item 49, above, are assigned or pledged on indebtedness, except with insurance companies, give the following information about each policy:			
a. Policy Number	b. Name and Address of Pledge or Assignee	c. Amount of Indebtedness	d. Date, if Pledged

51. Do you or your spouse/companion or dependents own or have any ownership interest in any jewelry, antiques, precious metals, art objects, stamp or coin collections or other assets of any kind with a total value in excess of \$500? If YES, state specific information listed below.							Yes	
							No	

a. Asset	b. Date Acquired	c. Value at Acquisition	d. Present Value

52. Do you or your spouse/companion or dependents own any furniture and fixtures, including machinery or equipment valued at more than \$500.00? If YES, state specific information listed below.	Yes	
	No	

a. Description	b. Purchase Price	c. Current Value	d. Amount of Indebtedness	e. Date, if Pledged
1. Furniture and Fixtures (business)	\$	\$	\$	
2. Furniture (household/residence)	\$	\$	\$	
3. Machinery (specify type)	\$	\$	\$	
4. Equipment (specify type)	\$	\$	\$	
Total	\$	\$	\$	

53. STATEMENT OF YOUR INCOME			
a. Gross Monthly Salary:			\$
b. Deductions:			
	Federal Income Tax Withholding	\$	
	Social Security and Medicare Withholding	\$	
	Health Insurance	\$	
	Life Insurance	\$	
	Mandatory Pension Plan	\$	
	Voluntary Retirement Plan	\$	
	Other	\$	
	Other	\$	
c. Total Deductions:		\$	
d. Net Monthly Salary			\$

54. Have you any inheritance, life interest or remainder interest, either vested or contingent, in any trust or estate, or are you a beneficiary of any trust or estate? If YES, please furnish a copy of the instrument creating the trust or estate and also, give the following information.	Yes	
	No	

a. Name of Trust or Estate	b. Present Value of Assets	c. Value of Your Interest	d. Annual Income Received from this Source
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

55. Are you the grantor or donor of any trust, or the trustee or fiduciary for any trust? If YES, please furnish a copy of the instrument creating the trust and give present value of corpus of trust, and any other pertinent information.	Yes	
	No	
a. Trust	b. Value of Trust	

56. Have you any other assets or any interest in assets, either actual or contingent, other than those previously identified here? If YES, please describe each such asset including present value.	Yes	
	No	
a. Description	b. Present Value	

57. Are foreclosure proceedings pending on any real estate which you own or have an interest in?	Yes	
	No	

If YES, please give location of real estate, court caption and case number of foreclosure proceedings.

a. Court Caption: _____ Case No. _____ Location: _____
b. Court Caption: _____ Case No. _____ Location: _____
c. Court Caption: _____ Case No. _____ Location: _____

Was the Government made a party to any such foreclosure suit? If YES, please describe.	Yes	
	No	

58. Do you have any bankruptcy or receivership proceedings pending? Have you filed any bankruptcy proceeding in the last 7 years? If YES, list court caption and case number of all pending cases.	Yes	
	No	
a. Court Caption: _____ Case No. _____ Location: _____ Date Closed (if applicable) _____		
b. Court Caption: _____ Case No. _____ Location: _____ Date Closed (if applicable) _____		
c. Court Caption: _____ Case No. _____ Location: _____ Date Closed (if applicable) _____		

59. What is the prospect of an increase in value of your assets or your present income? (Please give a general statement.)

60. Are you a party to any civil lawsuit now pending? If YES, please describe each such lawsuit by court name and case number.	Yes	
	No	
a. Court Caption: _____ Case No. _____ Location: _____		
b. Court Caption: _____ Case No. _____ Location: _____		
c. Court Caption: _____ Case No. _____ Location: _____		

61. Is anyone holding any money or other property of any kind on your behalf or for you?	Yes	
	No	

If YES, please identify each person by name and address and amount of money or other property being held for you.

a. Name	b. Address	c. Amount of Money/or Value of Property Being Held For You.
		\$
		\$
		\$
		\$

62. Do you receive, or under any circumstances expect to receive, any benefits from a claim for compensation or damages? If YES, please identify in specific detail.	Yes	
	No	

63. Did you file a federal income tax return last year?	Yes		Joint	
	No		Individual	

Please attach complete copies of each federal income tax return you filed for the last three (3) years. Mark yes or no to indicate whether copies of your tax returns are attached as required.	Yes	
	No	
64. Has the IRS audited any of your tax returns?	Yes	
	No	
65. Are your federal taxes current?	Yes	
	No	
66. Do you anticipate receiving or have received within the last six (6) months a tax refund from any entity?	Yes	
	No	

a. If YES, list from whom and the amount of each refund.	b. Amount of Refund
	\$
	\$
	\$

71. PRESENT FINANCIAL NEEDS

In order to help determine your financial needs as well as those of your dependents, provide the following information as to present monthly income and expenses.

EARNINGS/OTHER INCOME	Yours	Spouse	Total		MONTHLY EXPENSES	
a. Net salary					a. Home Rent or Mortgage	
b. Overtime					b. Utilities: Electric	
c. Part-time job					Heating Oil/Gas/Wood	
d. Commission					Water/Sewer	
e. Net profit from business					Telephone	
f. Net rental income					Cell Phones	
g. Pension					c. Groceries	
h. Social Security					d. Insurance:	
I. Interest					Auto	
j. Dividends					Health	
k. Alimony/Child support					Life	
l. Income of other dependents					Homeowners/renters	
m. Social Services					e. Minimum installment payments	
n. Food Stamps					f. Transportation	
o. Benefits from the U.S.					g. Medical	
p. Disability Compensation					h. Clothing	
q. Military Pay					i. Alimony	
s. Income from relatives					j. Daycare/Babysitting	
t. Other (lottery winnings, royalties, user fees, tax refunds, etc.)					k. Cable TV/Satellite System	
					l. Tuition (college/private)	
					m. Child Support	
					n. Entertainment	
					o. Personal Care/Hygiene	
					p. Dry Cleaning/Laundromat	
					q. Gifts	
					r. Newspaper/Magazines	
					s. Tobacco	
					t. Internet Access	
					u. Organization/Health Club	
					v. Veterinary Fees	
					w. Charitable contributions	
					x. Other	
					y. Other	
I. TOTAL					z. Other	

*Explain fully here any unusual, recurring monthly expenses you have for yourself or any dependent.

72. Pursuant to the instructions to this Financial Disclosure Statement, I have attached additional pages to complete this document.

Yes

No

If YES, there are ____ (insert number) of supplemental pages attached to this Financial Disclosure Statement.

C. DECLARATION UNDER PENALTY OF PERJURY - Signature Required

With knowledge of the maximum penalties for false statements provided by Title 18 U.S.C. § 1001 {five (5) years imprisonment and/or a fine of not more than \$250,000} and with the knowledge that this financial disclosure statement is submitted by me to affect action by the United States Department of Justice, I certify that the above responses are all true and correct and represent that this is a complete statement of all my income, assets and liabilities, real and personal, either held in my name or by any others, as well as expenses as of this date.



Date: _____ Signature: _____

D. PROPOSAL OF PAYMENT - Signature Required

I PROPOSE TO PAY MY DEBT IN MONTHLY INSTALLMENTS OF \$ _____ PER MONTH
BEGINNING _____ WITH AN IMMEDIATE PAYMENT OF \$ _____.



Date: _____ Signature: _____

Tax Information Authorization

▶ **Do not use this form to request a copy or transcript of your tax return.
 Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1165

For IRS Use Only

Received by: _____

Name _____

Telephone () _____

Function _____

Date / / _____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Social security number(s) : : _____ : : _____	Employer identification number : _____
	Daytime telephone number () _____	Plan number (if applicable) _____

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
------------------	---

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6 .▶

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box▶
- b** If you do not want any copies of notices or communications sent to your appointee, check this box▶

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box▶

To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

 Signature Date

 Signature Date

 Print Name Title (if applicable)

 Print Name Title (if applicable)

PIN number for electronic signature

PIN number for electronic signature

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Authorization to file Form 8821 electronically. Your appointee may be able to file Form 8821 with the IRS electronically. PIN number boxes have been added to the taxpayer's signature section. Entering a PIN number will give your appointee authority to file Form 8821 electronically using the PIN number as the electronic signature. You can use any five digits other than all zeroes as a PIN number. You may use the same PIN number that you used on other filings with the IRS. See **Where To File** on page 3 if completing Form 8821 only for this purpose.

Purpose of Form

Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information in any office of the IRS for the type of tax and the years or periods you list on Form 8821. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on Form 8821.

Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent you, use Form 2848, Power of Attorney and Declaration of Representative.

Use Form 4506, Request for Copy of Tax Return, to get a copy of your tax return.

Use new Form 4506-T, Request for Transcript of Tax Return, to order: (a) transcript of tax account information and (b) Form W-2 and Form 1099 series information.

Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.

When To File

Form 8821 must be received by the IRS within 60 days of the date it was signed and dated by the taxpayer.

Where To File Chart

IF you live in . . .	THEN use this address . . .	Fax Number*
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, or West Virginia	Internal Revenue Service Memphis Accounts Management Center Stop 8423 5333 Getwell Road Memphis, TN 38118	901-546-4115
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, or Wyoming	Internal Revenue Service Ogden Accounts Management Center 1973 N. Rulon White Blvd. Mail Stop 6737 Ogden, UT 84404	801-620-4249
All APO and FPO addresses, American Samoa, nonpermanent residents of Guam or the Virgin Islands**, Puerto Rico (or if excluding income under Internal Revenue Code section 933), a foreign country: U.S. citizens and those filing Form 2555, 2555-EZ, or 4563.	Internal Revenue Service Philadelphia Accounts Management Center DPSW 312 11601 Roosevelt Blvd. Philadelphia, PA 19255	215-516-1017

*These numbers may change without notice.

**Permanent residents of Guam should use Department of Taxation, Government of Guam, P.O. Box 23607, GMF, GU 96921; permanent residents of the Virgin Islands should use: V.I. Bureau of Internal Revenue, 9601 Estate Thomas Charlotte Amaile, St. Thomas, V.I. 00802.

Where To File

Generally, mail or fax Form 8821 directly to the IRS. See the **Where To File Chart** on page 2. Exceptions are listed below.

- If Form 8821 is for a specific tax matter, mail or fax it to the office handling that matter. For more information, see the instructions for line 4.
- If you complete Form 8821 only for the purpose of electronic signature authorization, do not file Form 8821 with the IRS. Instead, give it to your appointee, who will retain the document.

Revocation of an Existing Tax Information Authorization

If you want to revoke an existing tax information authorization and do not want to name a new appointee, send a copy of the previously executed tax information authorization to the IRS, using the **Where To File Chart** on page 2. The copy of the tax information authorization must have a current signature of the taxpayer under the original signature on line 7. Write "REVOKE" across the top of Form 8821. If you do not have a copy of the tax information authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the tax information authorization is revoked, list the tax matters, must be signed and dated by the taxpayer, and list the name and address of each recognized appointee whose authority is revoked.

To revoke a specific use tax information authorization, send the tax information authorization or statement of revocation to the IRS office handling your case, using the above instructions.

Taxpayer Identification Numbers (TINs)

TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.

Partnership Items

Sections 6221–6234 authorize a Tax Matters Partner to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 do not replace any provisions of these sections.

Specific Instructions

Line 1. Taxpayer Information

Individuals. Enter your name, TIN, and your street address in the space provided. Do not enter your appointee's address or post office box. If a joint return is used, also enter your spouse's name and TIN. Also enter your EIN if applicable.

Corporations, partnerships, or associations. Enter the name, EIN, and business address.

Employee plan. Enter the plan name, EIN of the plan sponsor, three-digit plan number, and business address of the plan sponsor.

Trust. Enter the name, title, and address of the trustee, and the name and EIN of the trust.

Estate. Enter the name, title, and address of the decedent's executor/personal representative, and the name and identification number of the estate. The identification number for an estate includes both the EIN, if the estate has one, and the decedent's TIN.

Line 2. Appointee

Enter your appointee's full name. Use the identical full name on all submissions and correspondence. Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee. The IRS does not assign CAF numbers to requests for employee plans and exempt organizations.

If you want to name more than one appointee, indicate so on this line and attach a list of appointees to Form 8821.

Check the appropriate box to indicate if either the address, telephone number, or fax number is new since a CAF number was assigned.

Line 3. Tax Matters

Enter the type of tax, the tax form number, the years or periods, and the specific tax matter. Enter "Not applicable," in any of the columns that do not apply.

For example, you may list "Income tax, Form 1040" for calendar year "2003" and "Excise tax, Form 720" for the "1st, 2nd, 3rd, and 4th quarters of 2003." For multiple years, you may list "2001 through (thru or a dash (—)) 2003" for an income tax return; for quarterly returns, list "1st, 2nd, 3rd, and 4th quarters of 2001 through 2002" (or 2nd 2002 — 3rd 2003). For fiscal years, enter the ending year and month, using the YYYYMM format. Do not use a general reference such as "All years," "All periods," or "All taxes." Any tax information authorization with a general reference will be returned.

You may list any tax years or periods that have already ended as of the date you sign the tax information authorization. Also, you may include on a tax information authorization future tax periods that end no later than 3 years after the date the tax information authorization is received by the IRS. The 3 future periods are determined starting after December 31 of the year the tax information authorization is received by the IRS. You must enter the type of tax, the tax form number, and the future year(s) or period(s). If the matter relates to estate tax, enter the date of the decedent's death instead of the year or period.

In **column (d)**, enter any specific information you want the IRS to provide. Examples of column (d) information are: lien information, a balance due amount, a specific tax schedule, or a tax liability.

For requests regarding Form 8802, Application for United States Residency Certification, enter "Form 8802" in column (d) and check the specific use box on line 4. Also, enter the appointee's information as instructed on Form 8802.

Line 4. Specific Use Not Recorded on CAF

Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to a specific issue are not recorded.

Check the box on line 4 if Form 8821 is filed for any of the following reasons: (a) requests to disclose information to loan companies or educational institutions, (b) requests to disclose information to Federal or state agency investigators for background checks, (c) application for EIN, or (d) claims filed on Form 843, Claim for Refund and Request for Abatement. If you check the box on line 4, your appointee should mail or fax Form 8821 to the IRS office handling the matter. Otherwise, your appointee should bring a copy of Form 8821 to each appointment to inspect or receive information. A specific-use tax information authorization will not revoke any prior tax information authorizations.

Line 6. Retention/Revocation of Tax Information Authorizations

Check the box on this line and attach a copy of the tax information authorization you do not want to revoke. The filing of Form 8821 will not revoke any Form 2848 that is in effect.

Line 7. Signature of Taxpayer(s)

Individuals. You must sign and date the authorization. Either husband or wife must sign if Form 8821 applies to a joint return.

Corporations. Generally, Form 8821 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and (d) any other person authorized to access information under section 6103(e).

Partnerships. Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See **Partnership Items** on page 3.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 is provided by the IRS for your convenience and its use is voluntary. If you designate an appointee to inspect and/or receive confidential tax information, you are required by section 6103(c) to provide the information requested on Form 8821. Under section 6109, you must disclose your social security number (SSN), employer identification number (EIN), or individual taxpayer identification number (ITIN). If you do not provide all the information requested on this form, we may not be able to honor the authorization.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also give this information to other countries pursuant to tax treaties. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism. The authority to disclose information to combat terrorism expired on December 31, 2003. Legislation is pending that would reinstate this authority.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 min.; **Learning about the law or the form**, 12 min.; **Preparing the form**, 24 min.; **Copying and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8821 simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send Form 8821 to this address. Instead, see the **Where To File Chart** on page 2.