

Personal Financial Statement

Complete each section of the financial statement. We use this information to determine your ability to pay. If you do not complete the financial statement, we may deny your request.

The information you provide on this form is confidential. You are not legally required to provide this information, but we are legally allowed to request it.

If a question does not apply to your situation, write “N/A” in the provided field.

Personal Information					
Your Full Name			Spouse's Full Name		
Your Social Security #		Your Birth Date	Spouse's Social Security #		Spouse's Birth Date
Your Street Address			Spouse's Street Address (if different than yours)		
City		State	ZIP Code	City	
Home Phone	Work Phone		Spouse's Home Phone		Spouse's Work Phone
Total Number and Ages of People in Your Household					

Current Employment Information					
You (circle one): Full-time Part-time			Your Spouse (circle one): Full-time Part-time		
Employer or Business Name		Occupation	Employer or Business Name		Occupation
Street Address			Street Address		
City		State	ZIP Code	City	

Bank Accounts (credit unions, money market, stocks, bonds, 401(k)s, IRAs, etc.)				
Name of Institution	Type of Account (checking, savings, other – specify)	Account Number	Name on Account	Balance/Value
Total Bank Accounts Balance/Value				\$

Real Estate (home, vacant land, cabin, etc.)				
Address	County Where the Property is located	Mortgage Balance	Current Value	Minimum Monthly Payment
Total Real Estate Minimum Monthly Payment				\$

Credit Cards (Visa, MasterCard, American Express, Discover, etc.)			
Card Name	Credit Limit	Current Balance	Minimum Monthly Payment
Total Credit Cards Minimum Monthly Payment			\$

Motor Vehicles (cars, boats, RVs, motorcycles, snowmobiles, ATVs, etc.)					
Year/Make	Model	Financed By	Balance Due	Payoff Date	Minimum Monthly Payment
Total Motor Vehicles Minimum Monthly Payment					\$

Living Expenses			
Taxes Withheld 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		Groceries	
Medical Expenses Not Paid by Insurance		Clothing/Personal Care Items	
Transportation Gas/Parking/Insurance/Bus		Total Monthly Living Expenses	\$

Authorization

The information I provided in this financial statement is accurate to the best of my knowledge and belief. I authorize the Minnesota Department of Revenue to verify any information on this form. I understand the department:

- will review the information I have provided
- has the authority to approve or deny my request
- may ask me to provide additional documentation
- may use this information to collect my debt

Signature Date

Print your name

If you are requesting a payment agreement, you must complete this section and provide your bank information or we cannot complete your application.	
If we accept the payment amount you are proposing, we will send you a letter explaining the terms of the payment agreement.	
We will withdraw payments directly from your bank account on or after the scheduled payment date using an electronic funds transfer (EFT).	
We add a nonrefundable \$50 fee to payment agreements that include tax debt. Penalty and interest will accrue on all tax debt and some other types of debt until the balance is paid in full.	
Payment terms you are requesting	
I am requesting to pay the total debt as follows:	
Payment amount proposed \$ _____	Date of 1 st payment _____
Payment frequency (circle one): Monthly Biweekly Weekly	
Bank Information	
Withdraw my payments as specified above from the following bank account:	
Bank name _____	Account # _____
Name on account _____	Routing # _____
Account type (circle one): Checking Savings Account holder's phone # _____	
Will these payments come from a financial institution outside of the United States? (circle one) Yes No	
By providing a signature and Social Security number or FEIN for an authorized user of the account below, you authorize the Minnesota Department of Revenue to withdraw the payments as specified.	
Authorized signer name	Social Security Number or FEIN