LOUISIANA DEPARTMENT *of* REVENUE

The information provided in this statement must include all household employment, assets, liabilities, income and expenses. Spouse and dependent information are required even though only one person is liable for the tax.

Section I – Personal Information							
ess	2. Daytime Telephone N	lumber	3. Marital Status (Mark One.)				
	-		•		□ Married □ Divorced		
		4. Social Security Number		5. Date of Birth			
	Taxpayer		Тахрау	er			
s Do you own □ or rent □ ?	Spouse		Spouse	. <u> </u>			
6. Previous Address if at Current Address Less than Two Years		formation	I				
			A. Year of Last Filed Federal Income Tax Return				
	B. Federal Adjusted Gross Income from Last Return \$						
			C. Year of Last Filed Louisiana Income Tax Return				
Section II – Employment Information							
8. Taxpayer(s) Employer or Business – Name and Address		9. Employer Telephone Number		10. Occupation			
	—						
		11. Length of Employment		12. Work Relationship			
		Years Months		□ Employee □ Proprietor □ Partner □ Officer			
13. Spouse's Employer or Business – Name and Address		14. Employer Telephone Number 15. C		Occupation			
	16. Length of Employment		17. Work Relationship				
		Years Months		Employee Proprietor Partner Officer			
18. Taxpayer(s) Part-time or Previous Employment in Last Three Years		19. Spouse's Part-time or Previous Employment in Last Three Years					
Employment Date	Employer Name Employer		/ment Date				
to			to				
to				to			
to			to				
20. Have your wages or salary been garnished within the last three years? Taxpayer Yes No Spouse Yes No							
Section III – Dependent Information							
21. Dependent Name (Other than Spouse)		Relatio	onship	Mor	nthly Income		
				\$			
	ess s Do you own □ or rent □ ? ss than Two Years Section II – Emplo e and Address and Address and Address e mployment Date to to to to to to to to to to	eess 2. Daytime Telephone N 4. Social Security Numb Taxpayer as Do you own □ or rent □? ss than Two Years 7. Income Tax Return Ir A. Year of Last Filed Fe B. Federal Adjusted Gro C. Year of Last Filed Lo Section II – Employment Information e and Address 9. Employer Telephone YearsMonth and Address 16. Length of Employment YearsMonth yment in Last Three Years 19. Spouse's Part-time of to to	ess 2. Daytime Telephone Number 4. Social Security Number Taxpayer Taxpayer Spouse ss bo you own □ or rent □ ? ss than Two Years 7. Income Tax Return Information A. Year of Last Filed Federal Income B. Federal Adjusted Gross Income fr C. Year of Last Filed Louisiana Incor Section II – Employment Information e and Address 9. Employer Telephone Number 11. Length of Employment YearsMonths and Address 14. Employer Telephone Number 15. Length of Employment YearsMonths yment in Last Three Years 19. Spouse's Part-time or Previous E Employment Date Employer Name to to to to section III – Dependent Information	ess 2. Daytime Telephone Number 3. Marital 3 Singl Singl 4. Social Security Number 5. Date of Taxpayer Taxpay spouse Spouse ss than Two Years 7. Income Tax Return Information A. Year of Last Filed Federal Income Tax Return B. Federal Adjusted Gross Income from Last Re C. Year of Last Filed Louisiana Income Tax Return B. Federal Adjusted Gross Income from Last Re C. Year of Last Filed Louisiana Income Tax Return and Address 9. Employer Telephone Number 10. Occup 11. Length of Employment 12. Work F Years Months 15. Occup 14. Employer Telephone Number 15. Occup Years Months 19. Spouse's Part-time or Previous Employment Year 19. Spouse's Part-time or Previous Employment to to 10 to 10 10 to	ess 2. Daytime Telephone Number 3. Marital Status (M Single Single Single Separated 4. Social Security Number 5. Date of Birth Taxpayer Taxpayer ss Do you own or rent? Spouse ss than Two Years 7. Income Tax Return Information A. Year of Last Filed Federal Income Tax Return B. Federal Adjusted Gross Income from Last Return B. Federal Adjusted Gross Income from Last Return C. Year of Last Filed Louisiana Income Tax Return B. Federal Adjusted Gross Income from Last Return C. Year of Last Filed Louisiana Income Tax Return B. Federal Adjusted Gross Income from Last Return Employment Information e and Address 9. Employer Telephone Number 10. Occupation 11. Length of Employment 12. Work Relationsl Employee Years Months Partner Partner and Address 14. Employer Telephone Number 15. Occupation Employee Years Months Employee Partner yment in Last Three Years 19. Spouse's Part-time or Previous Employment in Last T Employee Partner to to Internet of Spouse Yes I		

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issuer Denomination Current value Image:		wutual Funds, IR	A, Government S		warket Funds, et	<i>c. j</i>	0	antity or		
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Image: constraint of the section of the secting of the secting of the secting o	· ·		Date							
28. Other Assets* Current or Appraised Value Current or Appraised Value Notes Receivable \$ Cash Surrender Value of Life Insurance Patents or Copyrights Judgments or Settlements Receivable Other (Specify.) Vested Retirement Account Image: Current or Appraised Value						Ф 	Ψ		Ψ	
28. Other Assets* Current or Appraised Value Current or Appraised Value Notes Receivable \$ Cash Surrender Value of Life Insurance Patents or Copyrights Judgments or Settlements Receivable Other (Specify.) Vested Retirement Account Image: Current or Appraised Value										
Current or Appraised ValueCurrent or Appraised ValueNotes Receivable\$Strender Value of Life InsurancePatents or CopyrightsJudgments or Settlements ReceivableOther (Specify.)Vested Retirement AccountInsuranceCollectibles, Antiques, or ArtworkInsurance						Total (Enter	also on	Line 30-F.)	\$	
Notes Receivable \$ Timber, Mineral, or Drilling Rights \$ Cash Surrender Value of Life Insurance Patents or Copyrights \$ Judgments or Settlements Receivable Other (Specify.) \$ Vested Retirement Account [[Collectibles, Antiques, or Artwork [[28. Other Assets*									
Cash Surrender Value of Life Insurance Patents or Copyrights Judgments or Settlements Receivable Other (Specify.) Vested Retirement Account Image: Collectibles, Antiques, or Artwork			Current or Appraised Value				Current or Appraised Value			
Judgments or Settlements Receivable Other (Specify.) Vested Retirement Account Collectibles, Antiques, or Artwork	Notes Receivable	Receivable \$		Timber, Mineral, or Drilling Rights \$			\$;		
Vested Retirement Account Collectibles, Antiques, or Artwork	Cash Surrender Value of Life	ash Surrender Value of Life Insurance		Patents or Copyrights						
Collectibles, Antiques, or Artwork	udgments or Settlements Receivable		Other (Specify.)							
	Vested Retirement Account	sted Retirement Account								
	Collectibles, Antiques, or Artv	work								
			1		То	tal (Enter also on Line	30-G.)	\$		

□ *If additional lines are needed, check this box and attach additional pages, noting line number and description.

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Section V – Liabilities as of							
29. Liabilities (Do Not Include Any M	29. Liabilities (Do Not Include Any Mortgages or Vehicle Loans)						
	Total Amount Owed		Total Amount Owed				
Notes Payable	\$	Past Due Other Taxes	\$				
Installment or Personal Loans		Vehicle Lease: Make Year					
Education or Student Loans		Vehicle Lease: Make Year					
Bank Revolving Credit							
Judgments Payable							
Past Due Federal Taxes							
Past Due State Taxes							
		Total (Enter also on Line 31.)	\$				
	Section VI –	Net Worth Calculation					
30. Assets (Section IV)							
A. Cash (Section IV, Line 22)			\$				
B. Bank or Credit Union Accounts (Section IV, Line 23)						
C. Bank Credit Cards (Section IV, L							
D. Securities (Section IV, Line 25)							
E. Real Property (Section IV, Line 2							
F. Vehicles (Section IV, Line 27)							
G. Other Assets (Section IV, Line 28							
Total Assets (Add Lines 30A – 30G	\$						
31. Liabilities (Total of Section V, Line 2	\$						
32. Net Worth (Total Assets from Line 3	\$						
	Section VII	- Other Information					
33. Are you currently in filing compliance with all Louisiana taxes? □ Yes □ No If "No", identify tax type and period							
34. If the tax liability was incurred in the operation of a business, has the business been discontinued? □ Yes □ No □ N/A If "Yes", date discontinued.							
35. Have you disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months? □ Yes □ No If "Yes", identify.							
36. Is a foreclosure proceeding pending on any real estate that you own or have an interest in? □ Yes □ No							
37. Is anyone holding any assets on your behalf? □ Yes □ No If "Yes", identify Relationship							
38. Are you a party to any lawsuit now pending? □ Yes □ No							
39. Do you anticipate any significant change in your current income levels or financial situation within the next four years? □ Yes □ No If "Yes", explain							
40. Have you previously petitioned the Louisiana Department of Revenue for an Offer in Compromise for any tax liability within the last ten years? □ Yes □ No If "Yes", date the offer was approved or declined.							
41. Are you or any business that you own currently under bankruptcy court jurisdiction? □ Yes □ No Bankruptcy Case Number							

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Section VIII - Income and Expense Analysis

42. Monthly Household Disposable Income					
GROSS MONTHLY INCOME MONTH				INSES	
Source	Taxpayer	Spouse	Source	Amount	
Salary, Wages, Commissions, Tips	\$	\$	House or Rent Payment	\$	
Self-Employment Income			Income Taxes (Federal, State, FICA)		
Pensions, Disability, and Social Security			Estimated Tax (If Applicable)		
Dividends and Interest			Groceries		
Gift or Loan Proceeds			Medical Expenses and Prescriptions		
Rental Income					
Estate, Trust, and Royalty Income			Electric \$ + Gas \$ + Water \$ + Phone \$ =		
Workers' Compensation and Unemployment			Insurance:		
Alimony and Child Support			<pre> Life \$ + Health \$ + Auto \$ + Home \$ =</pre>		
Other (Specify.)			Court Ordered Payment		
			Personal Loan Payment		
			Religious and Charitable Donations		
			Clothing and Personal Grooming		
			Entertainment and Recreation		
			Legal Fees		
			Transportation Expense		
			Vehicle Loan Payment		
			Vehicle Lease Payment		
			Property and Ad Valorem Taxes		
			Child Care		
			Installment & Credit Card Payments		
			Tuition Payment		
			Other (Specify.)		
Subtotal		\$			
Combined Monthly Income (Add Taxpayer and Spouse Monthly Income.)	\$		Total Monthly Living Expenses	\$	
43. Net Monthly Household Disposable Income (Subtract Total Monthly Living Expenses from Combined Monthly Income.) \$					
I/We have examined this Statement of Finar correct and complete.	ncial Condition for	Individuals and h	ereby affirm that to the best of my/our knowled	lge and belief, it is true,	
Taxpayer Signature Date					
Spouse Signature Date					
Power of Attorney Signature Date					
	(Attach F	Power of Attorne	γ – Form R-7006.)		