VERMONT DEPARTMENT OF TAXES
PO BOX 429
MONTPELIER, VT 05601-0429

# FINANCIAL AND INCOME STATEMENT

| Name | Social Security Number | Home Telephone | Work Telephone |
|---|---|---|---|
| Mailing Address (Street or PO Box) | City | State | ZIP Code |
| Place of Employment | Employer's Address (Street, City, State, ZIP) | | |
| Spouse or CU Partner Name | Social Security Number | Home Telephone | Work Telephone |
| Place of Employment | Employer's Address (Street, City, State, ZIP) | | |

| **Number of people in your household who you support** | **Are you** |
|---|---|
| Spouse _____ Minor Children _____ Others _____ | ☐ Married ☐ Single ☐ Divorced ☐ Separated |
| **Real Estate:** Location | Fair Market Value - Outstanding Mortgage = Net Worth |
| **Vehicle #1** Year Make Model Value | **Vehicle #2** Year Make Model Value |

**MONTHLY INCOME**

| | |
|---|---|
| Take-home Pay* **Self** | $ |
| Take-home Pay* **Spouse or CU Partner** | $ |
| Public Assistance | $ |
| Food Stamps | $ |
| Disability | $ |
| Unemployment | $ |
| Other (sick pay, etc.) | $ |
| **Total MONTHLY INCOME** | $ |

**Take-home Pay* means Gross pay minus Federal and State taxes, Social Security taxes, and employee's expenses only.

**ASSETS**

| | |
|---|---|
| Cash on Hand | $ |
| Checking Account | $ |
| Savings Account | $ |
| Credit Union Trust Funds | $ |
| Securities (stocks & bonds) | $ |
| Life Insurance (cash value) | $ |
| **Total ASSETS** | $ |

| | **TOTAL ALL ASSETS** | **TOTAL ALL DEBTS** |
|---|---|---|
| Household Furnishings | $ | $ |
| Vehicles | $ | $ |
| Other Major Assets/Debts | $ | $ |
| **TOTALS** | $ | $ |

**MONTHLY EXPENSES**

| | |
|---|---|
| Automobile Loan(s) | $ |
| Home Mortgage | $ |
| Other Loans | $ |
| Credit Cards | $ |
| Taxes & Insurance | $ |
| Rent | $ |
| Food | $ |
| Utilities | $ |
| Clothing | $ |
| Medical | $ |
| Other (specify) | $ |
| **Total MONTHLY EXPENSES** | $ |

Under penalties of perjury, I declare that the information provided is true, correct and complete.

Signature Date

Signature of Spouse or CU Partner Date