



VT Form TAX-693	FINANCIAL AND INCOME STATEMENT FOR WAGE EARNERS AND SELF-EMPLOYED INDIVIDUALS
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Complete this form if you are one of the following:

- an individual who owes income tax on Form IN-111, Vermont Individual Income Tax Return
- an individual with a personal liability for an excise tax
- an individual who is personally responsible for sales and use tax, meals and rooms tax, or withholding tax liability
- an individual member of a limited liability company (LLC) that is a disregarded entity, **OR**
- an individual who is personally responsible for a partnership liability
- an individual who is self-employed or has self-employment income. You are considered to be self-employed if you are in business for yourself, or carry on a trade or business.

Wage earners: Complete Sections 1, 3, 6, and 7, Box 1 (at the bottom of page 5), and signature line on page 9.

Self-employed individuals: Complete all sections and signature line on page 9.

Include attachments if additional space is needed to respond completely to any question.

SECTION 1 PERSONAL AND HOUSEHOLD INFORMATION

Last Name		First Name		MI	Social Security Number
Mailing Address			County of Residence		Date of Birth (mm dd yyyy)
City		State	ZIP Code		Primary Daytime Telephone Number
Foreign Country (if not United States)		Marital status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		Secondary Telephone Number	
Email Address					Do you <input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input type="checkbox"/> Other (specify) _____
Employer's Name		Occupation			
Employer's Address - Street		City		State	ZIP Code
Spouse or CU Partner Last Name		First Name		MI	Social Security Number
Employer's Name		Occupation			Spouse or CU Partner Date of Birth (mm dd yyyy)
Employer's Address - Street		City		State	ZIP Code

Provide information for all other persons in the household or claimed as a dependent.

Name (First & Last Name)	Age	Social Security Number	Relationship	Claimed as a dependent on your Form IN-111?		Contributes to household income?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(continued on next page)

Entity name
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SECTION 2 SELF-EMPLOYED INFORMATION

If you or your spouse or civil union partner is self-employed, complete this section.

Name of Business			Employer Identification Number
Trade Name or d/b/a			Business Telephone Number
Mailing Address (if other than personal residence)			Frequency of Tax Deposits
City	State	ZIP Code	Total Number of Employees
Foreign Country (if not United States)			Average Gross Monthly Payroll
Description of Business	Business Website		Is your business a sole proprietorship (filing Schedule C)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you or your spouse or civil union partner have any other business interests? Yes, continue in this section No, go to next section

Name of Business			Employer Identification Number
Mailing Address			Business Telephone Number
City	State	ZIP Code	Percentage of ownership
Foreign Country (if not United States)	Type of business (check ONE) <input type="checkbox"/> Partnership <input type="checkbox"/> Single member LLC <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other		

SECTION 3 PERSONAL ASSET INFORMATION

If any total in this section results in a negative number, enter -0-. If you do not have the type of asset listed, enter -0- in each applicable total box.

Cash and Investments (domestic and foreign)

Enter the total amount available for each of the following types of accounts. Use the **most current** statement for each type of account, such as checking, savings, money market, and online accounts, stored value cards (such as a payroll card from an employer), investment and retirement accounts (IRAs, Keogh, 401(k) plans, stocks, bonds, mutual funds, certificates of deposit), life insurance policies that have a cash value, and safe deposit boxes.

Bank Accounts

List information for any bank accounts you own in whole or in part.

Account Type (check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	1a. Amount
Bank Name	Account Number
Account Type (check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	1b. Amount
Bank Name	Account Number
1c. Total of bank account(s) listed from attachment.....	1c. Total bank account(s) from attachment
1d. Total of all bank accounts (Add Lines 1a through 1c).....	1d. Add Lines 1a through 1c

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Entity name
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SECTION 3 PERSONAL ASSET INFORMATION (cont.)

Investment Accounts

List information for any investment accounts you own in whole or in part.

Account Type (check ONE) <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other			2a. Amount (CMV x 0.8 - Loan Balance)
Name of Financial Institution		Account Number	
Current Market Value (CMV)	Multiply Current Market Value by 0.8	Loan Balance	
Account Type (check ONE) <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Other			2b. Amount (CMV x 0.8 - Loan Balance)
Name of Financial Institution		Account Number	
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Balance	
2c. Total of investment(s) listed from attachment (CMV x 0.8 - Loan Balance)			2c. Total investment(s) from attachment
2d. Total of all investment(s) (Add Lines 2a through 2c)			2d. Add Lines 2a through 2c

Real Estate

Enter information about any house, condo, co-op, time share, etc., that you own or are buying.

Property Address (physical address)		Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No		3a. Value (CMV x 0.8 - Loan Balance)
City		State	ZIP Code	
Foreign Country (if not United States)		How is the property titled (joint tenancy, etc.)		
Description of property				3b. Value (CMV x 0.8 - Loan Balance)
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Balance		
Property Address (physical address)		Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No		
City		State	ZIP Code	3c. Total real estate from attachment
Foreign Country (if not United States)		How is the property titled (joint tenancy, etc.)		
Description of property				
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Balance		3d. Add Lines 3a through 3c
3c. Total of real estate listed from attachment (CMV x 0.8 - Loan Balance)				
3d. Total of all real estate (Add Lines 3a through 3c)				

Entity name
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SECTION 3 PERSONAL ASSET INFORMATION (cont.)

Life Insurance Policies

List information for any insurance policies you have.

Name of Insurance Company	Policy Number	4a. Amount (CCV - Loan Balance)
Current Cash Value (CCV)	Loan Balance	
4b. Total of life insurance policies listed from attachment (CCV - Loan Balance)		4b. Total investment(s) from attachment
4c. Total of all life insurance policies (Add Lines 4a and 4b)		4c. Add Lines 4a and 4b

Vehicles

Enter information about any cars, boats, motorcycles, etc. that you own or lease.

Vehicle Make	Model	Year	Mileage	Lease or Loan? <input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease / Loan Payment	5a. Value (CMV x 0.8 - Loan Balance) If leased, enter -0-
Current Market Value (CMV)		Multiply CMV by 0.8		Loan Balance		
Vehicle Make	Model	Year	Mileage or Use Hours	Lease or Loan? <input type="checkbox"/> Lease <input type="checkbox"/> Loan	Monthly Lease / Loan Payment	5b. Value (CMV x 0.8 - Loan Balance) If leased, enter -0-
Current Market Value (CMV)		Multiply CMV by 0.8		Loan Balance		
5d. Total of vehicle(s) listed from attachment (CMV x 0.8 - Loan Balance)						5c. Total vehicle(s) from attachment
5e. Total of all vehicle(s) (Add Lines 5a through 5c)						5d. Add Lines 5a through 5c

Other Valuable Items

Describe any other valuable items, including, but not limited to, artwork, collections, jewelry, items of value in safe deposit boxes, etc.

Description of Asset			6a. Value (CMV x 0.8 - Loan Balance)
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Balance	
Description of Asset			6b. Value (CMV x 0.8 - Loan Balance)
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Balance	
Description of Asset			6c. Value (CMV x 0.8 - Loan Balance)
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Balance	
6d. Total of other valuable items listed from attachment (CMV x 0.8 - Loan Balance)			6d. Total real estate from attachment
6e. Total of all valuable items (Add Lines 6a through 6d)			6e. Add Lines 6a through 6d

Entity name
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SECTION 4 BUSINESS ASSET INFORMATION (for self-employed)

List business assets such as bank accounts, tools, books, machinery, equipment, business vehicles, and real property that is owned, leased, or rented. If you do not have the type of asset listed, enter -0- in each applicable total box.

Bank Accounts

List information for any bank accounts you own in whole or in part.

Account Type (check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	7a. Amount
Bank Name	Account Number
Account Type (check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	7b. Amount
Bank Name	Account Number
Account Type (check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Online Account <input type="checkbox"/> Stored Value Card	7c. Amount
Bank Name	Account Number
7d. Total of bank account(s) listed from attachment	7d. Total bank account(s) from attachment
7e. Total of all bank accounts (Add Lines 7a through 7d)	7e. Add Lines 7a through 7d

Other Assets

List information for any assets you own in whole or in part.

Description of Asset	8a. Value (CMV x 0.8 - Loan Balance)
Current Market Value (CMV) Multiply CMV by 0.8 Loan Balance	
Description of Asset	8b. Value (CMV x 0.8 - Loan Balance)
Current Market Value (CMV) Multiply CMV by 0.8 Loan Balance	
Description of Asset	8c. Value (CMV x 0.8 - Loan Balance)
Current Market Value (CMV) Multiply CMV by 0.8 Loan Balance	
8d. Total of other valuable items listed from attachment (CMV x 0.8 - Loan Balance)	8d. Total real estate from attachment
8e. Total of all valuable items (Add Lines 8a through 8d)	8e. Add Lines 8a through 8d

Notes Receivable

Do you have notes receivable? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach current listing which includes name and amount of note(s) receivable.	9. Total notes receivable from attachment
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TOTAL AVAILABLE ASSETS

BOX 1 Add Lines 1d, 2d, 3d, 4c, 5d, 6e, 7e, 8e, and 9

BOX 1 Total Available Assets

Entity name
Federal ID Number



SECTION 5 BUSINESS INCOME AND EXPENSE INFORMATION (for self-employed)

NOTE: If you provide a current profit and loss (P&L) statement for the information below, enter the total gross monthly income on Line 15 and your monthly expenses on Line 27 below. Do not complete Lines 10-14 and 16-26. You may use the amounts claimed for income and expenses on your most recent Schedule C; however, if the amount has changed significantly within the past year, a current P&L should be submitted to substantiate the claim.

Business Income (You may average 6-12 months income/receipts to determine your gross monthly income/receipts.)

- 10. Gross receipts **10.** _____
- 11. Gross rental income..... **11.** _____
- 12. Interest income **12.** _____
- 13. Dividends **13.** _____
- 14. Other income..... **14.** _____
- 15. **Gross monthly business income** (Add Lines 10 through 14)..... **15.** _____

Business Expenses (You may average 6-12 months expenses to determine your gross monthly expenses.)

- 16. Materials purchased (e.g., items directly related to the production of a product or service)..... **16.** _____
- 17. Inventory purchased (e.g., goods bought for resale)..... **17.** _____
- 18. Gross wages and salaries..... **18.** _____
- 19. Rent..... **19.** _____
- 20. Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)..... **20.** _____
- 21. Utilities/telephone..... **21.** _____
- 22. Vehicle costs (gas, oil, repairs, maintenance).... **22.** _____
- 23. Business Insurance **23.** _____
- 24. Current Business Taxes (e.g., Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes) ... **24.** _____
- 25. Other secured debts (not credit cards)..... **25.** _____
- 26. Other business expenses (include a list) **26.** _____
- 27. **Total monthly business expenses** (Add Lines 16 through 26)..... **27.** _____

NET BUSINESS INCOME

BOX 2 Subtract Line 27 from Line 15

BOX 2 Net Business Income

Entity name
Federal ID Number



SECTION 6 MONTHLY HOUSEHOLD INCOME AND EXPENSE INFORMATION

Enter your household's gross monthly income. The information below is for yourself, your spouse or civil union partner, and anyone else who contributes to your household's income. The entire household includes spouse or civil union partner, children, and others who contribute to the household. This information is necessary for the Department to evaluate your current financial situation.

Monthly Household Income

Primary taxpayer

- 28a. Wages 28a. _____
- 28b. Social Security 28b. _____
- 28c. Pension(s) 28c. _____
- 28. **Total primary taxpayer income** (Add Lines 28a through 28c) 28. _____

Spouse or civil union partner and other contributors to the household

- 29a. Wages 29a. _____
- 29b. Social Security 29b. _____
- 29c. Pension(s) 29c. _____
- 29. **Total spouse or civil union partner and other contributors to the household income** (Add Lines 29a through 29c) 29. _____

Other Income

- 30. Interest and dividends 30. _____
- 31. Distributions (such as income from partnerships, sub-S Corporations, etc.) 31. _____
- 32. Net rental income 32. _____
- 33. Net **business income** from BOX 2 33. _____
- 34. Child support received by the household 34. _____
- 35. Alimony received by the household 35. _____
- 36. Income derived from hobbies not already reported 36. _____
- 37. Additional household income 37. _____

TOTAL HOUSEHOLD INCOME

BOX 3 Add Lines 28 through 37.

BOX 3	Total Household Income
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Entity name
Federal ID Number



Monthly Household Expenses

Enter your average monthly expenses.

- 38. Food, clothing, and miscellaneous (e.g., housekeeping supplies, personal care products). A reasonable estimate of these expenses may be used. **38.** _____
- 39. Housing and utilities (e.g., rent or mortgage payment and average monthly cost of property taxes, home insurance, maintenance, dues, fees, and utilities including electricity, gas, or other fuels, trash collection, water, cable, telephone, and cell phone). **39.** _____
- 40. Vehicle loan and/or lease payment(s) **40.** _____
- 41. Vehicle operating costs (e.g., average monthly cost of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, tolls, etc.). A reasonable estimate of these expenses may be used. **41.** _____
- 42. Public transportation costs (e.g., average monthly cost of fares for mass transit such as bus, train, ferry, taxi, etc.). A reasonable estimate of these expenses may be used. **42.** _____
- 43. Health insurance premiums. **43.** _____
- 44. Out-of-pocket health care costs (e.g., average monthly cost of prescription drugs, medical services, and medical supplies like eyeglasses, hearing aids, etc.). **44.** _____
- 45. Court-ordered payments (e.g., monthly cost of any alimony, child support, etc.) . . **45.** _____
- 46. Child/dependent care payments (e.g., daycare, etc.) **46.** _____
- 47. Life insurance premiums. **47.** _____
- 48. Taxes (e.g., monthly cost of federal, state, and local tax, personal property tax, etc.) **48.** _____
- 49. Other secured debts (e.g., any loan where you pledged an asset as collateral not previously listed). Do not include unsecured debt such as credit cards. **49.** _____

HOUSEHOLD EXPENSES

BOX 4 Add Lines 38 through 49

BOX 4 Total Household Expenses

NET MONTHLY HOUSEHOLD INCOME

BOX 5 Subtract Box 4 from Box 3

BOX 5 Net Monthly Household Income

Entity name
Federal ID Number



SECTION 7 OTHER INFORMATION

Please provide additional information requested, which is needed to consider your offer.

- A. Are you the beneficiary of a trust, estate, or life insurance policy? Yes No
- B. Are you currently in bankruptcy? Yes No
- C. Have you filed bankruptcy in the past 10 years? Yes No
 If "Yes," Date Dismissed or Discharged (mm/dd/yyyy) _____
 County Filed _____
- D. Have you been party to a lawsuit? Yes No
 If "Yes," Date the lawsuit was resolved (mm/dd/yyyy) _____
- G. In the past 10 years, have you transferred any assets for less than their full value? Yes No
- H. Have you lived outside the U.S. for 6 months or longer in the past 10 years? Yes No
- H. Do you have any funds being held in trust by a third party? Yes No
 If "Yes," How much? _____
 Where? _____

SECTION 8 SIGNATURES

Under penalties of perjury, I declare that I have examined this offer, including accompanying documents, and to the best of my knowledge, it is true, correct, and complete.

 Signature of Taxpayer	Date (mm/dd/yyyy)
 Signature of Taxpayer	Date (mm/dd/yyyy)

Remember to include all applicable attachments from list below.

- Page(s) with additional information for each section, as needed.
- Copies of the most recent pay stub, earnings statement, etc., from each employer.
- Copies of bank statements for the three most recent months for any accounts listed on Form TAX-693, Sections 3 and/or 4.
- Copies of the most recent statement or documentation to support income reported on Form TAX-693, Sections 5 and/or 6.
- Copies of the most recent statement from lender(s) on loans such as mortgages, second mortgages, vehicles, etc., showing monthly payments, loan payoffs, and balances.
- List of Notes Receivable, if applicable.
- Accountant's depreciation schedules, if applicable.
- Attach a Form PA-1, Power of Attorney, if you would like your attorney, tax preparer, or other party to represent you and you do not have a current form on file with the Vermont Department of Taxes.