



136596 19999

Statement of Economic Hardship

The Department of Revenue uses this form to determine if the tax levy or standard installment agreement amount prevents you from meeting basic, reasonable living expenses. **Be sure to write clearly and do not leave any area blank.**

If additional space is needed, please attach a separate sheet that includes your name, social security number and clearly classify the additional information according to the areas below.

| | |
|--------------------------|-----------------|
| Account Number, if known | Date (MM/DD/YY) |
|--------------------------|-----------------|

| Taxpayer Information | | | |
|---|-------|-------|-----|
| Taxpayer Name | SSN | DOB | |
| Spouse Name | SSN | DOB | |
| Address | City | State | ZIP |
| Daytime Phone | Email | | |
| Age and relationship of people living with you (dependents only): | | | |
| | | | |

| Employer Information | | | |
|-----------------------------|---------------------------------------|-----------------------|-------|
| Current Employer - Taxpayer | | | Phone |
| Employer Address | City | State | ZIP |
| Length of Employment | Pay Cycle (monthly, biweekly, weekly) | Net Pay (after taxes) | |
| Current Employer - Spouse | | | Phone |
| Employer Address | City | State | ZIP |
| Length of Employment | Pay Cycle (monthly, biweekly, weekly) | Net Pay (after taxes) | |

| Non-Wage Household Income - list monthly amounts for the entire household | | | |
|---|----|---------------------|----|
| Profit from business | \$ | Unemployment Income | \$ |
| Commissions | \$ | Interest/Dividends | \$ |
| Pension/Social Security Income | \$ | Net Rental Income | \$ |
| Alimony/Child Support Income | \$ | Other Income | \$ |
| TOTAL INCOME - enter the sum of all household income | | | \$ |

| Accounts - include checking, online/mobile (PayPal, etc.), savings, loans, CD, credit union, etc. | | | |
|---|---------|----------------|-----------------|
| Name of Institution | Address | Account Number | Current Balance |
| | | | \$ |
| | | | \$ |

| Securities - include stocks, bonds, annuities, mutual funds, IRA, money market funds, whole life insurance policies, etc. | | | |
|---|--------|-----------------------|---------------|
| Type | Issuer | Quantity/Denomination | Current Value |
| | | | \$ |
| | | | \$ |

Please complete reverse side of form



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| | |
|---------------|--------------------------|
| Taxpayer Name | Account Number, if known |
|---------------|--------------------------|

Real Estate – include home, vacation, timeshares, rental properties, etc.

| Description/Location/County | Mortgage Company | Current Value | Balance Owed |
|-----------------------------|------------------|---------------|--------------|
| Primary residence? Y/N | | | \$ |
| Primary residence? Y/N | | | \$ |

Motor Vehicles – include cars, boats, recreation vehicles, etc.

| Year/Make/Model/License Plate | Financing Company | Current Value | Balance Owed |
|-------------------------------|-------------------|---------------|--------------|
| | | | \$ |
| | | | \$ |

Monthly Necessary Living Expenses

Enter the monthly amount of your expenses. For any expenses not paid monthly, convert as follows:

Quarterly bills: divide by 3

Weekly bills: multiply by 4.3

Biweekly bills: multiply by 2.17

Expenses should be reasonable for the size of your household. Substantiation may be required for any expenses over a reasonable amount. The national standard will be considered for food, clothing, and other allowable items.

| | | | |
|---------------------------------------|----|---|----|
| Rent or mortgage payment | \$ | Transportation (gas, parking, bus fare, etc.) | \$ |
| Child support and/or alimony paid | \$ | Out-of-pocket medical | \$ |
| Child/Dependent care | \$ | Health insurance premiums | \$ |
| Food and housekeeping supplies | \$ | Life insurance premiums | \$ |
| Gas/Electric | \$ | Automobile insurance | \$ |
| Water/Sewer | \$ | Homeowners or renters insurance | \$ |
| Telephone, cable, internet, cellphone | \$ | Car loan payment | \$ |

Other Debt – include lender name and account numbers

| | |
|---|-----------|
| | \$ |
| | \$ |
| | \$ |
| TOTAL EXPENSES – enter the sum of all household expenses | \$ |

Additional information – describe any expected changes to your income, expenses or employment below.

| | |
|---|--|
| Under penalty of perjury, I declare to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete. | |
|---|--|

| | |
|------------------|--------------------|
| Spouse signature | Taxpayer signature |
|------------------|--------------------|