



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)
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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
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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.

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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
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