

# Collection Information Statement for Individuals

(If you need additional space, please attach a separate sheet)

**Note: Complete all blocks, except shaded areas. Write "N/A" (not applicable) in those blocks that do not apply.**

<b>1</b> Taxpayer(s) name(s) and address  County _____	<b>2</b> Phone number  	<b>3</b> Marital status  
	<b>4a</b> Taxpayer's Social Security number  	<b>4b</b> Spouse's Social Security number  

## Section I Employment Information

<b>5</b> Taxpayer's employer or business (name and address)	<b>a</b> How long employed	<b>b</b> Business phone number	<b>c</b> Occupation
	<b>d</b> Number of exemptions claimed on W-4	<b>e</b> Pay period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> _____ Payday: _____ (Mon-Sun)	<b>f</b> (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner
<b>6</b> Spouse's employer or business (name and address)	<b>a</b> How long employed	<b>b</b> Business phone number	<b>c</b> Occupation
	<b>d</b> Number of exemptions claimed on W-4	<b>e</b> Pay period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> _____ Payday: _____ (Mon-Sun)	<b>f</b> (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner

## Section II Personal Information

<b>7</b> Name, address and telephone number of next of kin or other reference	<b>8</b> Other names or aliases	<b>9</b> Previous address(es)
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**10** Age and relationship of dependents living in your household (exclude yourself and spouse)

<b>11</b> Date of birth	<b>a</b> Taxpayer	<b>b</b> Spouse	<b>12</b> Last filed income tax return (tax year)	<b>a</b> Number of exemptions claimed	<b>b</b> Adjusted gross income
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## Section III General Financial Information

**13** Bank accounts (include savings and loans, credit unions, IRA and retirement plans, certificates of deposit, etc.)

Name of Institution	Address	Type of Account	Account No.	Balance
Total (Enter in Item 21) .....				

**Section III (continued) General Financial Information**

**14** Charge cards and lines of credit from banks, credit unions, and savings and loans.

Type of Account or Card	Name and Address of Financial institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
<b>Total (Enter in Item 27)</b> .....					

**15** Safe deposit boxes rented or accessed (List all locations, box numbers, and contents)

16 Real Property (Brief description and type of ownership)	Physical Address
<b>a</b>	County _____
<b>b</b>	County _____
<b>c</b>	County _____

17 Life Insurance (Name and Company)	Policy Number	Type	Face Amount	Available Loan Value
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
<b>Total (Enter in Item 23)</b>				

**18** Securities (stocks, bonds, mutual funds, money market funds, government securities, etc.):

Kind	Quantity or Denomination	Current Value	Where Located	Owner of Record

**19** Other information relating to your financial condition. If you check the "Yes" box, please give dates and explain on page 4, Additional Information or Comments:

<b>a</b> Court proceedings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>b</b> Bankruptcies	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> Repossessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>d</b> Recent sale or other transfer of assets for less than full value	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> Anticipated increase in income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>f</b> Participant or beneficiary to trust, estate, profit sharing, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Section IV</b>		<b>Assets and Liabilities</b>					
<b>Description</b>	<b>Current Market Value</b>	<b>Current Amount Owed</b>	<b>Equity in Asset</b>	<b>Amount of Monthly Payment</b>	<b>Name and Address of Lien/Note Holder/Lender</b>	<b>Date Pledged</b>	<b>Date of Final Payment</b>
<b>20</b> Cash							
<b>21</b> Bank accounts (from item 13)							
<b>22</b> Securities (from item 18)							
<b>23</b> Cash or loan value of insurance							
<b>24</b> Vehicles leased or owned (model, year, license, tag #)							
<b>a</b>							
<b>b</b>							
<b>c</b>							
<b>25</b> Real property (from Section III, item 16)	<b>a</b>						
	<b>b</b>						
	<b>c</b>						
<b>26</b> Other assets							
<b>a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>27</b> Bank revolving credit (from item 14)							
<b>28</b> Other liabilities (including bank loans, judgements notes, and charge accounts not entered in item 13)	<b>a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>						
	<b>g</b>						
<b>29</b> Federal taxes owed (prior years)							
<b>29</b> Totals			\$	\$			

**Comptroller of Maryland Use Only Below This Line**

**Financial Verification/Analysis**

<b>Item</b>	<b>Date Information or Encumbrance Verified</b>	<b>Date Property Inspected</b>	<b>Estimated Forced Sale Equity</b>
Personal Residence			
Other real property			
Vehicles			
Other personal property			
State employment (husband and wife)			
Income tax return			
Wage statements (husband and wife)			
Sources of income/credit (D&B report)			
Expenses			
Other assets/liabilities			

**Section V Monthly Income and Expense Analysis**

Total Income		Necessary Living Expenses		
Source	Gross		Claimed	Comptroller's use Only Allowed
31 Wages/salaries (taxpayer)	\$	42 National Standard Expenses (1)	\$	
32 Wages/salaries (spouse)		43 Housing and utilities (2)		
33 Interest, dividends		44 Transportation (3)		
34 Net business income (from Form MD 433-B)		45 Health care		
35 Rental income		46 Taxes (income and FICA)		
36 Pension (taxpayer)		47 Court ordered payments		
37 Pension (spouse)		48 Child/dependent care		
38 Child support		49 Life insurance		
39 Alimony		50 Secured or legally-perfected debts (specify)		
40 Other income		51 Other expenses (specify)		
41 Total income	\$	52 Total Expenses	\$	\$
		53 (Comptroller's use only) Net difference (income less necessary living expenses)	\$	

**Certification** Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

54 Your signature	55 Spouse's signature (if joint return filed)	56 Date
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**Notes**

1 Clothing and clothing services, food, housekeeping supplies, personal care products and services, and miscellaneous.

2 Rent or mortgage payment for the taxpayer's principal residence. Add the average monthly payment for the following expenses if they are **not** included in the rent or mortgage payment: property taxes, homeowner's or renter's insurance, parking, necessary maintenance and repair, homeowner dues, condominium fees and utilities. Utilities include gas, electricity, water, fuel oil, coal, bottled gas, trash and garbage collection, wood and other fuels, septic cleaning, and telephone.

3 Lease or purchase payments, insurance, registration fees, normal maintenance, fuel, public transportation, parking, and tolls.

Additional information or comments:

**Comptroller of Maryland Use Only Below This Line**

Explain any difference between Item 53 and the installment payment amount:

Name of Originator Date