

**LOUISIANA**  
 DEPARTMENT of REVENUE

**Statement of Financial Condition  
 for Individuals**

 Louisiana Department of Revenue  
 Formal Installment Agreement for Individuals  
 P.O. Box 66658  
 Baton Rouge, LA 70896-6658

The information provided in this statement must include all household employment, assets, liabilities, income and expenses.  
 Spouse and dependent information are required even though only one person is liable for the tax.

**Section I – Personal Information**

1. Taxpayer(s) Name(s) and Residence Address	2. Daytime Telephone Number	3. Marital Status ( <i>Mark One.</i> ) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
How long at this address? ___Years ___Months Do you own <input type="checkbox"/> or rent <input type="checkbox"/> ?	4. Social Security Number Taxpayer _____ Spouse _____	5. Date of Birth Taxpayer _____ Spouse _____
6. Previous Address if at Current Address Less than Two Years	7. Income Tax Return Information A. Year of Last Filed Federal Income Tax Return _____ B. Federal Adjusted Gross Income from Last Return \$ _____ C. Year of Last Filed Louisiana Income Tax Return _____	

**Section II – Employment Information**

8. Taxpayer(s) Employer or Business – Name and Address	9. Employer Telephone Number	10. Occupation	
11. Length of Employment Years_____ Months_____	12. Work Relationship <input type="checkbox"/> Employee <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Officer		
13. Spouse's Employer or Business – Name and Address	14. Employer Telephone Number	15. Occupation	
16. Length of Employment Years_____ Months_____	17. Work Relationship <input type="checkbox"/> Employee <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Officer		
18. Taxpayer(s) Part-time or Previous Employment in Last Three Years	19. Spouse's Part-time or Previous Employment in Last Three Years		
<b>Employer Name</b>	<b>Employment Date</b>	<b>Employer Name</b>	<b>Employment Date</b>
	to		to
	to		to
	to		to
20. Have your wages or salary been garnished within the last three years? Taxpayer <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Section III – Dependent Information**

21. Dependent Name ( <i>Other than Spouse</i> )	Date of Birth	Relationship	Monthly Income
			\$

**Section IV – Assets as of**      <sup>MM</sup>      <sup>DD</sup>      <sup>YY</sup>

22. Cash		<b>Total</b> (Enter also on Line 30-A.)		\$			
23. Bank or Credit Union Accounts (Checking, Savings, Certificate of Deposit, etc.)*							
<b>Name of Institution</b>	<b>Account Number</b>	<b>Type of Account</b>	<b>Balance</b>				
			\$				
<b>Total</b> (Enter also on Line 30-B.)				\$			
24. Bank Credit Cards (Visa, MasterCard, Discover, American Express, etc.)*							
<b>Name of Issuer</b>	<b>Account Number</b>	<b>Credit Limit</b>	<b>Amount Owed</b>	<b>Credit Available</b>			
		\$	\$	\$			
<b>Total</b> (Enter also on Line 30-C.)				\$			
25. Securities (Stocks, Bonds, Mutual Funds, IRA, Government Securities, Money Market Funds, etc.)*							
<b>Type</b>	<b>Issuer</b>	<b>Quantity or Denomination</b>	<b>Current Value</b>				
			\$				
<b>Total</b> (Enter also on Line 30-D.)				\$			
26. Real Property (Personal Residence, Vacation or Second Home, Investment Property, Unimproved Land, etc.)*							
<b>Description</b>	<b>Address</b>	<b>Current Market Value</b>	<b>Amount Owed</b>	<b>Equity in Property</b>			
		\$	\$	\$			
<b>Total</b> (Enter also on Line 30-E.)				\$			
27. Vehicles – Excluding Leased Vehicles (Including Motor Homes, Campers, Motorcycles, Boats, Trailers, etc.)*							
<b>Description</b>	<b>Make</b>	<b>Purchase Date</b>	<b>Year</b>	<b>Tag Number</b>	<b>Current Market Value</b>	<b>Amount Owed</b>	<b>Equity in Vehicle</b>
					\$	\$	\$
<b>Total</b> (Enter also on Line 30-F.)						\$	
28. Other Assets*							
	<b>Current or Appraised Value</b>				<b>Current or Appraised Value</b>		
Notes Receivable	\$			Timber, Mineral, or Drilling Rights	\$		
Cash Surrender Value of Life Insurance				Patents or Copyrights			
Judgments or Settlements Receivable				Other (Specify.)			
Vested Retirement Account							
Collectibles, Antiques, or Artwork							
<b>Total</b> (Enter also on Line 30-G.)						\$	

\*If additional lines are needed, check this box and attach additional pages, noting line number and description.

**Section V – Liabilities as of** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM DD YY

## 29. Liabilities (Do Not Include Any Mortgages or Vehicle Loans)

	Total Amount Owed		Total Amount Owed
Notes Payable	\$	Past Due Other Taxes	\$
Installment or Personal Loans		Vehicle Lease: Make _____ Year _____	
Education or Student Loans		Vehicle Lease: Make _____ Year _____	
Bank Revolving Credit		Other Liabilities:	
Judgments Payable			
Past Due Federal Taxes			
Past Due State Taxes			
<b>Total (Enter also on Line 31.)</b>			<b>\$</b>

**Section VI – Net Worth Calculation**

## 30. Assets (Section IV)

A. Cash (Section IV, Line 22)	\$
B. Bank or Credit Union Accounts (Section IV, Line 23)	
C. Bank Credit Cards (Section IV, Line 24)	
D. Securities (Section IV, Line 25)	
E. Real Property (Section IV, Line 26)	
F. Vehicles (Section IV, Line 27)	
G. Other Assets (Section IV, Line 28)	
<b>Total Assets (Add Lines 30A – 30G.)</b>	<b>\$</b>
31. Liabilities (Total of Section V, Line 29)	\$
32. Net Worth (Total Assets from Line 30 minus Total Liabilities from Line 31)	\$

**Section VII – Other Information**

33. Are you currently in filing compliance with all Louisiana taxes?  
 Yes  No If "No", identify tax type and period. \_\_\_\_\_
34. If the tax liability was incurred in the operation of a business, has the business been discontinued?  
 Yes  No  N/A If "Yes", date discontinued. \_\_\_\_\_
35. Have you disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?  
 Yes  No If "Yes", identify. \_\_\_\_\_
36. Is a foreclosure proceeding pending on any real estate that you own or have an interest in?  
 Yes  No
37. Is anyone holding any assets on your behalf?  
 Yes  No If "Yes", identify. \_\_\_\_\_ Relationship \_\_\_\_\_
38. Are you a party to any lawsuit now pending?  
 Yes  No
39. Do you anticipate any significant change in your current income levels or financial situation within the next four years?  
 Yes  No If "Yes", explain. \_\_\_\_\_
40. Have you previously petitioned the Louisiana Department of Revenue for an Offer in Compromise for any tax liability within the last ten years?  
 Yes  No If "Yes", date the offer was approved or declined. \_\_\_\_\_
41. Are you or any business that you own currently under bankruptcy court jurisdiction?  
 Yes  No Bankruptcy Case Number \_\_\_\_\_

