



West Virginia State Tax Department
Collection Information Statement For Individuals

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

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

1. Taxpayer(s) name and address County _____	2. Home phone number ()	3. Marital status
	4a. Taxpayer's SS No.	b. Spouse's social security no.

Section I. Employment Information

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

SECTION II. Personal Information

7. Name, address and telephone number of next of kin or other reference	8. Other names or aliases	9. Previous address(es)		
10. Age and relationship of dependents living in your household <i>(exclude yourself and spouse)</i>				
11. Date of Birth	a. Taxpayer b. Spouse	12. Latest filed income tax return (tax year)	a. No. of exemptions claimed	b. Adjusted Gross Income

Section III. General Financial Information

13. Bank accounts *(include savings & loans, credit unions, IRA and retirement plans, certificates of deposit, etc.)* Enter bank loans in item 28.

Name of Institution	Address	Type of Acct.	Acct. #	Balance
Total <i>(Enter in Item 21)</i> <input type="checkbox"/>				\$

Section III. - continued General Financial Information

14. Charge cards and lines of credit from banks, credit unions, and savings and loans. List all other charge accounts in item 28.

Type of Account or Card	Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
Totals (Enter in Items 27)		<input type="checkbox"/>			

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
a.	County _____
b.	County _____
c.	County _____

17. Life insurance (Name of 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		
Total (Enter in Item 23)			<input type="checkbox"/>	\$

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 conditions. If you check the yes box below, please give dates and explain on page 4, Additional information or Comments:

a. Court proceedings	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Bankruptcies	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Repossessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Recent sale or other transfer of assets for less than full value	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section IV.

Asset and Liabilities

Description	Current Market Value	Current Amount Owed	Equity in Asset	Amt. of Mo. Payment	Name and Address of Lien / Note Holder / Obligee / Lender	Date Pledged	Date of Final Pymt
20. Cash							
21. Bank Accounts (from Item 13)							
22. Securities (from Item 18)							
23. Cash or loan value of insurance							
24. Vehicles (model, year, license, tag#)							
a.							
b.							
c.							
25. Real Property (From Section III, Item 16)	a.						
	b.						
	c.						
26. Other assets							
a.							
b.							
c.							
d.							
e.							
27. Bank revolving credit (from item 14)							
28. Other liabilities (i.e. bank loans, judgments, notes and charge accounts not entered in Item 13)							
a.							
b.							
c.							
d.							
e.							
f.							
g.							
29. State taxes owed (prior year)							
30. Totals			\$	\$			

Section V. Monthly Income and Expense Analysis

Total Income		Necessary Living Expenses		
Source	Gross		Claimed	(State use only) Allowed
31. Wages / Salaries (Taxpayer)	\$	42. Housing and utilities	\$	
32. Wages / Salaries (Spouse)		43. Transportation		
33. Interest – Dividends		44. Health Care		
34. Net Business Income (Form 433-B)		45. Taxes (Income and FICA)		
35. Rental Income		46. Court ordered payments		
36. Pension (Taxpayer)		47. Child / dependent care		
37. Pension (Spouse)		48. Life insurance		
38. Child Support		49. Other expenses (specify)		
39. Alimony				
40. Other				
41. Total Income <input type="checkbox"/>	\$	50. Total Expenses	\$	\$
		51. Net differences (State use only)	\$	\$
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.				
52. Your signature		53. Spouse's signature (if joint return filed)		54. Date

State Tax Department Use Only Below This Line

Financial Verification / Analysis			
Item	Date Information or Encumbrance Verified	Date Property Inspected	Estimate Forced Sale Equity
Real Estate			
Vehicles			
Other Personal Property			
Income Tax Return			
Sources of Income / Credit Bureau			
Other Assets / Liabilities			
Additional information or comments:			