

**STATEMENT OF
 FINANCIAL CONDITION
 FOR INDIVIDUALS**

If additional space is needed, attach separate sheet

SECTION I TAXPAYER INFORMATION

Taxpayer's Name	Date of Birth	SSN
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Taxpayer's Street Address

City	County	State	ZIP Code
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Spouse's Name (if applicable)	Date of Birth	SSN
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Spouse's Street Address (if different from above)

City	County	State	ZIP Code
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Phone Number	Marital Status	Number of Exemptions Claimed on W-4
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SECTION II EMPLOYMENT INFORMATION

Employer or Business Name

Employer or Business Street Address

City	County	State	ZIP Code
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Business Phone Number	Occupation	Paydays	Fill In Appropriate Oval <input type="radio"/> Wage Earner <input type="radio"/> Partner <input type="radio"/> Sole Proprietor
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Spouse's Employer or Business Name

Employer or Business Street Address

City	County	State	ZIP Code
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Business Phone Number	Occupation	Paydays	Fill In Appropriate Oval <input type="radio"/> Wage Earner <input type="radio"/> Partner <input type="radio"/> Sole Proprietor
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SECTION III PERSONAL INFORMATION

Name of Next of Kin or Other Reference	Phone Number
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Next of Kin or Other Reference Street Address

City	County	State	ZIP Code
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Dependents Living in Your Household (exclude husband and wife)

AGE	RELATIONSHIP	AGE	RELATIONSHIP

SECTION IV GENERAL FINANCIAL INFORMATION

Latest PA Income Tax Return Filed (Tax Year)

Adjusted Gross Income on Return

Bank Accounts (include Savings and Loans, Credit Unions, IRA and KEOUGH accounts, Certificates of Deposit, etc.)

NAME OF INSTITUTION	ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
				\$
				\$
				\$
				\$
TOTAL (Enter in Section V, Line 2)				\$

Bank Charge Cards, Lines of Credit, etc.

TYPE OF ACCOUNT OR CARD	NAME AND ADDRESS OF FINANCIAL INSTITUTION	MONTHLY PAYMENT	CREDIT LIMIT	AMOUNT OWED	CREDIT AVAILABLE
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Enter in Section V, Line 8)		\$	\$	\$	\$

Safe Deposit Boxes Rented or Accessed (list all locations, box numbers and contents)

BOX NUMBER	SAFE DEPOSIT BOX LOCATION	CONTENTS

Real Estate Property

REAL PROPERTY DESCRIPTION	TYPE OF OWNERSHIP	ADDRESS (INCLUDE COUNTY AND STATE)
a.		
b.		
c.		
d.		

Life Insurance

NAME OF LIFE INSURANCE COMPANY	POLICY NUMBER	TYPE	FACE VALUE	AVAILABLE LOAN VALUE
			\$	\$
			\$	\$
			\$	\$
			\$	\$

SECTION IV GENERAL FINANCIAL INFORMATION (cont.)

Additional Information (court proceedings, bankruptcies, repossessions, recent transfers of assets for less than full value, anticipated increases in income, condition of health, etc., include information on trusts, estates, retirement plans, etc., on which you are a participant or beneficiary)

SECTION V ASSET AND LIABILITY ANALYSIS

(A) ASSET OR LIABILITY	(B) DESCRIPTION	(C) CURRENT MARKET VALUE	(D) LIABILITIES BALANCE DUE	(E) AMOUNT OF MONTHLY PAYMENT
1. Cash		\$		
2. Bank Accounts		\$		
3. Stocks, bonds, investments		\$	\$	\$
4. Cash or loan value of insurance		\$	\$	\$
5. Vehicles (model, year, license)	a.	\$	\$	\$
	b.	\$	\$	\$
6. Real Property	a.	\$	\$	\$
	b.	\$	\$	\$
7. Other Assets	a.	\$	\$	\$
	b.	\$	\$	\$
8. Bank Revolving Credit		\$	\$	\$
9. Other Liabilities (include judgements, notes and other charge accounts)	a.	\$	\$	\$
	b.	\$	\$	\$
	c.	\$	\$	\$
10. Federal Taxes Owed		\$	\$	\$
11. State Taxes Owed		\$	\$	\$
12. TOTALS		\$	\$	\$

SECTION VI INCOME AND EXPENSE ANALYSIS**PART A - INCOME**

SOURCE	GROSS	NET
13. Wages/Salary (Taxpayer)	\$	\$
14. Wages/Salary (Spouse) to be completed if you are married even if your spouse is not liable for the tax. This information is necessary in order for the Department of Revenue to calculate household income and expenses.	\$	\$
15. Interest - Dividends	\$	\$
16. Net business Income (from Form REV-484 or REV-488)	\$	\$
17. Rental Income	\$	\$
18. Pension (Taxpayer) Source:	\$	\$
19. Pension (Spouse) Source:	\$	\$
20. TOTAL	\$	\$

PART B - NECESSARY LIVING EXPENSES

21. Rent/House Payment	\$
22. Groceries	\$
23. Allowable Installment Payments	\$
24. Utilities	\$
25. Transportation	\$
26. Insurance	\$
27. Medical	\$
28. Estimated Tax Payments (federal-state)	\$
29. Other Expenses (specify)	\$
30. TOTAL	\$
31. Net Difference (income less necessary living expenses)	\$

SECTION VII 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.

Print Name	Signature	Date
Spouse, Attorney or Accountant Print Name	Spouse, Attorney or Accountant Signature (POA Attached)	Date

Instructions for REV-488

Statement of Financial Condition for Individuals

GENERAL INFORMATION

The Statement of Financial Condition for Individuals provides the Pennsylvania Department of Revenue with credit and statistical information that will be utilized in evaluating an individual's financial status. Every line of the financial statement must be completed and should reflect accurate information and amounts. If a line is not applicable to you, respond "N/A". An incomplete Statement of Financial Condition for Individuals will not be considered.

The Statement of Financial Condition for Individuals is presented in six sections. Instructions are provided only for lines requiring clarification. Most of the requested items are self-explanatory and need no further interpretation.

LINE INSTRUCTIONS

SECTION I

TAXPAYER INFORMATION

Please verify the Social Security numbers reported.

SECTION II

EMPLOYMENT INFORMATION

This section should report all full-time and/or part-time employers that currently make payment(s) to you in the form of wages, salaries and/or commissions for services performed. You may provide attachments if necessary.

SECTION III

PERSONAL INFORMATION

Provide personal and household information regarding you, your spouse and/or your dependents.

SECTION IV

GENERAL FINANCIAL INFORMATION

All information furnished in this section should be verified for accuracy. The department may conduct an inquiry to substantiate this information.

BANK CHARGE CARD

Include any line of credit available to you from a company credit union.

REAL PROPERTY

Report all business real estate holdings as well as your personal residence.

Report insurance information as verified through your insurance agent.

ADDITIONAL INFORMATION

Report any extraordinary situations, such as recent transfers of assets, court proceedings and anticipated changes in employment.

SECTION V

ASSET AND LIABILITY ANALYSIS

This section resembles a balance sheet and should reflect accurate amounts for assets owned and debts owed.

LINE 1

CASH

Report actual cash on hand, not cash in banks or other financial institutions.

LINE 5

VEHICLES

Report the current market value of your vehicle(s) as determined in an automobile blue book or by other property valuation sources.

LINE 7

Report other assets such as furniture, recreational vehicles, recreational or hobby tools, machinery and equipment and miscellaneous household assets.

LINE 9

Report all other liabilities and debts owed for medical bills, dental bills and educational expenses, including any formal promissory note, loan arrangement or financial obligation currently assigned to you.

LINES 10 - 11

FEDERAL/STATE TAXES OWED

Report all delinquent federal and state taxes.

LINE 12

TOTALS

Report totals for all entries made in each column.

SECTION VI

MONTHLY INCOME AND EXPENSE ANALYSIS

Report all sources of income, both gross and net, earned and/or received on a monthly basis and all sources of necessary living expenses paid and/or incurred on a monthly basis. Additional lines have been provided for reporting income and/or expense items not already itemized in Section V. Each entry should be verified for accuracy. The department may request supportive documents to substantiate this information.

LINES 13 - 14

WAGES/SALARY

Report gross and net income figures obtained from all of your wage statements. If you are paid on a weekly basis, multiply your weekly gross and net salary by 4.3 to arrive at your monthly gross and net income.

LINE 20

TOTAL INCOME

Report total income, both gross and net, from all income sources identified under Items 13-19.

LINES 21 - 29

NECESSARY LIVING EXPENSES

Report accurate amounts for expenses verified by examining your checkbook for the last six months.

LINE 23

Report allowable installment payments, the minimum payments on secured or legally perfected debts (car payments, judgments, etc.). Do not include payments on encumbered assets (boats, recreational vehicle, etc.), which are not necessary living expenses.

LINE 30

TOTAL

Report total expenses from all liability sources identified under Lines 21-29.

SECTION VII

CERTIFICATION

Signature by you, your spouse or your attorney/accountant (POA attached), certifies that statements and entries contained in the Statement of Financial Condition for individuals and/or accompanying schedules are correct to the best knowledge and belief of the undersigned.

Provide your signature along with the date your signature was posted. If a joint income tax return was filed, your spouse's signature must also be provided.