

Income and Expense Analysis
(All figures should reflect monthly amounts)

1. Monthly Income	Taxpayer Monthly Amount	Spouse Monthly Amount	2. Monthly Expenses	Monthly Payment
Wages Earned Before Deductions: Taxpayer: \$ _____ Spouse: \$ _____			Mortgage / Rent: (Your portion only)	
Take-Home Pay: (Attach two recent pay stubs)			Groceries: (Number of people: ____)	
Interest / Dividends Received: Sources:			Utilities: Gas / Electric / Heat Telephone Water	
Child Support Income:			Transportation: Vehicle Payment(s) Gas / Commuting Cost Car Insurance (Annual Premium \$ ____)	
Alimony Income:			Total Loan Payment(s): (Itemize #3 Below)	
Pension / Social Security Income:			Total Credit Card Payment(s): (Itemize #4 Below)	
Rental Income:			Medical Payments: (not covered by ins.) (Total amount owed: \$ _____)	
Other Sources of Income:			Day Care Provider: (monthly)	
			Child Support Payment:	
			Alimony Payment:	
			Federal Taxes (IRS) Monthly Payment: (Total amount owed: \$ _____)	
			Other:	
Total Income			Total Expenses	
	Monthly Payment	Balance Remaining	Month / Year of Final Payment	
3. Loans:				
4. Credit Cards:	Monthly Payment	Balance Remaining	Month / Year of Final Payment	



COMPTROLLER
of MARYLAND

Serving the People

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PERSONAL FINANCIAL STATEMENT

Taxpayer's / Spouse's Full Name and Address: _____

Social Security Number(s):

Taxpayer: _____

Spouse: _____

Own

Additional Property (List Below)

Rent

Marital Status:

Single

Married

Separated

Divorced

Date of Birth:

Taxpayer: _____

Spouse: _____

Home Phone: _____

Number of Dependents:

Children (List Ages): _____

Other (Specify): _____

Taxpayer's Employer (Name and Address): _____

How Paid?

Weekly

Bi-Weekly

Other _____

How Long Employed? _____

Occupation: _____ Business Phone: _____

Spouse's Employer (Name and Address): _____

How Paid?

Weekly

Bi-Weekly

Other _____

How Long Employed? _____

Occupation: _____ Business Phone: _____

Name of Bank, Credit Union or Financial Institution(s): _____

Type of Account(s):

Checking Account

Savings Account

Safe Deposit Box

Make, Model and Year of Each Vehicle Owned or Leased: _____

Additional Information or Comments: _____

Suggested Monthly Payment: \$ _____

Taxpayer's Signature

Date

Spouse's Signature

Date

YOUR ACCOUNT MAY BE SUBJECT TO A PROPERTY LIEN BEING FILED AGAINST YOU TO SECURE THIS DEBT.