

# U.S. Department of the Treasury

## Financial Disclosure Statement

To evaluate a hardship claim, the U.S. Department of the Treasury (the Department) compares the expenses you claim and support against averages spent for those similar expenses by families of the same size and income as yours. The Department considers proven expenses as reasonable up to the amount of these averages. If you claim more for an expense than the average spent by families like yours, you must provide persuasive explanation why the amount you claim is necessary. These average amounts were determined by the Internal Revenue Service (IRS) from different government studies. You can find the average expense amount that the Department uses at the following Web site: [www.irs.gov](http://www.irs.gov) and then search for "Collection Financial Standards."

- Complete all items. Do not leave any item blank. If the answer is zero, write zero.
- Provide documentation of expenses. Expenses will not be considered if you do not provide documents supporting the amounts claimed.
- Disclose and provide documentation of household income.
- Failure to provide this information and documentation will result in a denial of your claim of financial hardship.
- Sign and date page 6
- Return the requested information and documentation to:
  - US DEPARTMENT OF TREASURY
  - Fax #: (512)342-7220 / (512)342-7230
  - email: [AWG.Hearings@fiscal.treasury.gov](mailto:AWG.Hearings@fiscal.treasury.gov)

### Income

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Present Position: \_\_\_\_\_

Gross Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Net Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**YOU MUST ENCLOSE: COPY OF YOUR TWO MOST RECENT PAY STUBS AND COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Please list all taxes deducted from your pay.

Deductions	Amount	Reason
Federal Tax:	\$ _____	_____
State Tax:	\$ _____	_____
City/Other:	\$ _____	_____
FICA:	\$ _____	_____
Medicare:	\$ _____	_____
Other:	\$ _____	_____
401K:	\$ _____	_____
Retirement:	\$ _____	_____
Union Dues:	\$ _____	_____
Medical:	\$ _____	_____
Dental:	\$ _____	_____
Vision:	\$ _____	_____
Credit Union:	\$ _____	_____
Other:	\$ _____	_____
Other:	\$ _____	_____

Number of dependents: \_\_\_\_\_(including yourself)

Marital status:  Married  Single  Divorced

**Spouse's Income**

Your spouse's name: \_\_\_\_\_

Gross Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Net Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**YOU MUST ENCLOSE: COPY OF YOUR TWO MOST RECENT PAY STUBS AND COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Please explain all deductions shown on pay-stubs:

Deductions	Amount	Reason
Federal Tax:	\$ _____	_____
State Tax:	\$ _____	_____
City/Other:	\$ _____	_____
FICA:	\$ _____	_____
Medicare:	\$ _____	_____
401K:	\$ _____	_____
Retirement:	\$ _____	_____
Union Dues:	\$ _____	_____
Medical:	\$ _____	_____
Dental:	\$ _____	_____
Vision:	\$ _____	_____
Credit Union:	\$ _____	_____
Other:	\$ _____	_____
Other:	\$ _____	_____

**Other household members(s) with income:**

Name: \_\_\_\_\_

Gross Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Net Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**YOU MUST ENCLOSE: COPY OF YOUR TWO MOST RECENT PAY STUBS AND COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Please explain all deductions shown on other household member's pay-stubs:

Deductions	Amount	Reason
Federal Tax:	\$ _____	_____
State Tax:	\$ _____	_____
City/Other:	\$ _____	_____
FICA:	\$ _____	_____

Medicare: \$ \_\_\_\_\_

401K: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

Union Dues: \$ \_\_\_\_\_

Medical: \$ \_\_\_\_\_

Dental: \$ \_\_\_\_\_

Vision: \$ \_\_\_\_\_

Credit Union: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Other Income:**

Child support: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Alimony: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Interest: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Public assistance: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Rental income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Other: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Describe Other: \_\_\_\_\_

**Monthly Expenses**

**Shelter (YOU MUST SEND COPY OF MORTGAGE OR LEASE)**

Rent/Mortgage: \$ \_\_\_\_\_ Paid to whom: \_\_\_\_\_

2nd home mortgage: \$ \_\_\_\_\_ Paid to whom: \_\_\_\_\_

Home/Renter insurance: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**Food and Household Expenses**

FOOD: \$ \_\_\_\_\_/month

Clothing: \$ \_\_\_\_\_/month

**Utilities (SEND COPIES OF BILLS)**

Electric: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Water/Sewer: \$ \_\_\_\_\_

Garbage pickup: \$ \_\_\_\_\_

Telephone: \$ \_\_\_\_\_

Cell Phone \$ \_\_\_\_\_

Internet \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**Medical (YOU MUST SEND COPIES OF BILLS)**

Insurance \$ \_\_\_\_\_ /per month

*(Only list payments not deducted from paycheck)*

Bill payments \$ \_\_\_\_\_/per month

*(Only list payments not covered by insurance)*

Other: \$ \_\_\_\_\_/per month

Describe: \_\_\_\_\_

**Transportation (YOU MUST SEND COPIES OF CAR PAYMENT AGREEMENT OR BILLS)**

# of cars: \_\_\_\_\_

1st Car payment: \$ \_\_\_\_\_ /per month

2nd Car payment: \$ \_\_\_\_\_ /per month

Gas and oil: \$ \_\_\_\_\_/per month

Public transportation: \$ \_\_\_\_\_ /per month

Tolls: \$ \_\_\_\_\_ /per month

Car insurance: \$ \_\_\_\_\_ /per month

Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**Child/Dependent Care (YOU MUST SEND COPIES OF BILLS)**

Child/Dependent care: \$ \_\_\_\_\_ /per month Number of children: \_\_\_\_\_

Child support: \$ \_\_\_\_\_/per month Number of children: \_\_\_\_\_

Other: \$ \_\_\_\_\_/per month Describe: \_\_\_\_\_

**Other Expenses (YOU MUST SEND COPIES OF BILLS)**

Other Insurance: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Tax Debt: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Student Loans \_\_\_\_\_ Describe: \_\_\_\_\_

Miscellaneous Expenses (Attach a list describing expense, monthly payment and enclose bills)

**SIGNATURE**

I declare under penalty of law that the answers and statements contained herein are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Warning: 18 U.S.C. 1001 provides that "whoever...knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both".

**Privacy Act Notice**

This request is authorized under 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 31 U.S.C. 3720D. You are not required to provide this information. If you do not, we cannot determine your financial ability to repay your federal debt. The information you provide will be used to evaluate your ability to pay. It may be disclosed to government agencies and their contractors, to employees, lenders, and others to enforce this debt; to third parties in audit, research, or dispute about the management of this debt; and to parties with a right to this information under the Freedom of Information Act or other Federal law, or with your consent. These uses are explained in Notice for System of Records 18-11-07, 64 FR 30166 (June 4, 1999), 64 FR 72407 (Dec. 27, 1999). We will send a copy at your request.