RO–1062
Web
7–94

N. C. Department of Revenue

Collection Information Statement for Individuals

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

1. Taxpayers' names and address *(including County)* County ________	2. Home phone number ( )	3. Marital status
	4. Social Security Numbers — a. Taxpayer	b. Spouse

Section I. Employment Information

5. Taxpayer's employer or business *(name and address)*	5a. How long employed	6. Business phone number	7. Occupation
	5b. Number of exemptions claimed on Form W–4	8. Paydays	9. *(Check appropriate box)* ☐ Wage earner ☐ Partner ☐ Sole proprietor
10. Spouse's employer or business *(name and address)*	10a. How long employed	11. Business phone number ( )	12. Occupation
	10b. Number of exemptions claimed on Form W–4	13. Paydays	14. *(Check appropriate box)* ☐ Wage earner ☐ Partner ☐ Sole proprietor

Section II. Personal Information

15. Name, address and telephone number of next of kin or other reference

16. Age and relationship of dependents *(exclude yourself and spouse)* living in your household

17. Date of birth ▶	a. Taxpayer	b. Spouse	

Section III. General Financial Information

18. Latest filed income tax return *(tax year)*	19. Number of exemptions claimed	20. Adjusted Gross Income	

21. Bank accounts *(Include Savings & Loans, Credit Unions, IRA and Retirement Plans, Certificates of Deposit, etc.)*

Name of Institution	Address	Type of Account	Account No.	Balance
Total *(Enter in Item 28)*			▶	

Section III – continued — General Financial Information

22. Bank charge cards, Credit Unions, Savings and Loan, Lines of credit

Type of Account or Card	Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
Totals *(Enter in Item 34)*					

23. Safe deposit boxes rented or accessed *(List all locations, box numbers, and contents)*

24. **Real Property** *(Brief description and type of ownership)*	**Physical Address**
a.	County
b.	County
c.	County

25. **Life Insurance** *(Name of Company)*	**Policy Number**	**Type**	**Face Amount**	**Available Loan Value**
Total *(Enter in Item 30)*				

26. Other information relating to your financial condition. If you check the yes box, please give dates and explain under remarks.

a. Court proceedings	☐ Yes	☐ No	b. Bankruptcies	☐ Yes	☐ No
c. Repossessions	☐ Yes	☐ No	d. Recent transfer of assets for less than full value	☐ Yes	☐ No
e. Anticipated increase in income	☐ Yes	☐ No	f. Participant or beneficiary to trust, estate, profit sharing, etc.	☐ Yes	☐ No

Remarks

Section IV. Asset and Liability Analysis

Description	Current Market Value	Liabilities Balance Due	Equity in Asset	Amount of Monthly Payment	Name and Address of Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment
27. Cash							
28. Bank accounts *(From Item 21)*							
29. Stocks, Bonds, Investments							
30. Cash or loan value of Insur.							
31. Vehicles *(Model, year, license, tag #)*							
a.							
b.							
c.							
32. Real property *(From Section III, Item 24)* a.							
b.							
c.							
33. Other assets							
a.							
b.							
c.							
d.							
e.							
34. **Bank revolving credit** *(from Item 22)*							
35. Other Liabilities *(Include judgments, notes, and other charge accounts)* a.							
b.							
c.							
d.							
e.							
f.							
g.							
36. State taxes owed							
37. **Totals**			$	$			

N. C. Department of Revenue Use Only Below This Line

Financial Verification/Analysis

Item	Date Information or Encumbrance Verified	Date Property Inspected	Estimated Equity
Personal Residence			
Other Real Property			
Vehicles			
Other Personal Property			
State Employment *(Husband and Wife)*			
Income Tax Return			
Wage Statements (*Husband and Wife)*			
Sources of Income/Credit *(D&B Report)*			
Expenses			
Other Assets/Liabilities			

Section V. Monthly Income and Expense Analysis

Income			Necessary Living Expenses	
Source	**Gross**	**Net**		
38. Wages/Salaries *(Taxpayer)*			49. Rent (Do not show mortgage listed in item 32)	
39. Wages/Salaries *(Spouse)*			50. Groceries (no. of people ______)	
40. Interest – Dividends			51. Allowable installment payments **(NCDR use only)**	
41. Net business income (from Form RO–1062)			52. Utilities (Gas $ ______ Water $ ______	
42. Rental income			Electric $ ______ Phone $ ______)	
43. Pension *(Taxpayer)*			53. Transportation	
44. Pension *(Spouse)*			54. Insurance (Life $ ______ Health $ ______	
45. Child Support			Home $ ______ Car $ ______)	
46. Alimony			55. Medical *(Expenses not covered in item 54)*	
47. Other			56. Estimated tax payments	
			57. Court ordered payments	
			58. Other expenses (specify)	
48. **Total**	**$**	**$**	59. **Total (NCDR use only)**	**$**
			60. Net difference *(income less necessary living expenses)* **(NCDR use only)**	**$**

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.**	
61. Your signature	62.Spouse's signature *(if joint return was filed)*	63. Date

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Explain any difference between Item 60 and installment agreement amount:

Additional information or comments:

Name of Originator	Date