

Full Name(s) and Address	Your Social Security Number or Individual Taxpayer Identification Number	
	Your Spouse's Social Security Number or Individual Taxpayer Identification Number	
<input type="checkbox"/> If address provided above is different than last return filed please check here. County of Residence	Your Telephone Numbers	Spouse's Telephone Numbers
	Home: _____ Work: _____ Cell: _____	Home: _____ Work: _____ Cell: _____

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse.  
under 65 \_\_\_\_\_ 65 and over \_\_\_\_\_

**A. ACCOUNTS / LINES OF CREDIT** (including Banking Institutions, Checking and Savings accounts, Credit Unions, Certificates of Deposit, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Fund, Stock Brokerage Accounts and Other Investments)

Name and Address of Institution	Account Number	Type of Account	Current Balance / Value

**B. REAL ESTATE** (home, vacation property, timeshares and other real estate, use additional sheets if necessary)

Description/Location/County	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Refinanced	Refinance Amount			
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Refinanced	Refinance Amount			
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Refinanced	Refinance Amount			
		Year Purchased	Purchase Price			

**C. OTHER ASSETS** (cars, boats, recreational vehicles, whole life policies, etc.) Include Make and Model or Life Insurance company in Description

Description	Monthly Payment	Year Purchased	Final Payment (mo / yr)	Current Value	Balance Owed	Equity
			/			
			/			
			/			
			/			
			/			
			/			
			/			