

## COMBINED STATEMENT OF FINANCIAL CONDITION AND INCOME AND EXPENSE DECLARATION

### I. TAXPAYER

Name (First)	(Middle)	(Last)	Date of Birth (Month, Day, Year)	Last 4 Digits of Social Security Number
Address (Number and Street)			Driver License Number	Phone Number (Home)
(City, Town, or Post Office)	(County)	(State)	(ZIP Code)	Phone Number (Work)
Spouse/Registered Domestic Partner's Name (First)			Date of Birth (Month, Day, Year)	
(Middle)			(Last)	
Spouse/Registered Domestic Partner's Employer (If self-employed, list here)			Spouse/Registered Domestic Partner's Driver License Number	
Address (Number and Street)			(City, Town, or Post Office)	(County)
(State)			(ZIP Code)	
Nearest Living Relative Not Residing in Household			Relationship	
Address (Number and Street)			(City, Town, or Post Office)	(County)
(State)			(ZIP Code)	
Phone Number			Phone Number	

### II. REPRESENTATIVE OF TAXPAYER (Complete this section if the taxpayer's representative appears.)

Name (If represented by a legal counsel, give name of firm and individual.)				
Address (Number and Street)			(City, Town, or Post Office)	(County)
(State)			(ZIP Code)	
Phone Number			Phone Number	

### III. TAXPAYER INCOME AND EXPENSE DECLARATION

A. **An order assigning salary and wages for support is now in effect as to my earnings. The amount payable under that order is:**  
 \$ \_\_\_\_\_ (A copy of that order is attached.)

B. I need the following earnings to support myself and my family:  
 All earnings  \$ \_\_\_\_\_ each pay period.

C. I am willing for the following amount to be withheld from my earnings during the withholding period. I understand that the Employment Development Department can accept this offer, which will result in the following sum being withheld each pay period.  
 None  Withhold \$ \_\_\_\_\_ each pay period.

I am paid: <input type="checkbox"/> Daily <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every two weeks	My Gross Pay is: \$ _____  My Net Pay is: \$ _____
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D. The following persons depend, in whole or in part, on me for support:

NAME	AGE	RELATIONSHIP TO ME	MONTHLY INCOME	SOURCE

E. The earnings of persons listed in Item III.D. are now subject to wage assignments and earnings withholding orders as follows (specify):

GROSS MONTHLY INCOME			DEDUCTIONS FROM GROSS MONTHLY INCOME		
Total Earnings (Include commissions, bonuses, and overtime.)	\$		State Income Taxes	\$	
Pensions and Retirement			Federal Income Taxes		
Social Security			Property Taxes (Not included in house Payment.)		
Disability and/or Unemployment Insurance			Social Security (OASDI)		
Public Assistance (Welfare, AFDC Payments, etc.)			State Disability Insurance		
Child and/or Support Orders (Attach any support orders.)			Medical and Other Insurance		
Dividends and Interest			Union and Other Dues		
Rents (Gross receipts, less cash expenditures – attach statement.)			Retirement and Pension Fund		
Contributions to Household Expenses From Other Sources			TOTAL REQUIRED DEDUCTIONS	\$	
Income From Business or Profession			OTHER DEDUCTIONS FROM INCOME		
Income From Partnership			Savings Plan		
Income From Annuity			Other (Itemize)		
Income From Estate or Trust					
Other Income (Itemize)					
			GROSS MONTHLY INCOME		
			LESS DEDUCTIONS FROM INCOME		
			NET PERSONAL INCOME	\$	
			LESS MONTHLY EXPENSES (Page 3)		
TOTAL EARNINGS	\$		NET DISPOSABLE INCOME	\$	

F. Withholding Information – Taxpayer

Self \_\_\_\_\_

Spouse/Registered

Domestic Partner \_\_\_\_\_

Filing Status (shown on income tax return) \_\_\_\_\_

Number of Dependents \_\_\_\_\_

Number of Exemptions You Claim \_\_\_\_\_

**IV. STATEMENT OF FINANCIAL CONDITION**

A. ASSETS			LIABILITIES		
Cash	\$		Rent	\$	
Real Estate			Food		
Furniture and Fixtures			Clothing		
Machinery and Equipment			Utilities		
Motor Vehicles, Airplanes, or Boats			Auto Payments		
Securities, Bonds or Savings Bonds			Auto Expenses (Gas, oil, insurance, etc.)		
Cash Surrender Value of Life Insurance			Installment Payments (Itemize on separate sheet, if necessary.)		
Accounts Receivable and/or Notes Receivable			Child and/or Support Orders (Attach any support orders.)		
Merchandise Inventory			Life Insurance Premiums		
Other Assets (Itemize)			Medical Expenses		
(Attach additional pages as needed.)			Miscellaneous (Child care, laundry, school, etc.)		
<b>TOTAL ASSETS</b>	<b>\$</b>		<b>TOTAL LIABILITIES</b>	<b>\$</b>	

**B. I have accounts in the following bank(s), credit union(s), or financial institution(s)**

Name of Bank, Credit Union, or Financial Institution	Account Number	Address

**C. I rent a safety deposit box.  No  Yes Box is rented in  My name  Another name**

Name of Boxholder	Name of Bank	Address of Bank

**D. Description of Real Estate (e.g., house and lot, Sacramento County):**

Description of Real Estate (e.g., house and lot, Sacramento County):	Fair Market Value		Balance Due	
	\$		\$	
<b>TOTAL REAL ESTATE VALUE</b>	<b>\$</b>		<b>\$</b>	

**E. I have filed a Declaration of Homestead for Real Property.  No  Yes**

F. Description of Motor Vehicles, Airplanes, or Boats (Include license, vessel, or tail number.)	Fair Market Value		Balance Due	
	\$		\$	
TOTAL VALUE	\$		\$	

G. Securities, Stocks, Bonds, and Savings Bonds	Number of Units	Fair Market Value		Balance Due	
		\$		\$	

Name of Stockbroker	Address
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H. Description of Furniture and Fixtures, Machinery and Equipment	Fair Market Value		Balance Due	
Furniture (Household)	\$		\$	
Furniture /Fixtures (Business)				
Machinery				
Equipment (Other than motor vehicles)				
Miscellaneous				
TOTAL VALUE	\$		\$	

I. Life Insurance Policies Now in Effect					
Name of Company	Policy Number	Policy Amount	Cash Surrender Value	Balance Due on Loan	Right to Change Beneficiary (Y or N)
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

J. Accounts or Notes Receivable (Furnish a copy of the instrument creating the Accounts or Notes Receivable.)					
Name	Address	Phone Number	Fair Market Value		Balance Due
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

**K. Other Assets**

If you have any Life Interest or Remainder Interest, either vested or contingent, in any trust or estate, or are a beneficiary of any trust, complete the following information, and furnish a copy of the instrument creating the trust or estate.

Name of Trust or Estate	Present Value of Trust		Value of Your Interest		Annual Income	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

If you are the grantor or donor for any trust, or the trustee or fiduciary for any trust, complete the following information, and furnish a copy of the instrument creating the trust.

Name of Corpus or Trust	Value	
	\$	
	\$	
	\$	

If you have any other assets, or interests in assets, actual or contingent, other than those listed herein, describe fully:

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If any foreclosure proceedings are pending at present on any real estate which you own or in which you have an interest, enter description and location of such real estate.

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Was the State of California named as a party to the court filings?  No  Yes If yes, please furnish a copy of the court filings.

**DECLARATION**

*I declare, under penalty of perjury, that the foregoing instruments are true and complete to the best of my knowledge and belief.*

Signed on \_\_\_\_\_ at \_\_\_\_\_ California.  
 (Date) (City) (County)  
 \_\_\_\_\_  
 (Signature)