

Instructions for Individual Financial Statement

Step-by-Step Instructions

Note: This form may be completed and/or downloaded online. Visit https://tax.nv.gov/tax-types/tax-forms/#Financial_Forms

****Adobe Reader is required****

Step 1: Personal Information (including your spouse, if applicable)

Complete all requested information. If you are married, complete lines 5-8 regarding your spouse.

Step 2: Other Income and Property

Line 12 Tell us about any residential or commercial property that you own. Please attach an additional sheet, if necessary. Transfer figures from line 12a to line 24.

Line 13 Tell us about any investments that you own. Investments include stocks, bonds, money market accounts, mutual funds and any other type of securities. Please attach an additional sheet, if necessary. Transfer figures from line 13a to line 25.

Step 3: Additional Information

Line 15 Tell us whether or not you have filed bankruptcy in the past. Please indicate when you filed and in which state you filed for bankruptcy protection.



Tell us if you are currently in bankruptcy. If you or your business is currently under bankruptcy protection, **STOP!** We will need additional information. Please contact your Revenue Officer before proceeding.

Line 16 Tell us about any life insurance policy with a cash value component. Whole, Universal and Variable life insurance policies have a cash value component. Term life insurance policies have no cash value. You may transfer the total cash value to line 27.

Step 4: Banking Information

Line 17 Tell us about all bank accounts on which you have signing authority. Enter the total account balance from line 17a on line 21a.

Line 18 Tell us about all lines of credit. List available credit from credit cards, home equity lines of credit (HELOC), business equity line of credit, etc. Please attach an additional sheet, if necessary. Enter the amounts from line 18a to line 31.

Line 18b Enter the total of any cash you have that is not currently in a bank. Enter this amount on line 27.

Step 5: Other Taxes Owed

Line 19 Indicate if you owe any Federal Taxes (personal & business income tax, 940, 941, etc.). If yes, please enter the information on line 28.

Line 20 Indicate if you owe any other governmental agency (unemployment insurance, DMV, etc.). If yes, please enter the information on line 32.

Step 6: Assets and Liabilities

Note: Complete financial statements (Balance Sheet, Income Statement, and Cash flow statement) may be submitted in lieu of completing this section.

Line 21 Enter information from line 17a to line 21a.

Line 23 Enter the current value of your home mortgage on 23a. If you are behind on payments, enter the deficient amount on 23b.

Line 24 Transfer information from line 12a.

Line 25 Transfer information from line 13a.

Line 26 Transfer information from line 14a.

Step-by-Step Instructions

(continued)

Line 30 Enter the total amount of accounts payable on line 30, column b (liability). Report accounts receivables on line 30a column A. Uncollectible amounts that are ready to be written/charged off may be reported on line 30 column B.

Line 31 Enter amounts from line 18a.

Step 7: Monthly Income and Expenses

Line 34 Enter the net amount of wages earned and reported on a W-2 for you.

Line 35 Enter the net amount of wages earned and reported on a W-2 for your spouse.

Line 43 Enter the amount of wages not reported on a W-2. Enter amounts earned and reported on 1099-Misc, 1099-G, 1099-K, 1099-DIV, 1099-INT, 1099-R, and 1099-S. Enter the specifics of the income you are reporting in the space provided for additional information.

Line 51 Enter the amount of out of pocket medical expenses. Do not enter amounts paid by your health insurance carrier for payment of claims.

Line 52 Enter the amount of tax payments to the IRS. Enter the amount of any IRS installment plan payments or estimated tax payments (These payments are for future tax periods and are not currently due). Please specify the type of payments that are being made in the space provided for additional information.

Line 55 Enter the amount of any other type of expenses you would like the Department to consider. Please specify the type of expense you are reporting in the space provided for additional information.

Line 57 Subtract line 56 from line 44 and enter the figure in the space provided.

Step 8: Read and Sign the Statement

You (or in the case of a business, the person responsible for remitting payments) must sign the statement. If you do not, processing of your request will be delayed and we may take collection action to collect the unpaid debt.

Need More Help?

Contact our Call Center for questions regarding general tax inquiries, Sales Tax, Use Tax, Modified Business Tax, or for information on establishing a new business or location.

Please call: **1-866-962-3707**

Hours of operation are Monday through Friday.

If you have a specific inquiry regarding installment plans or additional assistance with completing these forms, the call center will take your information and route it to the Revenue Officer assigned to your case.

Due to the high volume of inquiries, Revenue Officers make every attempt to return your call within 48 hours.

Report Tax Evasion

Sales Tax is a major source of revenue for many cities and counties, which depend on the revenues for police and fire service, schools, roads, health care, and more.

Sellers who do not report and remit taxes are stealing State revenue directly from you and robbing our citizens by reducing funding available for essential services. Not reporting and remitting tax revenues also places honest Nevada businesses at a competitive disadvantage.

Report Tax Evasion at our website. Please visit <https://mynvtax.nv.gov> and select 'Submit a Tax Evasion Tip' under Correspondence.



NEVADA DEPARTMENT OF TAXATION

Financial and Other Information Statement for Individuals

Note: We may require support for amounts shown on this form.

Step 1: Tell us about yourself and your employment

Debtor's employment information

1 Employer's Name _____
Address _____
City _____ State _____ ZIP _____
2 E-mail Address _____
3 Work phone _____
4 Length of Employment _____

Spouse's employment information

5 Employer's Name _____
Address _____
City _____ State _____ ZIP _____
6 E-mail Address _____
7 Work phone _____
8 Length of Employment _____

9 Marital Status (check one box) 10 Check one box 11 Are you or your spouse self-employed or operate a business?
☐ Married ☐ Separated ☐ Own Home ☐ Rent ☐ Yes ☐ No
☐ Unmarried (single, divorced, widowed) ☐ Other (specify, i.e. share rent, live with relative). If YES, Federal Tax ID No. (FEIN) _____

Step 2: Tell us about other income and property. Attach an additional sheet, if necessary.

12 REAL ESTATE. List all real estate you own (If you need additional space, attach a separate sheet).

Street Address City, State, Zip	Date Purchased	Purchase Price	Current Value	Loan Balance	Name of Lender or Lien Holder	Monthly Payment	Date of Final Payment
County							
County							
12a Totals							

13 INVESTMENTS List all investments, stocks, bonds, etc. (If you need additional space, attach a separate sheet)

Company Name	Number of Shares/Units	Current Value (a)	Used as Collateral on Loan?	Loan Amount (b)	Net Value (a-b)
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
13a Totals					


14 PURCHASED AND LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.
Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet).

Description (Year, Make, Model, Mileage)	Current Value	Loan / Lease Balance	Name of Lender / Lessor	Purchase / Lease Date	Monthly Payment
Year					
Make/Model					
Mileage					
Year					
Make/Model					
Mileage					
14a Totals					

Step 3: Additional Information

15 Have you ever filed bankruptcy?

☐ No ☐ Yes

If you are currently in bankruptcy  Contact your Revenue Officer.

If Yes, Date Filed _____ State of Filing _____ Discharge Date _____

16 Do you have life insurance with a cash value?

☐ No ☐ Yes

16a Current cash value _____

16b Outstanding loan balance _____

16c Total cash value: Subtract 16b from 16a, enter the difference _____

Step 4: Banking Information

17 BANK ACCOUNTS. List all accounts. (If you need additional space, attach a separate sheet.)

Account Type	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing Number	Bank Account Number	Current Account Balance
	Name			
	Street Address			
	City, State, Zip			
	Name			
	Street Address			
	City, State, Zip			
	Name			
	Street Address			
	City, State, Zip			
	Name			
	Street Address			
	City, State, Zip			
17a Total Account Balances				

18 AVAILABLE CREDIT. List all lines of credit, including credit cards. (If you need additional space, attach a separate sheet.)

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
Name:			
Street Address:			
City, State, Zip:			
Name:			
Street Address:			
City, State, Zip:			
Name:			
Street Address:			
City, State, Zip:			
Name:			
Street Address:			
City, State, Zip:			
18a Total of Account Balances			
18b CASH ON HAND. Enter the total of any cash you have that is not currently in a bank.			

Step 5: Other Taxes Owed

19 Do you owe any federal taxes?

☐ No ☐ Yes

20 Do you owe any other government agency?

☐ No ☐ Yes

* Person responsible for filing & paying State taxes?
(Sales/Use, Modified Business Tax, etc.) _____

Continue to next page.

Step 6: Complete the following statement of assets and liabilities

	A	B	C	D	E	F	G
Description	Current Value	Liabilities Balance Due	Equity or asset (Col. A - B)	Monthly Payment Amount	Pledgee or obligee	Date of first payment	Date of final payment
21 Bank Accounts (from 17a)							
22 Household Furniture							
23 Home Mortgage							
24 Real Properties (from 12a)							
25 Investments (from 13a)							
26 Vehicles:							
a) Owned							
b) Leased							
27 Other Assets (describe)							
a)							
b)							
28 Federal Taxes Outstanding							
29 Sales Taxes Outstanding							
30 Accounts/notes payable							
a) Accounts/notes receivable							
31 Credit Lines / Cards (from 18a)							
32 Other Liabilities							
a)							
b)							
33 Total							

STEP 7: Complete the following monthly income and expense analysis

Household monthly income	Net	Monthly Expenses	Actual
34 Wages (Yourself, net)		45 Rent/Mortgage	
35 Wages (Spouse, net)		46 Groceries - no. of people	
36 Interest - Dividends		47 Installment Payments:	
37 Net Income from Business		47a Credit Cards	
38 Net Rental Income		47b Other	
39 Pension / Social Security (Yourself)		Total Installment Payments	
40 Pension / Social Security (Spouse)		48 Utilities:	
41 Child Support		48a Gas	
42 Alimony		48b Water	
43 Other Income		48c Electric	
44 TOTAL INCOME		48d Phone	
Additional Information: Indicate Line # & Description		Total Utilities Expense	
		49 Transportation (Vehicle expenses not taken out of paycheck):	
		49a Vehicle Payments	
		49b Fuel	
		Total Transportation	
		50 Insurance:	
		50a Life	
		50b Health	
		50c Vehicle(s)	
		Total Insurance	
		51 Medical Expenses	
		52 Tax Payments to IRS	
		53 Court ordered / Child support payment	
		54 Child / Dependent care	
		55 Other Expenses (specify)	
57 NET DIFFERENCE:		56 Total Living Expenses	
Subtract Total Living Expenses (line 56) from Total Income (line 44)			\$ 0

STEP 8: Sign Below Under penalties of perjury, I state that this statement of assets and liabilities and other information is, to the best of my knowledge, true, correct and complete.

Debtor's Signature _____ Date _____

Spouse's Signature _____ Date _____