Department of Workforce Development
Division of Unemployment Insurance
Collections Section
P.O. Box 8914
Madison, WI 53708-8914
Fax: (608) 266-6692

FINANCIAL AND OTHER INFORMATION STATEMENT

Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (1)(m)]. Provision of your Social Security Number (SSN) is voluntary; not providing it will result in denial of the request for compromise because we will not be able to verify if the information provided is true and correct.

Account Number: ______________________

If there are any changes to the above address, please enter the new address information at the end of this form on page number 6.

Social Security Number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

Daytime Telephone Number: ___ – ___ – ___

Birth Date: ___

Home Address: (if the business address was used above)	How Long At Home Address:	Home Telephone Number: ( )
	Previous Address:	

Following is basic information regarding you and your spouse. It is always a good idea to verify social security numbers to make sure they are accurate.

Name of Spouse: (Last, First, Middle)

Spouse Social Security Number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

Spouse Birth Date: ___

If you and your spouse have a pre-nuptial agreement which you feel affects the responsibility for this debt, provide a copy.

Number of Dependents: ___

(Do not include yourself or spouse)

FINANCIAL STATEMENT *(Round cents to nearest dollar amount e.g. $123)*

GROSS INCOME ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly	**DEBTOR**	**SPOUSE**
1. Gross Wages or Salary	$	$
2. Additional Income (include Disability, Alimony, Maintenance, Bonus or other business incomes)	$	$
3. Public Assistance (include W2, AFDC, Food Stamps, Child Care, Medical, Rent, Heat and Transportation Assistance)	$	$
4. Child Support Received	$	$
5. Total Gross Income (add lines 1 thru 4)	$	$
DEDUCTIONS - ***Provide last two Federal tax returns, including all schedules.***		
6. FICA (Social Security Tax)	$	$
7. Federal Tax Withholding	$	$
8. Medicare	$	$
9. State Tax Withholding	$	$
10. Union Dues and Mandatory Retirement Deductions	$	$
11. Health and Hospital Insurance Premiums	$	$
12. Court-Ordered Child Support and Maintenance	$	$
13. Total Deductions (add lines 6 thru 12)	**$**	**$**
14. Net Income (Subtract line 13 from 5)	**$**	**$**

PRESENT DEBTOR EMPLOYMENT INFORMATION - Provide Check Stub.
Print Name of Employer
Address
City, State, Zip Code
Employer Telephone Number

PRESENT SPOUSE EMPLOYMENT INFORMATION - Provide Check Stub.
Print Name of Employer
Address
City, State, Zip Code
Employer Telephone Number

HOUSING EXPENSES	
15. Rent or Mortgage Payments	$
16. Homeowner's or Rental Insurance	$
17. Real Estate Taxes	$
18. Repairs and Maintenance of Home	$
19. Total Housing (add lines 15 thru 18)	**$**

UTILITIES	
20. Gas	$
21. Water	$
22. Electricity	$
23. Telephone	$
24. Cable TV and Satellite Fees	$
25. Trash Service	$
26. Sewer	$
27. Total Utilities (add lines 20 thru 26)	**$**

TRANSPORTATION	
28. Gasoline	$
29. Maintenance and Repairs	$
30. Registration (plates)	$
31. Auto Insurance	$
32. Payment on Auto Loan(s)	$
33. Total Transportation (add lines 28 thru 32)	**$**

INSURANCE (Not Auto)	
34. Life Insurance Premiums	$
35. Health and Dental Insurance Premiums	$
36. Other Insurance Premiums (explain)	$
37. Total Insurance (add lines 34 thru 36)	**$**

LIVING EXPENSES	
38. Food	$
39. Clothing, Laundry and Cleaning	$
40. Medical and Dental Care, Glasses, Drugs and Counseling	$
41. Recreation, Hobbies and Vacations	$
42. General Home and Personal Care Supplies	$
43. School Expenses and School Lunches	$
44. Day Care Center and Baby Sitter	$
45. Charitable and Religious Contributions; Personal Gifts	$
46. Other (explain)	$
47. Total Expenses (add lines 38 thru 46)	**$**

48. REAL ESTATE

Provide all real estate assessments or most recent tax bill for each item listed.

Real Estate	Mortgage Holder	Loan Balance $	Fair Market Value $	Equity $

49. VEHICLES and WATER CRAFTS

Motor Vehicles (Truck, Automobile, Motorcycles, Boats, RV's, etc.)	Make	Year	Loan Balance $	Fair Market Value $	Equity $

50. OTHER

Household and Personal Goods (Over $300 each)	Loan Holder	Loan Balance $	Fair Market Value $	Equity $

51. **IRA OR OTHER RETIREMENTACCOUNTS**

Enter the total value of all IRA's and other retirement accounts, including any Deferred Compensation and Pension Plans.

Provide the most recent statements.

Name of Company	Current Value $

52. **STOCKS, BONDS, MUTUAL FUNDS**

Provide the most recent statement.

Name of Company	Number of Shares	Purchase Date	Current Value $

53. **BANK ACCOUNT INFORMATION**

Provide the last six months' bank statements for each account.

Name of Bank	Account Number	CD Value $	Savings Amount $	Checking Amount $

54. **JUDGMENTS / LIENS**

Name of Creditor	Amount of Judgment $	Date Recorded or Docketed	Recorded in (District, County or State)

55. **LAWSUITS AND WORKER'S COMPENSATION CLAIMS**

Name of Defendant	Case Number	County and State	Type of Action	Amount Claimed $

56.		MONEY OWED TO YOU		
Name of Debtor	Relationship to You	Date Loan Made	Due Date	Current Amount $

57.		MONEY OWED TO OTHERS (Friends, Relatives, Restitution etc.) *Provide promissory note or supporting documents.*		
Name of Friend or Relative	Relationship to You	Purpose of Debt	Due Date	Current Amount $

58.			DELINQUENT TAXES PAYABLE		
Federal	Withholding	Medicare	FICA	Income Tax	FUTA

State	Withholding	Sales	Income Tax	Other

Delinquent Worker's Compensation Due:

IF CHANGES TO NAME AND ADDRESS ON PAGE 1, PLEASE PRINT CHARACTERS IN CAPITAL LETTERS USING BLACK OR BLUE INK.

Business or Legal Name (First, Last, Middle):

Business or Home Address:

City: State Zip Code

Under penalties of perjury, I declare that I have examined this statement, including accompanying schedules and documents, and to the best of my knowledge, it is true, correct and complete.

Date Signed **Your Signature**