

Government of the District of Columbia • Office of Tax and Revenue • Collection Division

Form PA-1 (Rev. 1/06)

Collection Information Statement for Individuals

Note: Complete all blocks, Write "N/A" (*not applicable*) in blocks that do not apply.

Taxpayer(s) Name & Address	Home Phone Number ()	Fax Number ()
	Taxpayer's Social Security Number	Spouse's Social Security Number

Employment Information

Taxpayer's employer or business (name and address)	Business phone number ()	Title:
	Payday(s)	(<i>Check appropriate box</i>) <input type="checkbox"/> Wage Earner <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor
Spouse's employer or business (name and address)	Business phone number ()	Occupation
	Payday(s)	(<i>Check appropriate box</i>) <input type="checkbox"/> Wage Earner <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor

Personal Information

Name, address and telephone number of next of kin or other reference	Other names or aliases
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Date of birth →	Taxpayer	Spouse	Latest filed income tax return	Number of exemptions	Adjusted Gross Income
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General Financial Information

Bank accounts (*include savings & loans, credit unions, IRA and retirement plans, certificates of deposits, etc.*)

Name of Institution	Address	Type of Account	Account Number	Balance
				\$
Total →				\$

General Financial Information

Credit cards and lines of credit from banks, credit unions, and savings and loans

Type of Account or Card	Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
Totals →					

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

Latest filed federal individual income tax return (please attach a copy) →	Form	Tax Year ended	Net Income before taxes
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Real Property (Brief description and type of ownership)	Physical Address

Life Insurance (Name of Company)	Policy Number	Type	Face Amount	Available Loan Value
Total →				

Securities (stocks, bonds, mutual funds, money market funds, government securities, etc.):

Kind	Quantity of Denomination	Current Value	Where Located	Owner of Record

Other information relating to your financial condition. If you check the "Yes" box, please give dates and explain on page 4, Additional Information or Comments:

Court proceedings <input type="checkbox"/> Yes <input type="checkbox"/> No	Bankruptcies <input type="checkbox"/> Yes <input type="checkbox"/> No
Repossessions <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent transfers of assets for less than full value <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated increase in income <input type="checkbox"/> Yes <input type="checkbox"/> No	Participation or beneficiary to trust, estate, profit sharing <input type="checkbox"/> Yes <input type="checkbox"/> No

Asset and Liability Analysis							
Description	Curr. Mkt Value	Liabilities Balance Due	Equity in Asset	Amount of Mo. Payment	Name and Address of Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment
Cash							
Bank Accounts							
Securities							
Cash or Loan value of insurance							
Vehicles (model, year, license, tag number)							
a.							
b.							
c.							
Real Property							
a.							
b.							
c.							
Other Assets							
a.							
b.							
c.							
Bank revolving credit							
Other Liabilities including judgements, notes & other charge accts							
a.							
b.							
c.							
Federal taxes owed \$							
Totals			\$	\$			

Financial Verification / Analysis (To be completed by the Collection Division)			
Item	Date Information/Encumbrance Verified	Date Property Inspected	Est. Force Sale Equity
Personal Residence			
Other Real Property			
Vehicles			
Other Personal Property			
State Employment (Husband and Wife)			
Income Tax Return			
Wage Statements			
Sources of Income Credit (D&B Report)			
Expenses			
Other Assets / Liabilities			

Monthly Income and Expense Analysis

Income			Necessary Living Expenses	
Source	Gross	Net		
Wages / Salaries (Taxpayer)	\$	\$	Rent / Mortgage	\$
Wages / Salaries (Spouse)			Groceries (# of people _____)	\$
Interest - Dividends			Installment payments	\$
Net Business Income	\$		Utilities Gas \$ _____ Water \$ _____	\$
Rental Income			Electric \$ _____ Phone \$ _____	\$
Pension (Taxpayer)			Transportation	\$
Pension (Spouse)			Insurance Life \$ _____ Health \$ _____	
Child Support			Home \$ _____ Car \$ _____	\$
Alimony			Medical	
Other			Estimated tax payments	
			Court ordered payments	
			Other expenses (specify)	
Total Income	\$	\$	Total Expenses	\$
			Net difference (income less necessary living expenses)	\$

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.

Your Signature	Spouse's signature (if joint return was filed)	Date
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Additional information or comments:
