



Form 433A
(Rev. Nov. 07)

(If you need additional space, please attach a separate sheet)
Complete all blocks, except shaded areas. Write "N/A" (non applicable) in those blocks that do not apply.

1. Taxpayer(s) name and address Jason and Julie Myname 1536 Road Dr Charleston WV 25301 County <u>Kanawha</u>	2. Home phone number (304) 345-0000	3. Marital status Married
	4a. Taxpayer's SS No. 000-00-0000	b. Spouse's social security no. 111-11-1111

Section I. Employment Information

5. Taxpayer's employer or business (name and address) My Job USA 1219 Kanawha Blvd Charleston, WV 25301	a. How long employed 2 yrs	Business phone Number (304) 555-5555	c. Occupation Machinist
	d. Number of exemptions claimed on Form W-4 <u>1</u>	e. Pay period Weekly <input type="checkbox"/> Bi-weekly <input checked="" type="checkbox"/> Monthly _____ Payday: _____ (Mon - Sun)	f. (Check appropriate box) <input checked="" type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner
6. Spouse's employer or business (name and address) Spouse Job 30 Main St. Dunbar, WV 25044	a. How long employed 3yrs	b. Business phone number (304) 666-6666	c. Occupation Cashier
	d. Number of exemptions claimed on Form W-4 <u>1</u>	e. Pay period Weekly <input type="checkbox"/> Bi-weekly <input checked="" type="checkbox"/> Monthly _____ Payday: _____ (Mon - Sun)	f. (Check appropriate box) <input checked="" type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner

SECTION II. Personal Information

7. Name, address and telephone number of next of kin or other reference Debby Myname-Chas WV 305-555-3333	8. Other names or aliases n/a	9. Previous address(es) same		
10. Age and relationship of dependents living in your household (exclude yourself and spouse) David-son--age 12				
11. Date of Birth	a. Taxpayer <u>2/2/70</u> b. Spouse <u>5/12/72</u>	12. Latest filed income tax return (tax year) <u>2010</u>	a. No. of exemptions claimed <u>3</u>	b. Adjusted Gross Income <u>62,000.00</u>

Section III. General Financial Information

13. Bank accounts (include savings & loans, credit unions, IRA and retirement plans, certificates of deposit, etc.) Enter bank loans in item 28.

Name of Institution	Address	Type of Acct.	Acct. #	Balance
BB&T	Lee St Charleston WV	Checking	53261112	300.00
Total (Enter in Item 21) <input type="checkbox"/>				\$ 300.00

Section III. - continued General Financial Information

14. Charge cards and lines of credit from banks, credit unions, and savings and loans. List all other charge accounts in item 28.

Type of Account or Card	Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available	
Master Card	BB&T	50.00	1,000.00	1,000.00	0.00	
Charge Card	Exxon	200.00	3,000.00	1,500.00	1,500.00	
Totals (Enter in Items 27)		<input type="checkbox"/>	250.00	4,000.00	2,500.00	1,500.00

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

Deposit Box BB&T Lee St Charleston WV Box 345--Papers

16. Real Property (Brief description and type of ownership)	Physical Address
a. 2 Story Range	1536 Road Dr Charleston WV County <u>Kanawha</u>
b.	County _____
c.	County _____

17. Life Insurance (Name of Company)	Policy Number	Type	Face Amount	Available Loan Value
Met Life	11111	✓ Whole Term	20000.00	0.00
Aenta	24321	✓ Whole Term	20000.00	0.00
		Whole Term		
Total (Enter in Item 23)			<input type="checkbox"/>	\$ 0.00

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

Kind	Quantity or Denomination	Current Value	Where Located	Owner of Record
Us Govt. Bonds	20/\$100.00	2,000.00	IRS	Jason
Charles Schwab Mutual Funds		1,000.00	Brokerage Firm	Julie
Money Market Account		1,000.00	Chase	Jason

19. Other information relating to your financial conditions. If you check the yes box below, please give dates and explain on page 4. Additional information or Comments:

a. Court proceedings	Yes ✓ No	b. Bankruptcies	Yes ✓ No
c. Repossessions	Yes ✓ No	d. Recent sale or other transfer of assets for less than full value	Yes No

Section IV.		Asset and Liabilities						
Description	Current Market Value	Current Amount Owed	Equity in Asset	Amt. of Mo. Payment	Name and Address of Lien / Note Holder / Oblige / Lender	Date Pledged	Date of Final Pymt	
20. Cash	100.00		100.00					
21. Bank Accounts (from Item 13)	300.00		300.00					
22. Securities (from Item 18)	4,000.00		4,000.00	50.00				
23. Cash or loan value of insurance	0.00							
24. Vehicles (model, year, license, tag#)								
a. 2008 Ford F150	15000.00	16,500.00	0.00	560.00	Ford Motor	2/15/09	12/31/12	
b. 2010 Camry	20,000.00	20,050.00	0.00	365.00	BB&T	05/15/11	05/20/16	
c.								
25. Real Property (From Section III, Item 16)	a.	250,000.00	230,000.00	20,000.00	1,375.00	Bank of America	02/10/08	12/15/33
	b.							
	c.							
26. Other assets								
a. Coin Collection	1,000.00	0.00	1,000.00					
b. Guns	2,000.00	1,500.00	500.00	85.00	Dicks	02/10/11	05/15/13	
c.								
d.								
e.								
27. Bank revolving credit (from item 14)		2,500.00		250.00				
28. Other liabilities (i.e. bank loans, judgments, notes and charge accounts not entered in Item 13)								
a. IRS		2,500.00		125.00				
b. Personal Loan		5,000.00		250.00				
c.								
d.								
e.								
f.								
g.								
29. State taxes owed (prior year)								
30. Totals			\$24,900.00	\$3,060.00				

Section V. Monthly Income and Expense Analysis				
Total Income		Necessary Living Expenses		
Source	Gross		Claimed	<i>(State use only)</i> Allowed
31. Wages / Salaries (<i>Taxpayer</i>)	\$ 3,333.00	42. Housing and utilities	\$ 1,700.00	
32. Wages / Salaries (<i>Spouse</i>)	1,833.00	43. Transportation	1,310.00	
33. Interest – Dividends		44. Health Care	65.00	
34. Net Business Income (<i>Form 433-B</i>)		45. Taxes (<i>Income and FICA</i>)	832.00	
35. Rental Income		46. Court ordered payments	0.00	
36. Pension (<i>Taxpayer</i>)		47. Child / dependent care	0.00	
37. Pension (<i>Spouse</i>)		48. Life insurance	61.00	
38. Child Support		49. Other expenses (<i>specify</i>)		
39. Alimony		food	350.00	
40. Other		out of pocket medical	75.00	
41. Total Income <input type="checkbox"/>	\$ 5,166.00	50. Total Expenses	\$ 4,393.00	\$
		51. Net differences <i>(State use only)</i>	\$	\$
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.				
52. Your signature		53. Spouse's signature (<i>if joint return filed</i>)		54. Date
State Tax Department Use Only Below This Line				
Financial Verification / Analysis				
Item	Date Information or Encumbrance Verified	Date Property Inspected	Estimate Forced Sale Equity	
Real Estate				
Vehicles				
Other Personal Property				
Income Tax Return				
Sources of Income / Credit Bureau				
Other Assets / Liabilities				
Additional information or comments:				