



# Financial Statement

Provide all of the following information. See instructions on pages 4 and 5 for assistance.

<b>Taxpayer Name:</b> _____ Social Security Number: _____ Driver License Number: _____ Home Phone Number: _____ Cell Phone Number: _____ Work Phone Number: _____ Address: _____ <input type="checkbox"/> Mark here if you would like us to update our records with the address listed above.	<b>Spouse/RDP Name:</b> _____ Social Security Number: _____ Driver License Number: _____ Home Phone Number: _____ Cell Phone Number: _____ Work Phone Number: _____ Address: _____ <input type="checkbox"/> Mark here if you would like us to update our records with the address listed above.
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## List All Dependents and Nonrelatives Living With You

Name: _____ Age: ____ Relationship: _____	Name: _____ Age: ____ Relationship: _____
Name: _____ Age: ____ Relationship: _____	Name: _____ Age: ____ Relationship: _____

## Employment Information (If self-employed, see Section I.)

<b>Taxpayer</b> Employer: _____ Address: _____ City, State, ZIP Code: _____ Employer Phone Number: _____ Occupation: _____ How Long Employed: _____	<b>Spouse/RDP</b> Employer: _____ Address: _____ City, State, ZIP Code: _____ Employer Phone Number: _____ Occupation: _____ How Long Employed: _____
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**Section A. Accounts** – Include checking, online, mobile (e.g., PayPal) and savings accounts, prepaid debit cards, certificates of deposit, trusts, individual retirement accounts (IRAs), Keogh plans, simplified employee pensions, 401(k) plans, profit sharing plans, mutual funds, stocks, bonds, and other investments, including business accounts.

Name of Financial Institution	Account Number	Type of Account	Current Value	Business
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Section B. Credit Cards and Lines of Credit** – VISA, MasterCard, American Express, department stores and lines of credit, etc.

Type/Name of Financial Institution	Credit Limit	Account Number	Balance Owed

**Section C. Real Estate** – Include home, rental properties, vacation properties, timeshares, vacant land, and other real estate.

Address	Primary Residence	Amount Owed	Equity
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Section D. Other Assets** – Include cars, boats, recreational vehicles, life insurance, artwork, jewelry, etc.

Description	Monthly Payment	Year Purchased	Current Value	Balance Owed

	<b>FTB Use Only</b>
<b>Section E. Monthly Income</b>	
How often are you paid? (mark one) . . . . . <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	
How often is your spouse/RDP paid? (mark one) . . <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	
Net Pay (from wages and/or self-employed income) . . . . . \$ _____	
Spouse's/RDP's Net Pay (from wages and/or self-employed income) . . . . . \$ _____	
Net Rental Income . . . . . \$ _____	
Retirement (IRA, 401K, pension, etc.) . . . . . \$ _____	
Unemployment/Disability/Social Security . . . . . \$ _____	
Commissions . . . . . \$ _____	
Other Income <input type="checkbox"/> Dividends <input type="checkbox"/> Interest <input type="checkbox"/> Child Support <input type="checkbox"/> Royalties <input type="checkbox"/> Alimony <input type="checkbox"/> Other (List _____) . . . \$ _____	
Amounts Contributed from Other People Living in Your Home . . . . . \$ _____	
<b>Total Monthly Income</b> . . . . . \$ _____	
<b>Monthly Necessary Expenses</b>	
<b>Section F. Local Standards</b>	
<b>Housing and Utilities</b>	
Rent/Mortgage . . . . . \$ _____	
Electric, Oil/Gas, Water/Garbage . . . . . \$ _____	
Telephone/Cell/Cable/Internet . . . . . \$ _____	
Real Estate Taxes and Insurance . . . . . \$ _____	
Maintenance and Repairs . . . . . \$ _____	
<b>Sub Total</b> <input type="checkbox"/> Mark box if IRS standard used. . . . . \$ _____	
<b>Transportation</b>	
Transportation Ownership Costs <input type="checkbox"/> Mark box if IRS standard used . . . . . \$ _____	
Transportation Operating Costs <input type="checkbox"/> Mark box if IRS standard used. . . . . \$ _____	
Public Transportation <input type="checkbox"/> Mark box if IRS standard used. . . . . \$ _____	
<b>Sub Total</b> . . . . . \$ _____	
<b>Section G. National Standards</b>	
Food . . . . . \$ _____	
Housekeeping Supplies . . . . . \$ _____	
Clothing and Clothing Services . . . . . \$ _____	
Personal Care Products and Services . . . . . \$ _____	
Miscellaneous . . . . . \$ _____	
<b>Sub Total</b> <input type="checkbox"/> Mark box if IRS standard used. . . . . \$ _____	
Out of Pocket Health Care . . . . . \$ _____	
<b>Sub Total</b> <input type="checkbox"/> Mark box if IRS standard used. . . . . \$ _____	
<b>Section H. Other</b>	
Child/Dependent Care . . . . . \$ _____	
Federal Estimated Tax Payments . . . . . \$ _____	
State Estimated Tax Payments . . . . . \$ _____	
Term Life Insurance . . . . . \$ _____	
Retirement (IRA, 401K, Pension, etc.) . . . . . \$ _____	
Federal Installment Agreement (approved amount) . . . . . \$ _____	
Student Loans . . . . . \$ _____	
Court Ordered Child Support/Alimony . . . . . \$ _____	
Health Insurance . . . . . \$ _____	
Other (specify) _____ \$ _____	
Other (specify) _____ \$ _____	
Other (specify) _____ \$ _____	
Other (specify) _____ \$ _____	
<b>Sub Total</b> . . . . . \$ _____	
<b>Total Monthly Income</b> . . . . . \$ _____	
<b>Total Monthly Necessary Expenses</b> . . . . . \$ _____	
<b>Net (difference between income and expenses)</b> . . . . . \$ _____	

See the instructions on pages 4 and 5 for assistance.

<b>Section I. Business Information</b>			
Name of Business	FEIN	Type of Business	
List the amounts owed to you or your business:			
Name	Address	Amount Owed	
<b>Total Amount Owed</b>			
<b>Amount Available To Pay Immediately</b>			
If your business accepts credit card payments provide the name of the individual or business on the account and type of credit card.			
Name on Account	Card Type	Issuing Bank Name and Address	Account Number
Have you filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what chapter and file date?			
<b>Notes</b> (use this space to provide an explanation of assets, income and expenses which require specification or additional space)			
<b>Franchise Tax Board Privacy Notice</b>			
To learn about your privacy rights, how we may use your information, and consequences if you do not provide information we request, go to <a href="http://ftb.ca.gov/Forms">ftb.ca.gov/Forms</a> and search for <b>1131</b> . To request this notice by mail, call 800.338.0505 and enter form code <b>948</b> when instructed.			
<b>Rights as a Taxpayer</b>			
The California Taxpayers' Bill of Rights (R&TC Sections 21001-21028) requires that we adequately protect the rights, privacy, and property of all California taxpayers during the process of assessing and collecting taxes. Our goal is to make certain we protect your rights. We want you to have the highest confidence in the integrity, efficiency, and fairness of our state tax system. FTB 4058, <i>California Taxpayer's Bill of Rights</i> , includes information on state taxpayers' rights. Get FTB 4058 at <a href="http://ftb.ca.gov">ftb.ca.gov</a> or call us at 800.338.0505 (select Personal Income Tax), or mail us at FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0040.			
<b>I (we) declare under penalty of perjury under the laws of the State of California that this Financial Statement is true, correct, and complete.</b>			
Taxpayer's Signature	Spouse's/RDP's Signature	Date	
<b>X</b> _____	<b>X</b> _____		

# Financial Statement Instructions

## FTB 3561 Purpose

Use FTB 3561 to provide current financial information necessary to help us determine how you can satisfy an outstanding tax liability. If you have submitted an IRS Form 433-A or 433-F, dated within the previous 12 months, you may send us that form in-lieu of the FTB 3561.

Keep a copy of your completed form and supporting documentation. After we review your completed form, we may contact you for additional information. For example, we may ask you to send substantiation of your current assets, liabilities, income, and expenditures.

In evaluating an individual's ability to satisfy an outstanding tax liability, we consider the IRS Allowable Living Standards. The standards are also known as Collection Financial Standards and can be located at [irs.gov](http://irs.gov).

Enter monthly amount for expenses. For any expense not paid monthly, convert as follows:

If bill is paid...	Calculate the monthly amount by...
Quarterly	Dividing by 3
Weekly	Multiplying by 4.3
Biweekly (every two weeks)	Multiplying by 2.17
Semi-Monthly (twice each month)	Multiplying by 2

## Section A – Accounts

List all accounts, even if they currently have no balance. However, do not enter bank loans in this section. Include business accounts, if applicable.

## Section B – Credit Cards and Lines of Credit

List all credit cards and lines of credit, even if there is no balance owed.

## Section C – Real Estate

List all real estate you own or are purchasing, including your home. Include the address, indicate if the property is a primary residence, and provide the total amount you currently owe on the property. To determine equity, subtract the amount owned for each piece of real estate from its current market value.

## Section D – Other Assets

List all cars, boats and recreational vehicles along with the year, make and model. If a vehicle is leased, write "lease" in the "year purchased" column. List whole life insurance policies with the name of the insurance company. List other assets with a description such as "paintings," "coin collections," or "antiques." If applicable, include business assets, such as tools, equipment, inventory, and intangible assets such as domain names, patents, copyrights, etc.

## Section E – Monthly Income

Report all forms of taxable and non-taxable income.

**Net Pay from Wages** is the amount earned after the required taxes and deductions have been withheld.

**Net Pay from Self-Employment Income** is the amount you or your spouse/RDP earns after paying ordinary and necessary business expenses. This figure should relate to the yearly net profit from Schedule C on your Form 1040 or your current year profit and loss statement. Please attach a copy of Schedule C or your current year profit and loss statement. If net income is a loss, enter "0."

Wage garnishments and employer required union dues may be deducted in determining Net Pay.

Any deduction which is voluntarily deducted and accounted for in net pay cannot also be claimed as an expense. See Section H – Other, for additional expense items.

**Net Rental Income** is the amount you earn after you pay ordinary and necessary rental expenses. This figure should relate to the amount reported on Schedule E of your Form 1040. Do not include depreciation expenses. Only cash expenses are used to determine net rental income. If net rental income is a loss, enter "0."

**Other Income** includes distributions from partnerships, corporations and limited liability companies. Other income also includes agricultural subsidies, gambling income, oil credits, rent subsidies, and interest and dividends. Enter total distributions from IRAs if not included under Retirement Income.

## Section F – Local Standards

**Housing and Utilities** – Taxpayers are allowed the IRS Collection Financial Standards amount, or the amount actually spent on housing and utilities, whichever is less. Generally, the total number of persons allowed should be the same as those allowed as exemptions for the taxpayer's most recent tax return.

**Rent/Mortgage** – Enter rent or mortgage payment amount.

**Electric, Oil/Gas, Water/Trash** – Enter amounts not included with rent/mortgage payment.

**Real Estate, Taxes, and Insurance** – Include the amount paid separately from mortgage payment.

**Transportation Ownership Costs** – Provide monthly loan or lease payment amount for up to two vehicles. A single individual is normally allowed one automobile. For each automobile, taxpayers will be allowed the lesser of: 1) the monthly payment on the lease or car loan, or 2) the ownership cost shown in the table for the IRS Collection Financial Standards.

**Transportation Operating Costs** – Operating costs are allowed by regional and metropolitan area. For each automobile, taxpayers will be allowed the lesser of 1) the amount actually spent monthly for operating costs, or 2) the operating costs shown in the table for the IRS Collection Financial Standards.

**Public Transportation** – Taxpayers with no vehicle are allowed the IRS Collection Financial Standards amount monthly, per household, without questioning the amount actually spent. If the taxpayer owns a vehicle and uses public transportation, expenses may be allowed for both. Expenses allowed would be actual expenses incurred for ownership costs, operation costs and public transportation, or the IRS Collection Financial Standards amounts, whichever is less.

## Section G – National Standards

Taxpayers are allowed the total IRS Collection Financial Standards amounts for their family size, without questioning the amounts they actually spend. If you chose to use the IRS Collection Standards amount, you may simply enter that amount on the Sub Total lines of the section. Otherwise, complete each expense separately and provide the amount actually paid (with the exception of miscellaneous expenses [see below]). Generally, the total number of persons allowed for the National Standards should be the same as those allowed as exemptions for the taxpayer's most recent tax return.

**Miscellaneous** – Taxpayers are allowed the IRS Collection Financial Standards amount for their family size, without questioning the amount actually spent. Deviation from the standard amount is not allowed for miscellaneous expenses. The miscellaneous allowance is for expenses incurred that are not included in any other allowable living expense items. Examples are credit card payments, bank fees and charges, reading materials, and school supplies.

**Out-of-Pocket Health Care** – Taxpayers and their dependents are allowed the IRS Collection Financial Standards amount on a per person basis, without questioning the amounts they actually spend. Costs not covered by health insurance, including; medical services, prescription drugs, dental expenses, medical supplies, eyeglasses and contact lenses.

## Section H – Other

When these expenses are voluntarily deducted from income they have already been accounted for in Net Pay or Self-Employment, Section E and cannot be included as an expense.

**Child/Dependent Care** – Enter the monthly amount you pay for the care of dependents that can be claimed on your Form 540.

**Estimated Tax Payments (federal and state)** – Enter the monthly amount you pay for estimated taxes by dividing the quarterly amount due on your Form 1040ES and 540ES by 3.

**Term Life Insurance** – Enter the amount you pay for term life insurance only. Whole life insurance has cash value and should be listed in Section D.

**Retirement** – Include amounts voluntarily paid into an IRA, 401(k), Keogh, etc.

**Union Dues** – Enter amount voluntarily paid.

**Federal Installment Agreement** – Enter the approved installment agreement amount you pay monthly to the IRS. Be prepared to provide a copy of the statement showing the amount you owe and, if applicable, any agreement you have for monthly payments.

**Student Loans** – Minimum payments on student loans for the taxpayer's post-secondary education may be allowed if they are guaranteed by the federal government. Be prepared to provide proof of loan balance and payments.

**Health Insurance** – Enter the monthly amount you pay for your family and you.

**Other** – We may allow other expenses in certain circumstances. For example, if the expenses are necessary for the health and welfare of the taxpayer or family, or for the production of income. Specify the expense and list the minimum monthly payment you are billed.

## Taxpayers' Rights Advocate Review

You may contact the Taxpayers' Rights Advocate if you have an ongoing state income tax problem that you have been unable to resolve through normal channels. Contacting the Taxpayers' Rights Advocate, however, is not an appeal and does not extend the period of time for filing one. You have the right to an independent administrative review if we notify you that we may levy your income or assets, file or record a notice of lien, reject your request for an installment agreement or terminate your existing installment agreement. You must submit your request for review within 30 days of the date of Final Notice Before Levy or within 30 days of the date of the Notice of State Tax Lien. (R&TC Sections 19008(e), 19225, and 21015.5) You may contact Executive and Advocate Services for additional information or to submit your request for review. To request an independent administrative review, call: 800.883.5910, fax: 916.843.6022, or mail: Executive and Advocate Services MS A381, PO Box 157, Rancho Cordova CA 95741-0157.

## Mail completed *Financial Statement* to:

FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94267-0041

## Contact Us

**Web:** [ftb.ca.gov](http://ftb.ca.gov)

**Phone:** 800.689.4776  
916.845.4470 (outside U.S.)

**TTY/TDD:** 800.822.6268