CDTFA-403-E (FRONT) REV. 12 (3-18) INDIVIDUAL FINANCIAL STATEMENT

STATE OF CALIFORNIA PLEASE TYPE OR PRINT CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

ACCOUNT NUMBER

Respond By:

Please attach copies of your income tax returns for the last two years. Documentation is required to support your income and expenses.

PRESENT HOME ADDRESS (Jourder and street or warring) NAME OF SPOUSEDOMESTIC PARTNER SPOUSEDOMESTIC PARTNER (Sol) SPOUSEDOMESTIC PARTNER (Sol)<	NAME (first and initial)	LAST			SOCIAL SECURITY NUMBER (SSN) DATE C			TE OF BIRTH (DOB)		
CITY, TOURL, OR POST OFFICE STATE ZIP HOME TELEPHONE CELL PHONE CELL PHONE CITL READER LIPRING MESENT EMPLOYER EMPLOYER'S TELEPHONE DRIVER USENER (DL) STATE EXA DATE EMPLOYER'S ADDRESS LENGTH EMPLOYER MONTHLY CARDE MUCONE SPOUECOMESTIC PARTNER (DL) STATE EXP. DATE OCCUPATION PRESENT EMPLOYER EMPLOYER'S TELEPHONE MONTHLY CARDE MUCONE SPOUECOMESTIC PARTNER (DL) STATE EXP. DATE SPOUSECOMESTIC PARTNER PRESENT EMPLOYER EMPLOYER'S TELEPHONE MONTHLY EXPENSES DATE DATE SPOUSECOMESTIC PARTNER PRESENT EMPLOYER EMPLOYER'S TELEPHONE MONTHLY EXPENSES Type of Accounts SPOUSECOMESTIC PARTNER PRESENT EMPLOYER EMPLOYER'S TELEPHONE MONTHLY EXPENSES Type of Accounts Spouse/ADDRESS LENGTH EMPLOYER'S TELEPHONE MONTHLY EXPENSES Type of Accounts Spouse/ADDRESS LENGTH EMPLOYER MONTHLY EXPENSES Type of Accounts Montriely take-home pay S 1 Montriely expenses S Dividends received from: \$ 3 HOUSEKERPIN SUPPLIES: S Dividends received from: \$ \$ S S Social Security \$ 5 Personal care products and services: S				DADTHED						
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12 Miscellaneous (please explain) \$				11				n \$	\$	
				12						
			13			\$				
14 Total of recurring monthly payments (from page 2 line 10)	TOTAL MONTHLY INCOME			14						
10 TAL MONTHLY INCOME \$ 15 Total monthly expenditures (add lines 13 and 14)		\$			Total monthly expenditures (add lines 13 and 14)				\$	

OTHER RECURRING MONTHLY PAYMENTS CREDITOR(S) NAME AND ADDRESS	PAYROLL DEDUCT		TYPE: AUTO,	ORIGINAL AMOUNT	INCURRED	BALANCE	DATE FINAL PAYMENT WILL			
	YES	NO	PERSONAL LOAN, ETC.	DUE	DATE	DUE	BE DUE	MONTHLY PAYMENT		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8. Other – Please use separate sheet										
9. Other taxes owed. Please list agencies, year(s) and amounts										
10. SUBTOTAL (Add lines 1 thru 9. Enter here and on page 1, line 14)										
VEHICLE INFORMATION (Please include the make, model, year and plate number for autos, trailers, vessels, aircraft, etc.).				Do you have a current license/permit with CDTFA? Yes No						
1.	If yes, please list the account number(s):									
2.	Have you filed bankruptcy in the past year? Yes No If yes, list court and case number.									
REAL PROPERTY ADDRESS										
1.	Your proposed terms to satisfy this amount due: Your proposed terms to satisfy this amount due:									
2.	Your proposed terms to satisfy this amount due:									
OTHER PARTNERSHIP(S) / CORPORATION(S)										
NAME			ADDF	RESS		TELEPHONE				
1.										
2.										
3.										

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signed ______ Date ______ Date ______