

Commonwealth of Massachusetts

Division \_\_\_\_\_

The Trial Court

Docket No. \_\_\_\_\_

Probate and Family Court Department

FINANCIAL STATEMENT

(Long Form)

INSTRUCTIONS: If your income is less than \$75,000.00 annually, you must complete the SHORT FORM financial statement, unless otherwise ordered by the Court.

\_\_\_\_\_  
Plaintiff / Petitioner v. \_\_\_\_\_  
Defendant / Petitioner

I. PERSONAL INFORMATION

Your Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
(Street address) (City / Town) (State) (Zip)

Tel. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ No. of children living with you \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_  
(Street address) (City / Town) (State) (Zip)

Employer's Telephone No. \_\_\_\_\_ Do you have health insurance coverage?  Yes  No

If yes, name of health insurance provider \_\_\_\_\_

II. GROSS WEEKLY INCOME / RECEIPTS FROM ALL SOURCES

- a) Base pay from  Salary  Wages \$ \_\_\_\_\_
- b) Overtime \$ \_\_\_\_\_
- c) Part-time job \$ \_\_\_\_\_
- d) Self-employment (attach a completed schedule A) \$ \_\_\_\_\_
- e) Tips \$ \_\_\_\_\_
- f)  Commissions  Bonuses \$ \_\_\_\_\_
- g)  Dividends  Interest \$ \_\_\_\_\_
- h)  Trusts  Annuities \$ \_\_\_\_\_
- i)  Pensions  Retirement Funds \$ \_\_\_\_\_
- j) Social Security \$ \_\_\_\_\_
- k)  Disability  Unemployment insurance  Worker's compensation \$ \_\_\_\_\_
- l) Public Assistance (welfare, A.F.D.C. payments) \$ \_\_\_\_\_
- m)  Child Support  Alimony (actually received) \$ \_\_\_\_\_
- n) Rental from income producing property (attach a completed Schedule B) \$ \_\_\_\_\_
- o) Royalties and other rights \$ \_\_\_\_\_
- p) Contributions from household member(s) \$ \_\_\_\_\_
- q) Other (specify) \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL WEEKLY INCOME FROM ATTACHED ADDITIONAL SCHEDULE, IF ANY \$ \_\_\_\_\_
- r) Total Gross Weekly Income/Receipts (add items a-q) \$ \_\_\_\_\_

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III. WEEKLY DEDUCTIONS FROM GROSS INCOME

TAX WITHHOLDING

- a) Federal tax withholding / estimated payments \$ \_\_\_\_\_  
     Number of withholding allowances claimed \_\_\_\_\_
- b) State tax withholding / estimated payments \$ \_\_\_\_\_  
     Number of withholding allowances claimed \_\_\_\_\_

OTHER DEDUCTIONS

- c) F.I.C.A. \$ \_\_\_\_\_
- d) Medicare \$ \_\_\_\_\_
- e) Medical Insurance \$ \_\_\_\_\_
- f) Dental Insurance \$ \_\_\_\_\_
- g) Vision Insurance \$ \_\_\_\_\_
- h) Union Dues \$ \_\_\_\_\_
- i) Child Support \$ \_\_\_\_\_
- j) Spousal Support \$ \_\_\_\_\_
- k) Retirement \$ \_\_\_\_\_
- l) Savings \$ \_\_\_\_\_
- m) Deferred Compensation \$ \_\_\_\_\_
- n) Credit Union (Loan) \$ \_\_\_\_\_
- o) Credit Union (Savings) \$ \_\_\_\_\_
- p) Charitable Contributions \$ \_\_\_\_\_
- q) Life Insurance \$ \_\_\_\_\_
- r) Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

s) Total Gross Weekly Deductions from Pay (add items a-r) \$ \_\_\_\_\_

IV. NET WEEKLY INCOME

- a) Enter total gross weekly income/receipts from II(r) \$ \_\_\_\_\_
- b) Enter total weekly deductions from pay from III(s) - \$ \_\_\_\_\_
- c) Net Weekly Income = \$ \_\_\_\_\_

V. GROSS INCOME FROM PRIOR YEAR

\$ \_\_\_\_\_

(attach copy of all W-2 and 1099 forms for prior year)

Number of years you have paid into Social Security \_\_\_\_\_

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VI. WEEKLY EXPENSES NOT DEDUCTED FROM PAY

Rent	\$	_____
Mortgage (Principal, Interest - Taxes and Insurance, if escrowed)	\$	_____
Property taxes and assessments	\$	_____
Homeowner / Tenant Insurance	\$	_____
<input type="checkbox"/> Maintenance Fees <input type="checkbox"/> Condominium Fees	\$	_____
Heat	\$	_____
Electricity	\$	_____
<input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas	\$	_____
Telephone	\$	_____
<input type="checkbox"/> Water <input type="checkbox"/> Sewer	\$	_____
Food	\$	_____
House Supplies	\$	_____
Laundry	\$	_____
Dry Cleaning	\$	_____
Clothing	\$	_____
Life Insurance	\$	_____
Medical Insurance	\$	_____
Dental Insurance	\$	_____
Vision Insurance	\$	_____
Uninsured Medical	\$	_____
Uninsured Dental	\$	_____
Motor Vehicle Expenses	\$	_____
Fuel	\$	_____
Insurance	\$	_____
Maintenance Fees	\$	_____
Loan payment(s)	\$	_____
Entertainment	\$	_____
Vacation	\$	_____
Cable TV	\$	_____
Child Support (attach a copy of the order, if issued by a different court)	\$	_____
Child(ren)'s Day Care Expense	\$	_____
Child(ren)'s Education	\$	_____
Education (self)	\$	_____

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Employment related expenses (which are not reimbursed)

Uniforms	\$	_____
Travel	\$	_____
Required continuing education	\$	_____
Other (specify) _____	\$	_____
Lottery Tickets	\$	_____
Charitable Contributions	\$	_____
Child(ren)'s Allowance	\$	_____
Extraordinary travel expenses for visitation with child(ren)	\$	_____
Other (specify) _____	\$	_____
_____	\$	_____
<u>TOTAL WEEKLY EXPENSES FROM ATTACHED ADDITIONAL SCHEDULE, IF ANY</u>	\$	_____

**TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY** \$ \_\_\_\_\_

**VII. COUNSEL FEES**

Retainer amount(s) paid to your attorney(s)	\$	_____
Legal fees incurred, to date, against the retainer(s)	\$	_____
Anticipated range of total legal expense to litigate this action	\$	_____ to \$ _____

**VIII. ASSETS**

**INSTRUCTIONS:** If additional space is needed for any answer or to disclose additional assets not listed below, please attach additional pages.

**A. REAL ESTATE**

Real Estate - Primary Residence

Address \_\_\_\_\_ (Street address) \_\_\_\_\_ (City / Town) \_\_\_\_\_ (State)

Title held in name of \_\_\_\_\_

Purchase Price of the Property	\$	_____
Year of Purchase	_____	
Current Assessed Value of the Property	\$	_____
Date of Last Assessment	_____	
Fair Market Value of the Property	\$	_____
Outstanding 1st mortgage	- \$	_____
Outstanding 2nd mortgage or home equity loan	- \$	_____
Equity	= \$	_____

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**FINANCIAL STATEMENT**

**(Long Form)**

Real Estate - Vacation or Second Home (including interest in time share)

Address \_\_\_\_\_  
(Street address) (City / Town) (State)

Title held in name of \_\_\_\_\_

Purchase Price of the Property \$ \_\_\_\_\_  
 Year of Purchase \_\_\_\_\_  
 Current Assessed Value of the Property \$ \_\_\_\_\_  
 Date of Last Assessment \_\_\_\_\_  
 Fair Market Value of the Property \$ \_\_\_\_\_  
 Outstanding 1st mortgage - \$ \_\_\_\_\_  
 Outstanding 2nd mortgage or home equity loan - \$ \_\_\_\_\_  
 Equity = \$ \_\_\_\_\_

B. MOTOR VEHICLES including cars, trucks, ATVs, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery, etc.

Type \_\_\_\_\_  
 Make \_\_\_\_\_  
 Model \_\_\_\_\_  
 Purchase Price of Vehicle \$ \_\_\_\_\_  
 Year of Purchase \_\_\_\_\_  
 Fair Market Value \$ \_\_\_\_\_  
 Outstanding Loan(s) - \$ \_\_\_\_\_  
 Equity = \$ \_\_\_\_\_

Type \_\_\_\_\_  
 Make \_\_\_\_\_  
 Model \_\_\_\_\_  
 Purchase Price of Vehicle \$ \_\_\_\_\_  
 Year of Purchase \_\_\_\_\_  
 Fair Market Value \$ \_\_\_\_\_  
 Outstanding Loan(s) - \$ \_\_\_\_\_  
 Equity = \$ \_\_\_\_\_

C. PENSIONS

	Institution	Account Number	Listed Beneficiary	Current Balance / Value
Defined Benefit Plan				\$
Defined Contribution Plan				\$

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**FINANCIAL STATEMENT**

**(Long Form)**

D. OTHER ASSETS. List assets which are held individually, jointly, in the name of another person for your benefit, or held by you for the benefit of your minor child(ren).

	Institution	Account Number	Listed Beneficiary	Current Balance / Value
Checking Account(s)				\$
				\$
Savings Account(s)				\$
				\$
Cash on Hand				\$
Certificate(s) of Deposit				\$
				\$
Credit Union Account(s)				\$
				\$
Funds Held in Escrow				\$
				\$
Stocks				\$
				\$
Bonds				\$
				\$
Bond Fund(s)				\$
				\$
Notes Held				\$
				\$
Cash in Brokerage Account(s)				\$
				\$
Money Market Account(s)				\$
				\$

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	Institution	Account Number	Listed Beneficiary	Current Balance / Value
U.S. Savings Bond(s)				\$
				\$
IRAs				\$
				\$
Keough				\$
				\$
Profit Sharing				\$
				\$
Deferred Compensation				\$
				\$
Other Retirement Plans				\$
				\$
Annuity (please specify whether a tax deferred annuity or a tax sheltered annuity)				\$
				\$
Life Insurance Cash Value (please specify whether a term or a whole universal life insurance policy)				\$
				\$
Judgments / Liens				\$
				\$
Pending Legacies and/or Inheritances				\$
				\$
Jewelry				\$
Contents of Safe or Safe Deposit Box				\$
Firearms				\$
Collections				\$
Tools / Equipment				\$
Crops / Livestock				\$
Home Furnishings				\$
Arts and Antiques				\$
Other (please specify)				\$
Other (please specify)				\$

**TOTAL ASSETS (INCLUDING FROM ATTACHED ADDITIONAL SCHEDULES, IF ANY)**

\$ \_\_\_\_\_

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**(Long Form)**

IX. **LIABILITIES:** List loans, credit card debt, consumer debt, installment debt, etc., which are NOT listed elsewhere.

CREDITOR	NATURE OF DEBT	DATE INCURRED	AMOUNT DUE	WEEKLY PAYMENT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**TOTAL LIABILITIES (INCLUDING FROM ATTACHED ADDITIONAL SCHEDULE, IF ANY)**

\$	\$
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CERTIFICATION BY AFFIANT

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I UNDERSTAND THAT WILLFUL MISREPRESENTATION OF ANY OF THE INFORMATION PROVIDED WILL SUBJECT ME TO SANCTIONS AND MAY RESULT IN CRIMINAL CHARGES BEING FILED AGAINST ME.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

COMMONWEALTH OF MASSACHUSETTS

County of \_\_\_\_\_

Then personally appeared the above \_\_\_\_\_ and declared the foregoing to be true and correct, before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_ Notary Public

My Commission Expires: \_\_\_\_\_

INSTRUCTIONS: In any case where an attorney is appearing for a party, said attorney **MUST** complete the Statement by Attorney.

STATEMENT BY ATTORNEY

I, the undersigned, attorney, am admitted to practice law in the Commonwealth of Massachusetts - am admitted *pro hoc vice* for the purposes of this case - and am an officer of the court. As the attorney for the party on whose behalf this Financial Statement is submitted, I hereby state to the court that I have no knowledge that any of the information contained herein is false.

Date \_\_\_\_\_

\_\_\_\_\_ (Signature of Attorney)

\_\_\_\_\_ (Print name)

\_\_\_\_\_ (Street address)

\_\_\_\_\_ (City / Town) \_\_\_\_\_ (State) \_\_\_\_\_ ((Zip)

Telephone: \_\_\_\_\_

B.B.O. #: \_\_\_\_\_

ADDITIONAL GROSS WEEKLY INCOME / RECEIPTS - LONG FORM (Part II., continued)

Name: \_\_\_\_\_

Docket No. \_\_\_\_\_

II. GROSS WEEKLY INCOME / RECEIPTS FROM ALL SOURCES (continued)

SOURCE	AMOUNT
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
i. _____	\$ _____
j. _____	\$ _____
k. _____	\$ _____
l. _____	\$ _____
m. _____	\$ _____
n. _____	\$ _____
o. _____	\$ _____
p. _____	\$ _____
q. _____	\$ _____
r. _____	\$ _____
s. _____	\$ _____
t. _____	\$ _____
u. _____	\$ _____
v. _____	\$ _____
w. _____	\$ _____
x. _____	\$ _____
y. _____	\$ _____
z. _____	\$ _____

TOTAL ADDITIONAL GROSS WEEKLY INCOME / RECEIPTS

**ADDITIONAL WEEKLY EXPENSES - LONG FORM (Section VI., continued)**

Name: \_\_\_\_\_

Docket No. \_\_\_\_\_

**VI. WEEKLY EXPENSES** (continued)

ITEM / DESCRIPTION	AMOUNT
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
d) _____	\$ _____
e) _____	\$ _____
f) _____	\$ _____
g) _____	\$ _____
h) _____	\$ _____
i) _____	\$ _____
j) _____	\$ _____
k) _____	\$ _____
l) _____	\$ _____
m) _____	\$ _____
n) _____	\$ _____
o) _____	\$ _____
p) _____	\$ _____
q) _____	\$ _____
r) _____	\$ _____
s) _____	\$ _____
t) _____	\$ _____
u) _____	\$ _____
v) _____	\$ _____
w) _____	\$ _____
x) _____	\$ _____
y) _____	\$ _____
z) _____	\$ _____

**TOTAL ADDITIONAL WEEKLY EXPENSES**

**ADDITIONAL ASSETS (REALTY) - LONG FORM (Section VIII., continued)**

Name: \_\_\_\_\_

Docket No. \_\_\_\_\_

Real Estate - Other

Address \_\_\_\_\_  
(Street address) (City / Town) (State)

Title held in name of \_\_\_\_\_

Purchase Price of the Property \$ \_\_\_\_\_  
Year of Purchase \_\_\_\_\_  
Current Assessed Value of the Property \$ \_\_\_\_\_  
Date of Last Assessment \_\_\_\_\_  
Fair Market Value of the Property \$ \_\_\_\_\_  
Outstanding 1st mortgage - \$ \_\_\_\_\_  
Outstanding 2nd mortgage or home equity loan - \$ \_\_\_\_\_  
Equity = \$ \_\_\_\_\_

Real Estate - Other

Address \_\_\_\_\_  
(Street address) (City / Town) (State)

Title held in name of \_\_\_\_\_

Purchase Price of the Property \$ \_\_\_\_\_  
Year of Purchase \_\_\_\_\_  
Current Assessed Value of the Property \$ \_\_\_\_\_  
Date of Last Assessment \_\_\_\_\_  
Fair Market Value of the Property \$ \_\_\_\_\_  
Outstanding 1st mortgage - \$ \_\_\_\_\_  
Outstanding 2nd mortgage or home equity loan - \$ \_\_\_\_\_  
Equity = \$ \_\_\_\_\_

Real Estate - Other

Address \_\_\_\_\_  
(Street address) (City / Town) (State)

Title held in name of \_\_\_\_\_

Purchase Price of the Property \$ \_\_\_\_\_  
Year of Purchase \_\_\_\_\_  
Current Assessed Value of the Property \$ \_\_\_\_\_  
Date of Last Assessment \_\_\_\_\_  
Fair Market Value of the Property \$ \_\_\_\_\_  
Outstanding 1st mortgage - \$ \_\_\_\_\_  
Outstanding 2nd mortgage or home equity loan - \$ \_\_\_\_\_  
Equity = \$ \_\_\_\_\_

**ADDITIONAL ASSETS (REALTY) (2) - LONG FORM (Section VIII., continued)**

Name: \_\_\_\_\_

Docket No. \_\_\_\_\_

Real Estate - Other

Address \_\_\_\_\_  
(Street address) (City / Town) (State)

Title held in name of \_\_\_\_\_

Purchase Price of the Property \$ \_\_\_\_\_  
Year of Purchase \_\_\_\_\_  
Current Assessed Value of the Property \$ \_\_\_\_\_  
Date of Last Assessment \_\_\_\_\_  
Fair Market Value of the Property \$ \_\_\_\_\_  
Outstanding 1st mortgage - \$ \_\_\_\_\_  
Outstanding 2nd mortgage or home equity loan - \$ \_\_\_\_\_  
Equity = \$ \_\_\_\_\_

Real Estate - Other

Address \_\_\_\_\_  
(Street address) (City / Town) (State)

Title held in name of \_\_\_\_\_

Purchase Price of the Property \$ \_\_\_\_\_  
Year of Purchase \_\_\_\_\_  
Current Assessed Value of the Property \$ \_\_\_\_\_  
Date of Last Assessment \_\_\_\_\_  
Fair Market Value of the Property \$ \_\_\_\_\_  
Outstanding 1st mortgage - \$ \_\_\_\_\_  
Outstanding 2nd mortgage or home equity loan - \$ \_\_\_\_\_  
Equity = \$ \_\_\_\_\_

Real Estate - Other

Address \_\_\_\_\_  
(Street address) (City / Town) (State)

Title held in name of \_\_\_\_\_

Purchase Price of the Property \$ \_\_\_\_\_  
Year of Purchase \_\_\_\_\_  
Current Assessed Value of the Property \$ \_\_\_\_\_  
Date of Last Assessment \_\_\_\_\_  
Fair Market Value of the Property \$ \_\_\_\_\_  
Outstanding 1st mortgage - \$ \_\_\_\_\_  
Outstanding 2nd mortgage or home equity loan - \$ \_\_\_\_\_  
Equity = \$ \_\_\_\_\_

**ADDITIONAL ASSETS (MOTOR VEHICLES) - LONG FORM (Section VIII., continued)**

Name: \_\_\_\_\_

Docket No. \_\_\_\_\_

MOTOR VEHICLES including cars, trucks, ATVs, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery, etc.

Type \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Purchase Price of Vehicle      \$ \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_

Outstanding Loan(s) - \$ \_\_\_\_\_

Equity = \$ \_\_\_\_\_

Type \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Purchase Price of Vehicle      \$ \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_

Outstanding Loan(s) - \$ \_\_\_\_\_

Equity = \$ \_\_\_\_\_

Type \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Purchase Price of Vehicle      \$ \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_

Outstanding Loan(s) - \$ \_\_\_\_\_

Equity = \$ \_\_\_\_\_

Type \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Purchase Price of Vehicle      \$ \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_

Outstanding Loan(s) - \$ \_\_\_\_\_

Equity = \$ \_\_\_\_\_

**ADDITIONAL ASSETS (MOTOR VEHICLES) - LONG FORM (Section VIII., continued)**

Name: \_\_\_\_\_

Docket No. \_\_\_\_\_

MOTOR VEHICLES including cars, trucks, ATVs, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery, etc.

Type \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Purchase Price of Vehicle      \$ \_\_\_\_\_

Year of Purchase      \_\_\_\_\_

Fair Market Value      \$ \_\_\_\_\_

Outstanding Loan(s)      - \$ \_\_\_\_\_

Equity      = \$ \_\_\_\_\_

Type \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Purchase Price of Vehicle      \$ \_\_\_\_\_

Year of Purchase      \_\_\_\_\_

Fair Market Value      \$ \_\_\_\_\_

Outstanding Loan(s)      - \$ \_\_\_\_\_

Equity      = \$ \_\_\_\_\_

Type \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Purchase Price of Vehicle      \$ \_\_\_\_\_

Year of Purchase      \_\_\_\_\_

Fair Market Value      \$ \_\_\_\_\_

Outstanding Loan(s)      - \$ \_\_\_\_\_

Equity      = \$ \_\_\_\_\_

Type \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Purchase Price of Vehicle      \$ \_\_\_\_\_

Year of Purchase      \_\_\_\_\_

Fair Market Value      \$ \_\_\_\_\_

Outstanding Loan(s)      - \$ \_\_\_\_\_

Equity      = \$ \_\_\_\_\_







# FINANCIAL STATEMENT SCHEDULE A

Name: \_\_\_\_\_ Docket No. \_\_\_\_\_

## MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

### GROSS MONTHLY RECEIPTS

--

### Monthly Business Expenses

Cost of goods sold	\$	_____
Advertising	\$	_____
Bad Debts	\$	_____
Motor Vehicles	\$	_____
Gas	\$	_____
Insurance	\$	_____
Maintenance	\$	_____
Registration	\$	_____
Commissions	\$	_____
Depletion	\$	_____
Dues and Publications	\$	_____
Employee Benefit Programs	\$	_____
Freight	\$	_____
Insurance (other than health), please specify type of insurance:	\$	_____
_____	\$	_____
_____	\$	_____
Interest on mortgage to banks	\$	_____
Interest on loans	\$	_____
Legal and Professional services	\$	_____
Office expenses	\$	_____
Laundry and cleaning	\$	_____
Pension and profit sharing	\$	_____
Rent on leased equipment	\$	_____
Machinery/Equipment	\$	_____
Other business property	\$	_____
Repairs	\$	_____
Supplies	\$	_____
Taxes	\$	_____
Travel	\$	_____
Meals and entertainment	\$	_____
Utilities and phones	\$	_____
Wages	\$	_____
Other expenses (specify):	\$	_____
_____	\$	_____
_____	\$	_____

## FINANCIAL STATEMENT SCHEDULE A

**TOTAL MONTHLY EXPENSES**

**WEEKLY BUSINESS INCOME** (Gross monthly receipts less total monthly expenses divided by 4.3) Enter this amount in Section II, line (d) of CJ-D 301-L or Section 2(d) of CJ-D 301-S.

### NATURE OF SELF-EMPLOYMENT OR BUSINESS

1. Is this business seasonal in nature?  Yes  No
  
2. If seasonal business, please specify percentage of income received and expenses incurred for each month of the year.

MONTH	PERCENTAGE OF INCOME RECEIVED	EXPENSES INCURRED
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

3. State whether your business accounts on a calendar year basis or fiscal year basis:  CALENDAR  FISCAL
  
4. If your business accounts on a fiscal year basis, give the starting and ending dates of your chosen fiscal year:

\_\_\_\_\_ starting

\_\_\_\_\_ ending

5. State your gross receipts, year to date:

6. State your gross expenses, year to date:

**FINANCIAL STATEMENT SCHEDULE B**

Name: \_\_\_\_\_ Docket No. \_\_\_\_\_

**RENT FROM INCOME PRODUCING PROPERTY**

**ANNUAL RENT RECEIVED**

**ANNUAL RENTAL EXPENSES**

- Advertising \$ \_\_\_\_\_
- Motor Vehicle and Travel \$ \_\_\_\_\_
- Insurance \$ \_\_\_\_\_
- Cleaning and maintenance \$ \_\_\_\_\_
- Commissions \$ \_\_\_\_\_
- Interest on mortgage to banks \$ \_\_\_\_\_
- Other interest (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
- Legal and professional services \$ \_\_\_\_\_
- Repairs \$ \_\_\_\_\_
- Supplies \$ \_\_\_\_\_
- Taxes \$ \_\_\_\_\_
- Utilities \$ \_\_\_\_\_
- Wages \$ \_\_\_\_\_
- Other expenses: (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ANNUAL EXPENSES**

**TOTAL WEEKLY RENTAL INCOME** (Gross rent received less expenses, divided by 52). Enter this amount in Section II, line (n) of CJ-D 301-L or Section 2(n) of CJ-D 301-S

**FINANCIAL STATEMENT SCHEDULE B**

Name: \_\_\_\_\_ Docket No. \_\_\_\_\_

**RENT FROM INCOME PRODUCING PROPERTY**

**ANNUAL RENT RECEIVED**

**ANNUAL RENTAL EXPENSES**

Advertising \$ \_\_\_\_\_

Motor Vehicle and Travel \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Cleaning and maintenance \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Interest on mortgage to banks \$ \_\_\_\_\_

Other interest (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Legal and professional services \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Wages \$ \_\_\_\_\_

Other expenses: (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ANNUAL EXPENSES**

**TOTAL WEEKLY RENTAL INCOME** (Gross rent received less expenses, divided by 52). Enter this amount in Section II, line (n) of CJ-D 301-L or Section 2(n) of CJ-D 301-S

# FINANCIAL STATEMENT SCHEDULE B

Name: \_\_\_\_\_ Docket No. \_\_\_\_\_

## RENT FROM INCOME PRODUCING PROPERTY

**ANNUAL RENT RECEIVED**

**ANNUAL RENTAL EXPENSES**

Advertising \$ \_\_\_\_\_

Motor Vehicle and Travel \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Cleaning and maintenance \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Interest on mortgage to banks \$ \_\_\_\_\_

Other interest (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Legal and professional services \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Wages \$ \_\_\_\_\_

Other expenses: (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ANNUAL EXPENSES**

**TOTAL WEEKLY RENTAL INCOME** (Gross rent received less expenses, divided by 52). Enter this amount in Section II, line (n) of CJ-D 301-L or Section 2(n) of CJ-D 301-S

**EXPLANATORY NOTES  
TO FINANCIAL STATEMENT OF**

# Explanation of Notation

1 Enter explanatory note here and <TAB> to next data entry field.