

CLIENT QUESTIONNAIRE FOR 2003 – TAX PROBLEM RESOLUTION

Thank you very much for calling GINSBERG LAW OFFICES, P.C. for legal assistance relating to your tax problems. We can provide you with the most helpful and accurate advice only if we have a complete and accurate understanding of your current financial situation.

Please fill out this form as completely as possible. Please provide us with emergency phone or address contact information. If you have e-mail, please let us know - this is an excellent way for us to contact you and we can use e-mail to keep you up-to-date with legal topics of interest.

If you don't understand a question, please ask for assistance. We ask that you list each and every financial obligation you have in the "creditor boxes." If you need more space, please use the back or photocopy the page of boxes.

Please also remember to list every creditor to whom you are obligated. This means, for example, that if you have co-signed for your nephew's car loan, that car lienholder is your creditor. Similarly, you should list debts even if you think the creditor has written off the loan or if you think that someone else may pay the bill in the future (i.e. a medical bill that may be covered by insurance). Please provide us with the correspondence address for each creditor rather than the billing address.

If you have copies of your bills, please bring them with you to our office. If necessary, we can assist you in requesting a credit bureau report. We also ask that you bring a paycheck stub or provide payroll information for both you and your spouse. Even if your spouse does not want to participate, we still need to know about your household expenses and income.

Again, thank you for choosing GINSBERG LAW OFFICES, P.C. We will make every effort to see to it that your experience as our client is a pleasant one. We thank you for allowing us to serve you.

PERSONAL
INFORMATION

Emergency Action Alert

Wage levy?

Tax lien?

Arrest?

Today's date: _____

How did you hear about Ginsberg Law? _____

Your Name (as it appears on Soc. Sec. Card): _____ Date of Birth: _____

Maiden name/former names: _____

Social Security Number: _____ Marital status: _____

Your address: _____ Apt. #: _____ Rent Own

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Work phone: _____ Cell/Beeper: _____

E-Mail address: _____

Name and # of someone who could reach you in an emergency: _____

Spouse's Name: _____ Date of birth: _____ E-mail: _____

Spouse's maiden/former name: _____ Spouse's SS number: _____

Spouse's work phone: _____ Spouse's home address and home phone (if different from yours): _____

How long have you lived at your home address: _____

If less than 2 years, please list previous addresses, beginning with the most recent:

Income Information

Marital Status: _____

Yourself

Spouse

Job title/occupation:

Employer:

How long there:

Payroll address:

City, ST Zip

Payroll office phone #:

Date next paycheck
expected

Children & Step-children

Name	Age	Relationship	Does child live with you?	Child support \$ paid/received

Expected changes in income:

Describe when & why: _____

Income & Expenses

	Yourself	Spouse
How often are you paid?	_____	_____
GROSS PAY PER PAYCHECK	_____	_____
Payroll deductions:		
- FICA (Soc. Sec.)	_____	_____
- Federal tax	_____	_____
- Medicare	_____	_____
- State tax	_____	_____
- Insurance	_____	_____
- Savings/bonds	_____	_____
- Uniform/union	_____	_____
- Pension/401(k)	_____	_____
- 401(k) loan	_____	_____
- Credit Union savings	_____	_____
- Credit Union loan	_____	_____
- Child support	_____	_____
- Garnishments	_____	_____
TAKE HOME PAY PER PAYCHECK:	_____	_____

Other sources of income (please describe) _____

Household Expenses

	Household expenses	Attorney's Notes
Food	_____	_____
Clothing	_____	_____
Laundry/dry cleaning	_____	_____

Subtotal food/clothing: _____

Rent/mortgage payments	_____	_____
Electric bill	_____	_____
Gas bill	_____	_____
Water/sewer	_____	_____
Telephone	_____	_____
Cable TV	_____	_____
Home maintenance	_____	_____

Subtotal Housing/utilities: _____

Car/truck payment 1 _____

Gasoline for vehicle 1 _____

Maintenance vehicle 1 _____

Insurance vehicle 1 _____

Car/truck payment 2 _____

Gasoline for vehicle 2 _____

Maintenance vehicle 2 _____

Insurance vehicle 2 _____

Health insurance
Payroll deducted _____

Health insurance
(not deducted from pay) _____

Dental insurance _____

Subtotal Health ins:

Medical/dental
Out of pocket _____

Charity/church _____

Homeowners/renter's
insurance _____

Life insurance _____

Non-payroll taxes _____

Alimony _____

Child support paid out _____

Court ordered Payment () _____

Court ordered Payment () _____

Child care expenses _____

Support for parents/
Other dependents _____

Subtotal dependent care: _____

Installments:

Furniture () _____

Furniture () _____

Jewelry () _____

Other secured () _____

Other secured () _____

Student loan #1 () _____

Student loan #2 () _____

Credit cards – total monthly payments _____

(for attorney's use only)

Emergency matters . . .

Are you currently facing a mortgage foreclosure: _____

If so, how do you know: _____

For what month is the foreclosure scheduled: _____

Are you currently facing a vehicle repossession: _____

If so, who is the finance company? _____ How far are you behind? _____

Yearly income

Year	Gross income/year	Where employed?	Spouse's gross income/year	Where was spouse employed?
2003 (year to date)				
2002				
2001				

Tax returns

Year	Tax returns filed?	If not, why not	Spouse filed tax returns?	If not, why not?
2002				
2001				
2000				
1999				
1998				
1997				
1996				
1995				
1994				

Has the IRS, State of Georgia or any other taxing entity ever advised you that a tax lien

has been filed against you?

Within the last ten (10) years, have you or your spouse not filed tax returns? If so, please describe:

Have your wages ever been garnished?

Who is garnishing	When did garnishment begin	How much \$ taken to date	Is garnishment on-going	Who is plaintiff's lawyer?

Please identify any real estate that is in your name.

Property address	Date purchased	Purchase price	Value now	Total debt owed on property

Please identify any cars or trucks you own.

Year/make/model of vehicle &	Date	In whose	Value now	Total debt owed on
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mileage	purchased	name		property

Are you currently involved in a car accident claim, workers' compensation claim or any other claim that may result in money damages payable to you?

Please describe: _____

Please identify any bank accounts you own.

Name of bank	Checking/ savings?	In whose name	Current balance	Any other loans or credit cards with this lender?

Please identify any pension, 401(k) or profit-sharing programs in which you participate

Name of financial institution	Type of plan	In whose name	Are you still contributing?	Current balance	Any loans against this plan?

Other assets not yet described (i.e. boats, stocks/bonds, antiques, musical instruments, valuable collections, insurance policies with cash value, guns, sporting equipment, jewelry, etc.)

Asset description	Current value	Who owns this asset?	Has asset been pledged as collateral for a loan?

Recent activity

During the last 60 days, have you done any of the following	Yes/No	Name of lender/transferee	Amount borrowed w/in last 60 days
Used credit cards			
Taken cash advances			
Taken out any new loans			
Gave away or sold any property worth more than \$600			

Have you ever filed a Chapter 7 or a Chapter 13 bankruptcy before?

Type of bankruptcy (Ch. 7 or Ch. 13)	Date filed	Was case completed or dismissed?	When was case closed by Court	Case number	Former BK lawyer

Personal Statement. During the course of your case, you may be asked “what happened to cause you to have tax liability?” Please tell us in your own words what happened:

I certify that the information I have provided in this questionnaire is true and correct, under penalty of perjury.

Date

Signature

Date

Signature

DISCLOSURE CERTIFICATE

I, the undersigned, hereby attest and affirm that I have fully disclosed all of my assets and have accurately scheduled my income and expenses.

I acknowledge that my attorneys rely on the information provided in this questionnaire in order to assist and advise me, and that it is my responsibility to provide my attorneys with a full, complete and accurate financial disclosure. I further agree to update my attorneys with regard to any incomplete information contained herein.

I further acknowledge that in the event that information provided herein is not accurate, my proposal to the taxing authorities for an offer in compromise, installment agreement or penalty abatement may be rejected and that I could be subject to criminal prosecution for intentional and/or deliberate misrepresentation.

Date _____ Signature _____

Date _____ Signature _____

Avoiding Conflicts of Interest

Our law firm has represented many clients in the Atlanta area over the past several years. In very rare cases, we must decline to accept a case because of a potential conflict of interest with another present or former client. For example, we would not be able to represent you if you are currently engaged in litigation with another of our clients.

Please advise us as to the following:

1. Are you presently married:_____ Spouse's name:_____

2. Has your spouse ever filed a bankruptcy?_____

3. Are you currently involved in a divorce or child custody case?_____

Name of opposing party:_____

4. Have you ever been divorced:_____ Name of former spouse:_____

5. Have you ever filed a lawsuit against anyone?_____

Name of the other party in this lawsuit:_____

6. Has anyone ever sued you?_____ Who:_____

Why were you sued?:_____

7. Have you ever been to Court for any reason not described above (include criminal charges, workers' compensation, social security, eviction, car accident cases, divorce or child support):

Type of case:_____

Name of opposing party:_____

What happened in this case:_____

Type of case:_____

Name of opposing party:_____

What happened in this case:_____

Taxes Due

Internal Revenue Service

Account Number:_____

Address: _____

For tax year: _____ Did you file a return?: _____ In whose name: _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Internal Revenue Service Account Number: _____

Address: _____

For tax year: _____ Did you file a return?: _____ In whose name: _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Internal Revenue Service Account Number: _____

Address: _____

For tax year: _____ Did you file a return?: _____ In whose name: _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Internal Revenue Service Account Number: _____

Address: _____

For tax year: _____ Did you file a return?: _____ In whose name: _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Internal Revenue Service Account Number: _____

Address: _____

For tax year: _____ Did you file a return?: _____ In whose name: _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Georgia Dept. of Revenue Account Number: _____

Address: _____

For tax year: _____ Did you file a return?: _____ In whose name: _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Georgia Dept. of Revenue

Account Number: _____

Address: _____

For tax year: _____ **Did you file a return?:** _____ **In whose name:** _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Georgia Dept. of Revenue

Account Number: _____

Address: _____

For tax year: _____ **Did you file a return?:** _____ **In whose name:** _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Georgia Dept. of Revenue

Account Number: _____

Address: _____

For tax year: _____ **Did you file a return?:** _____ **In whose name:** _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Georgia Dept. of Revenue

Account Number: _____

Address: _____

For tax year: _____ **Did you file a return?:** _____ **In whose name:** _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Other taxes: _____ **Account number:** _____

Address: _____

For tax year: _____ **Did you file a return?:** _____ **In whose name:** _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Other taxes: _____ Account number: _____

Address: _____

For tax year: _____ Did you file a return?: _____ In whose name: _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Other taxes: _____ Account number: _____

Address: _____

For tax year: _____ Did you file a return?: _____ In whose name: _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Other taxes: _____ Account number: _____

Address: _____

For tax year: _____ Did you file a return?: _____ In whose name: _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Other taxes: _____ Account number: _____

Address: _____

For tax year: _____ Did you file a return?: _____ In whose name: _____

Actual tax liability: _____ + Penalties: _____ + Interest: _____ = Total liability: _____

Mortgages & Real Estate

First Mortgage: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: \$ _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

When did you take mortgage out: _____ When did you buy property: _____

Does payment include taxes & insurance?

Address of property: _____ Is this your residence? _____

In whose name is loan? _____ Co-signers? _____ Who is this person: _____

How much is property worth in a quick sale? _____ Has foreclosure started? _____

Who is foreclosure attorney? _____

Second Mortgage: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: \$ _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

When did you take mortgage out: _____ When did you buy property: _____

Address of property: _____ Is this your residence? _____

In whose name is loan? _____ Co-signers? _____ Who is this person: _____

How much is property worth in a quick sale? _____ Has foreclosure started? _____

Who is foreclosure attorney? _____

Home Improvement loan: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: \$ _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

When did you take loan out: _____ How did you use money?: _____

Cars & Trucks

Vehicle 1 – (year, make & model) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Payoff of loan: \$ _____

How many months behind are you? _____ What happened: _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

Vehicle insurance company: _____ Ins. Expiration: _____

Vehicle 2 – (year, make & model) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Payoff of loan: \$ _____

How many months behind are you? _____ What happened: _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

Vehicle insurance company: _____ Ins. Expiration: _____

Vehicle 3 – (year, make & model) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Payoff of loan: \$ _____

How far behind are you: _____ In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

Furniture Loans

Furniture 1 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

Do you want to surrender furniture and reduce or eliminate debt? _____

Furniture 2 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

Do you want to surrender furniture and reduce or eliminate debt? _____

Furniture 3 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

Do you want to surrender furniture and reduce or eliminate debt? _____

Finance Companies and Loan Companies

Finance Company Loan 1 Did you pledge household goods (describe)_____

Finance/loan company:_____ Acct #:_____

Address:_____ Monthly payment: \$_____

City:_____ ST: _____ Zip:_____ Total loan payoff: \$_____

In whose name:_____ Co-signers:_____

When did you take out loan:_____ If you pledged household goods, do you want to surrender collateral and reduce or eliminate debt?_____

Finance Company Loan 2 Did you pledge household goods (describe)_____

Finance/loan company:_____ Acct #:_____

Address:_____ Monthly payment: \$_____

City:_____ ST: _____ Zip:_____ Total loan payoff: \$_____

In whose name:_____ Co-signers:_____

When did you take out loan:_____ If you pledged household goods, do you want to surrender collateral and reduce or eliminate debt?_____

Finance Company Loan 3 Did you pledge household goods (describe)_____

Finance/loan company:_____ Acct #:_____

Address:_____ Monthly payment: \$_____

City:_____ ST: _____ Zip:_____ Total loan payoff: \$_____

In whose name:_____ Co-signers:_____

When did you take out loan:_____ If you pledged household goods, do you want to surrender collateral and reduce or eliminate debt?_____

Loans for Jewelry, Gifts & Household Goods

Secured Creditor 1 (Describe items purchased) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ Do you still have items: _____

If not, who has them or what happened to items? _____

Do you want to surrender collateral and reduce or eliminate debt? _____

Secured Creditor 2 (Describe items purchased) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ Do you still have items: _____

If not, who has them or what happened to items? _____

Do you want to surrender collateral and reduce or eliminate debt? _____

Secured Creditor 3 (Describe items purchased) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____ When did you take out loan: _____

Do you still have items: _____ If not, what happened to items? _____

Do you want to surrender collateral and reduce or eliminate debt? _____

Student Loans

Student Loan Creditor 1

Student loan lender: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ Name of school attended: _____

Is loan in default? _____ Is loan in deferment?: _____

Student Loan Creditor 2

Student loan lender: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ Name of school attended: _____

Is loan in default? _____ Is loan in deferment?: _____

Health Club/Spa Membership

Health Club Finance Company: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

Do you still use facility: _____ Did you sign a contract: _____

Do you want to continue to use this facility/club: _____

Credit Cards

Credit Card Lender 1: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 2: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 3: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 4: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 5: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 6: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 7: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 8: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 9: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Medical Bills

Medical provider 1: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 2: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 3: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 4: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 5: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 6: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Other Creditors/Extra space

Pension or 401(k) Loans

Type of investment _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take loan out? _____ How long will loan last? _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____
