

STATEMENT OF INCOME AND EXPENSES

		Account Number	Date
Your Name		Your Social Security Number	Your Date of Birth
Spouse's Name		Spouse's Social Security Number	Spouse's Date of Birth
Address			Home Phone Number ()
City		State	ZIP
Your Employer's Name		Spouse's Employer's Name	
Address		Address	
Length of Employment	Business Telephone Number	Length of Employment	Business Telephone Number
Age and relationship of people living with you (dependents only):			
If additional space is needed, please attach a separate piece of paper on which you've included your name, Social Security Number, and the specific category to which the information applies.			
Cash			Total \$
BANK ACCOUNTS (Include Savings & Loans, Credit Unions, IRAs, CDs, etc.)			
Name of Institution		Address	Account Number
			Balance
SECURITIES (Stocks, Bonds, Annuities, Mutual Funds, IRAs, Government Securities, Money Market Funds, Life Insurance Policies, etc.)			
Type		Issuer	Quantity or Denomination
			Current Value
			\$
MOTOR VEHICLES			
Year and Make		License Number	Current Value
			Loan Balance
REAL ESTATE			
Address (Including county)		Mortgage Company	Current Value
			Mortgage Balance
PLEASE COMPLETE REVERSE SIDE OF FORM			

MONTHLY INCOME

Your net pay (after taxes) \$ _____
 Spouse's net pay \$ _____
 Profit from Business \$ _____
 Commissions \$ _____
 Pensions and Social Security \$ _____
 Alimony and Child Support Received \$ _____
 Rents Received \$ _____
 Other Income (specify source) \$ _____

TOTAL INCOME \$ _____

MONTHLY EXPENSES; (Must be reasonable for the size of your family, location, and any unique circumstances.)

Rent or Mortgage Payment \$ _____
 Alimony and/or Child Support Paid \$ _____
 Day Care \$ _____
 Groceries \$ _____

Utilities:

Gas and Electric \$ _____
 Water/Sewer \$ _____
 Telephone \$ _____

Transportation (Gas and Bus Fares) \$ _____
 Medical Expenses (not paid by insurance) \$ _____

Insurance (Monthly):

Automobile \$ _____
 Health and Life (paid directly) \$ _____
 Homeowners or Renters \$ _____

Auto Loans:

Name of Finance Company or Bank

1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____

Additional Payments:

Name of Credit Card, Bank, Store	Account Numbers	
1. _____	_____ \$ _____
2. _____	_____ \$ _____
3. _____	_____ \$ _____
4. _____	_____ \$ _____
5. _____	_____ \$ _____
6. _____	_____ \$ _____
7. _____	_____ \$ _____
8. _____	_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

ADDITIONAL INFORMATION (expected changes in income, employment, etc.)

I/we declare under penalties of perjury that to the best of my/our knowledge and belief, these statements are true and correct, and I/we hereby authorize the Department of Revenue to obtain my/our credit bureau report if needed to process this request.

Your Signature

Spouse's Signature

Date

STATE OF COLORADO



Colorado Department of Revenue
1375 Sherman St
Denver, CO 80261-0004

Name	Colorado Account Number
Address	City, State and Zip Code
Telephone	Source: COL

In order to process your request for a payment reduction on your current wage garnishment, we need a copy of this signed Waiver of Statute of Limitations on file. The payment reduction will represent the State's extension of time to pay off the debt.

Any refund requested during the payment reduction will be applied to the outstanding tax balance and your wage garnishment revised accordingly.

WAIVER OF STATUTE OF LIMITATIONS

In order to process your request for a payment reduction on your current wage garnishment, we need a copy of this signed Waiver of Statute of Limitations on file. The payment reduction will represent the State's extension of time to pay off the debt.

Any refund requested during the payment reduction will be applied to the outstanding tax balance and your wage garnishment revised accordingly.

I agree to the terms of this Garnishment Payment Reduction and by doing so, waive the statute of limitations for the collection of this debt.
(Sign the bottom half of this form and return it to the Department of Revenue, 1375 Sherman Street Attn:Collections Section - Room 101, Denver, CO 80261 Keep the top half for your records.)

Taxpayer Signature:

Date:

CO Acct #:

CDOR Use Only: