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|--------------------------|------------------------------------|
| <b>Your current name</b> | <b>Your social security number</b> |
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**Note:** If you need more room to write your answer for any question, attach more pages. Be sure to write your name and social security number on the top of all pages you attach.

| <b>Monthly Expenses</b> - Enter all expenses, including expenses paid with income from gifts.                                       | <b>Amount</b> |
|---|---------------|
| <b>Food and Personal Care:</b>  |               |
| Food . . . . .  |               |
| Housekeeping supplies . . . . .   |               |
| Clothing and clothing services . . . . .  |               |
| Personal care products and services . . . . .   |               |
| <b>Transportation:</b>  |               |
| Auto loan/lease payment, gas, insurance, licenses, parking, maintenance, etc . . . . .  |               |
| Public transportation . . . . .   |               |
| <b>Housing and Utilities:</b>   |               |
| Rent or mortgage . . . . .  |               |
| Real estate taxes and insurance . . . . .   |               |
| Electric, oil, gas, water, trash, etc . . . . .   |               |
| Telephone and cell phone . . . . .  |               |
| Cable and Internet . . . . .  |               |
| <b>Medical:</b>   |               |
| Health insurance premiums . . . . .   |               |
| Out-of-pocket expenses . . . . .  |               |
| <b>Other:</b>   |               |
| Child and dependent care . . . . .  |               |
| Caregiver expenses . . . . .  |               |
| Income tax withholding (federal, state, and local) . . . . .  |               |
| Estimated tax payments . . . . .  |               |
| Term life insurance premiums . . . . .  |               |
| Retirement contributions (employer required) . . . . .  |               |
| Retirement contributions (voluntary) . . . . .  |               |
| Union dues . . . . .  |               |
| Unpaid state and local taxes (minimum payment) . . . . .  |               |
| Student loans (minimum payment) . . . . .   |               |
| Court-ordered debt payments (for example, court- or agency-ordered child support, alimony, and garnishments). List each type below: |               |
| Type _____  |               |
| Type _____  |               |
| Type _____  |               |
| Miscellaneous . . . . .   |               |
| <b>Total Monthly Expenses</b>   |               |

**Part V Complete this part if you were (or are now) a victim of domestic violence or abuse.**

This information is not mandatory. See Pub. 971 for assistance. If you have concerns about your safety, please consider contacting the confidential 24-hour National Domestic Violence Hotline at 1-800-799-SAFE (7233), or 1-800-787-3224 (TTY), or 1-855-812-1001 (video phone, only for deaf callers).

**23a** Were you or a member of your family a victim of abuse or domestic violence by the person on line 6? (Abuse includes physical, psychological, sexual, emotional, or financial abuse, and can include the abuser making you afraid to disagree with him or her or causing you to fear for your safety.)

Yes. Complete the questions below. We will put a code on your separate account. This will enable us to respond appropriately and be sensitive to your situation.

**Note:** We will remove the code from your account if you request it. If you do not want us to put the code on your account check here.

No. If "No," go to Part VI.