

BEFORE THE BOARD OF TAX APPEALS OF THE STATE OF KANSAS

Taxpayer(s):

County:

Docket No(s): _____

Tax Years at Issue: _____

AFFIDAVIT OF FINANCIAL STATUS (INDIVIDUAL)¹

I _____ (Taxpayer or Authorized Representative's name) state that I am the Applicant or Applicant's authorized representative in this matter and that the following information about Applicant's current financial status is true and correct to the best of my knowledge. By filing this Affidavit of Financial Status, Applicant hereby requests waiver of the Board of Tax Appeals' filing fee based on financial hardship, as specified in K.A.R. 94-5-8(e)(1).

I. Applicant's Personal Data and Marital Status

- a. Address: _____
- b. Telephone: _____
- c. Age: _____
- d. Marital Status: single ____ married ____ separated ____ divorced ____
- e. Spouse's information:
 - i. Name: _____
 - ii. Age: _____
 - iii. Spouse's address (if different): _____
 - iv. Spouse's telephone number (if different): _____
- f. Dependent information:
 - i. Please provide the following information concerning dependents who live with you or whom you are required to support financially. Provide additional sheets, if necessary:

¹ Access to this document is restricted to the applicant, applicant's authorized representative, and Board of Tax Appeals staff and counsel. This document shall be used only for the limited purpose of determining whether applicant is entitled to a financial hardship waiver under K.A.R. 94-5-8(e)(1).

Name: _____
Age: _____
Relationship: _____
Amount of monthly support given: _____

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Relationship: _____
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Age: _____
Relationship: _____
Amount of monthly support given: _____

II. Employment

- a. Currently employed: Yes _____ No _____
- b. If currently employed:
 - i. Name of employer: _____
 - ii. Address of employer: _____
 - iii. Employer's telephone: _____
 - iv. Length of employment: _____
 - v. Job title/description: _____
- c. Employment of spouse (if applicable):
 - i. Name of employer: _____
 - ii. Address of employer: _____
 - iii. Employer's telephone: _____
 - iv. Length of employment: _____
 - v. Job title/description: _____

III. Income

I receive income from the following sources (include income received by spouse, list income received **monthly**):

Employment income (after withholding)	\$ _____
Rental income:	\$ _____
Interest and / or dividends:	\$ _____
Spousal support and / or child support:	\$ _____

Retirement, pension, social security: \$ _____

Disability, workers compensation: \$ _____

Unemployment benefits: \$ _____

Other Income (Describe) _____ \$ _____

TOTAL monthly income from all sources: \$ _____

IV. Assets on Hand

I presently have the following assets (list value):

Cash (including bank accounts and electronic accounts): \$ _____

Automobile, truck or other vehicle(s): \$ _____

Real property (home, building or land): \$ _____

Other assets (jewelry, watches, etc.) \$ _____

V. Intangible Assets: Are you a beneficiary of any current estate, trust, annuity, or life insurance policy? If so, please provide the details.

VI. Monthly Expenses

Mortgage/Rental Payment (primary residence): \$ _____

Mortgage/Rental Payment(s) (other property): \$ _____

Utilities: \$ _____

Cable/Internet: \$ _____

Groceries/Food: \$ _____

Household Expenses: \$ _____

Phone (includes cellular): \$ _____

Car Payment(s): \$ _____

Other (for example, student loan payments, credit card bills, spousal support, child support, tax liens, or other government liabilities):

TOTAL Monthly Expenses: \$ _____

VII. **Other Reasons:** Explain any other facts or reasons why you cannot afford to pay a filing fee:

I understand that any false statement in this Affidavit could subject me to penalties of perjury.

Date: _____

(Signature of Taxpayer or Representative)

(Taxpayer or Representative Name, Printed)

(Title)