DR 6596 (11/29/07)
COLORADO DEPARTMENT OF REVENUE
COLLECTIONS AND COMPLIANCE
1375 SHERMAN STREET
DENVER, CO 80261-0004
(303) 205-8291

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: