



136596 19999

DR 6596 (06/20/17)
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0004
(303) 205-8291

Statement of Income and Expenses

The Department of Revenue uses this form to obtain your current financial information, and to determine how you are best suited to pay your outstanding tax liability. Be sure to write clearly and do not leave any area blank.

If additional space is needed, please attach a separate sheet that includes your name, social security number and clearly classify the additional information according to the areas below.

Table with 2 columns: Account Number, if known; Date (MM/DD/YY)

Taxpayer Information section including fields for Taxpayer Name, Spouse Name, Address, Daytime Phone, and Age and relationship of people living with you.

Employer Information section including fields for Current Employer - Taxpayer and Current Employer - Spouse, with sub-fields for Address, Length of Employment, and Pay Cycle.

Non-Wage Household Income section with a table listing various income sources like Profit from business, Commissions, Pension, etc., and a TOTAL INCOME summary row.

Accounts section with a table listing Name of Institution, Address, Account Number, and Current Balance.

Securities section with a table listing Type, Issuer, Quantity/Denomination, and Current Value.

Please complete reverse side of form



136596 19999

DR 6596 (06/20/17)  
COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0004  
(303) 205-8291

Taxpayer Name	Account Number, if known
---------------	--------------------------

**Real Estate** - include home, vacation, timeshares, rental properties, etc.

Description/Location/County	Mortgage Company	Current Value	Balance Owed
Primary residence? Y/N			\$
Primary residence? Y/N			\$

**Motor Vehicles** - include cars, boats, recreation vehicles, etc.

Year/Make/Model/License Plate	Financing Company	Current Value	Balance Owed
			\$
			\$

### Monthly Necessary Living Expenses

Enter the monthly amount of your expenses. For any expenses not paid monthly, convert as follows:

Quarterly bills: divide by 3

Weekly bills: multiply by 4.3

Biweekly bills: multiply by 2.17

Expenses should be reasonable for the size of your household. Substantiation may be required for any expenses over a reasonable amount.

Rent or mortgage payment	\$	Telephone, cable, internet, cellphone	\$
Child support and/or alimony paid	\$	Transportation (gas, parking, bus fare, etc.)	\$
Child/Dependent care	\$	Out-of-pocket medical	\$
Food and housekeeping supplies	\$	Health insurance premiums	\$
Clothing	\$	Life insurance premiums	\$
Personal care products and services	\$	Automobile insurance	\$
Gas/Electric	\$	Homeowners or renters insurance	\$
Water/Sewer	\$	Car loan payment	\$

**Credit Cards** - include lender name and account numbers

	\$
	\$
	\$
	\$

**TOTAL EXPENSES** - enter the sum of all household expenses \$

Additional information - describe any expected changes to your income, expenses or employment below.

Under penalty of perjury, I declare to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Spouse signature	Taxpayer signature
------------------	--------------------