



# Form M-433-OIS

## Statement of Financial Condition and Other Information

Rev. 6/09

**Massachusetts**  
**Department of**  
**Revenue**

Complete all entries with the most current information available. For entries that do not apply, enter "N/A" (not applicable). Failure to complete all applicable entries may result in rejection or delays in the processing of your offer.

Individual and self-employed taxpayers must complete Part 1. Corporate officers, individual partners or responsible persons must also complete Part 1. Corporations or other business taxpayers must complete Part 2.

### Part 1. Individual Information

Name	Social Security number	Date of birth (mm/dd/yyyy)
Spouse's name	Spouse's Social Security number	Spouse's date of birth (mm/dd/yyyy)
Residence address	City/Town	State      Zip
County of residence	Home phone number	Alternate phone number (e.g., cell, work)

1. Marital status (one only):  Single  Married  Other (specify) \_\_\_\_\_

2. Type of residence (check one only):  Homeowner  Renter  
 Other (specify, e.g., share rent, live with relatives, etc.) \_\_\_\_\_

3. Length of time at current residence \_\_\_\_\_

4. List the dependents you can claim on your tax return. Use additional pages if necessary.

a. Full name	Relationship	Age	Live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Full name	Relationship	Age	Live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Full name	Relationship	Age	Live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Full name	Relationship	Age	Live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Complete the following if you are employed. Use an additional page for each employer. Provide proof of gross earnings and deductions from each employer you had in the past month (e.g., pay stubs, earnings statements, etc.).

Employer's name	Your occupation	
Employer's address	City/Town	State      Zip
Your work phone number	Length of employment	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Complete the following if your spouse is employed. Use an additional page for each employer. Provide proof of gross earnings and deductions from each employer your spouse had in the past month (e.g., pay stubs, earnings statements, etc.).

Employer's name	Spouse's occupation	
Employer's address	City/Town	State      Zip
Spouse's work phone number	Length of employment	May we contact your spouse at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

7. Complete the following if either you or your spouse is self-employed or owns a business.

Business name	Federal Identification number	Number of employees
Business street address (not PO box)	City/Town	State      Zip

8. Sources of income other than employment or owned business (check all that apply; proof of this income from the prior month may be required):  
 Pension  Social Security  Other (specify, e.g., child support, alimony, rental, trust, royalty, etc.) \_\_\_\_\_

**For Privacy Act Notice, see page 12.**



10. Total cash on hand. Include any money that is not held in a bank \_\_\_\_\_

11. List all checking, savings, money market and brokerage accounts. Copies of your current statements may be required. Use additional pages if necessary.

a. Name of financial institution	Type of account	Account number	Current balance
b. Name of financial institution	Type of account	Account number	Current balance
c. Name of financial institution	Type of account	Account number	Current balance
d. Name of financial institution	Type of account	Account number	Current balance
e. Name of financial institution	Type of account	Account number	Current balance
f. Name of financial institution	Type of account	Account number	Current balance

12. List all real estate that you own. Provide a copy of your lender's current statement indicating the monthly payment amount and the current balance due for each piece of real estate owned. Use additional pages if necessary.

a. Street address	City/Town		State	Zip	County	
Date of purchase	Purchase price	Current value	Mortgage balance	Lender or lien holder	Monthly payment	Date of final payment
b. Street address	City/Town		State	Zip	County	
Date of purchase	Purchase price	Current value	Mortgage balance	Lender or lien holder	Monthly payment	Date of final payment
c. Street address	City/Town		State	Zip	County	
Date of purchase	Purchase price	Current value	Mortgage balance	Lender or lien holder	Monthly payment	Date of final payment
d. Street address	City/Town		State	Zip	County	
Date of purchase	Purchase price	Current value	Mortgage balance	Lender or lien holder	Monthly payment	Date of final payment

13. List all purchased and leased vehicles and other licensed assets. Include all automobiles, trucks, boats, RV's, motorcycles, trailers, etc. Provide a copy of your lender's current statement indicating the monthly payment amount and the current balance due for each vehicle. Use additional pages if necessary.

a. Year	Make/model	Plate number	Mileage	<input type="checkbox"/> Own <input type="checkbox"/> Lease	
Date of purchase/lease	Current value	Loan balance	Lender or lessor	Monthly payment	Date of final payment
b. Year	Make/model	Plate number	Mileage	<input type="checkbox"/> Own <input type="checkbox"/> Lease	
Date of purchase/lease	Current value	Loan balance	Lender or lessor	Monthly payment	Date of final payment
c. Year	Make/model	Plate number	Mileage	<input type="checkbox"/> Own <input type="checkbox"/> Lease	
Date of purchase/lease	Current value	Loan balance	Lender or lessor	Monthly payment	Date of final payment
d. Year	Make/model	Plate number	Mileage	<input type="checkbox"/> Own <input type="checkbox"/> Lease	
Date of purchase/lease	Current value	Loan balance	Lender or lessor	Monthly payment	Date of final payment

**14.** List all personal assets. "Furniture or personal effects" includes the current market value of your household assets such as furniture and appliances. "Other personal assets" includes all artwork, jewelry, collections (coin/gun, etc.), antiques or other assets. Use additional pages if necessary.

<b>a.</b> Furniture or personal effects	Current value	Loan balance	Lender	Monthly payment	Date of final payment
<b>b.</b> Other personal assets	Current value	Loan balance	Lender	Monthly payment	Date of final payment
<b>c.</b> Other personal assets	Current value	Loan balance	Lender	Monthly payment	Date of final payment
<b>d.</b> Other personal assets	Current value	Loan balance	Lender	Monthly payment	Date of final payment
<b>e.</b> Other personal assets	Current value	Loan balance	Lender	Monthly payment	Date of final payment
<b>f.</b> Other personal assets	Current value	Loan balance	Lender	Monthly payment	Date of final payment

**15.** List all investment assets including stocks, bonds, mutual funds, stock options, certificates of deposit and retirement assets such as IRAs, Keogh and 401(k) plans. Use additional pages if necessary.

<b>a.</b> Name of company	Number of shares or units	Current value	Used as loan collateral? Loan balance <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b> Name of company	Number of shares or units	Current value	Used as loan collateral? Loan balance <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b> Name of company	Number of shares or units	Current value	Used as loan collateral? Loan balance <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b> Name of company	Number of shares or units	Current value	Used as loan collateral? Loan balance <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b> Name of company	Number of shares or units	Current value	Used as loan collateral? Loan balance <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f.</b> Name of company	Number of shares or units	Current value	Used as loan collateral? Loan balance <input type="checkbox"/> Yes <input type="checkbox"/> No

**16.** Do you have life insurance (not term life insurance) with a cash value?  Yes  No

<b>a.</b> Name of insurance company	Policyholder
Policy number	Current cash value Outstanding loan balance
<b>b.</b> Name of insurance company	Policyholder
Policy number	Current cash value Outstanding loan balance
<b>c.</b> Name of insurance company	Policyholder
Policy number	Current cash value Outstanding loan balance

**17.** List all lines of credit, including credit cards. Provide a copy of a current statement for each account. Use additional pages if necessary.

<b>a.</b> Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)
<b>b.</b> Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)
<b>c.</b> Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)
<b>d.</b> Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)
<b>e.</b> Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)
<b>f.</b> Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)

**18.** List all business assets and encumbrances, including Uniform Commercial Code (UCC) filings. Tools used in trade or business include the basic tools or books used to conduct your business, excluding motor vehicles. Use additional pages if necessary.

a. Tools used in trade or business	Current value	Loan balance	Lender	Monthly payment	Date of final payment
b. Machinery	Current value	Loan balance	Lender	Monthly payment	Date of final payment
c. Equipment	Current value	Loan balance	Lender	Monthly payment	Date of final payment
d. Merchandise or inventory	Current value	Loan balance	Lender	Monthly payment	Date of final payment
e. Other	Current value	Loan balance	Lender	Monthly payment	Date of final payment
f. Other	Current value	Loan balance	Lender	Monthly payment	Date of final payment

**19.** Enter your total of all accounts receivable, and then list your three largest accounts receivable, including contracts awarded but not started.

Total of all accounts receivable

a. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days)		
<input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

b. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days)		
<input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

c. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days)		
<input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

**20.** Enter your total of all notes receivable, and then list your three largest notes receivable, including contracts awarded but not started.

Total of all notes receivable

a. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days)		
<input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

b. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days)		
<input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

c. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days)		
<input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

## 21. Monthly income and expense analysis.

<b>Detailed expenses</b>	<b>Amount</b>	<b>Adjusted</b> (DOR use only)
<b>Number of persons</b>		
Food expense		
Clothing expense		
Personal expense		
Miscellaneous expenses		
<b>a. Total general expenses</b>		
<b>County of residence</b>		
Rent paid		
Mortgage payment		
Real estate taxes		
Homeowners insurance		
Gas/oil/electricity		
Water		
Phone expense		
Other expenses (specify)		
<b>b. Total housing expenses</b>		
<b>Number of automobiles</b>		
1st car: lease/loan payment		
1st car: auto insurance		
2nd car: lease/loan payment		
2nd car: auto insurance		
Gas and maintenance		
Public transportation		
Other transportation expenses (specify)		
<b>c. Total transportation expenses</b>		
<b>Monthly income</b>		
Gross wages		
Spouse wages		
Other wages		
Business/partnership income		
Social Security income		
Pension income		
Deferred compensation		
Rent and royalty income		
Other income (specify)		
<b>d. Total income</b>		
<b>Monthly expenses</b>		
Total general expenses (from line a)		
Total housing expenses (from line b)		
Total transportation expenses (from line c)		
State income taxes withheld		
Federal income taxes withheld		
FICA/SSN taxes withheld		
Child support payments		
Alimony payments		
Life insurance		
Payments on secured debt		
Health care expenses		
Credit card minimum payments		
Other expenses (specify)		
<b>e. Total expenses</b>		
Net monthly income (subtract line e from line d)		

**22. Other information.** You must answer all of the following questions related to your financial condition. Use additional pages if necessary.

**a. Are there any garnishments against your wages?**  Yes  No

Name of creditor	Date of judgment	Debt amount

**b. Are there any judgments against you?**  Yes  No

Name of creditor	Date of judgment	Debt amount

**c. Are you a party in a lawsuit?**  Yes  No

Amount of suit	Possible completion date	Subject matter of suit

**d. Have you ever filed for bankruptcy?**  Yes  No

Date filed	Date discharged	Docket number

**e. In the past ten years have you transferred any assets out of your name for less than their actual value?**  Yes  No

Type of asset	Value at time of transfer	Consideration received

**f. Do you anticipate any increase in household income in the next two years?**  Yes  No

Reason for income increase

**g. Are you the beneficiary of an estate or trust?**  Yes  No

Name of trust or estate	Amount to be received	Date to be received

**h. Are you the grantor or donor of any trust or the trustee or fiduciary for any trust?**  Yes  No

Name of trust	Present value of assets of trust

**i. Are you a participant in a profit sharing plan?**  Yes  No

Name of plan	Value in plan

**j. Do you currently hold any state licenses or contracts?**  Yes  No

Type of license	License number

### Declaration and Signature of Applicant

Failure to disclose all information requested in this form may result in the rejection of your offer and prohibit you from having any future offer accepted. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Your signature	Date	Spouse's signature (if applicable)	Date

### Declaration and Signature of Preparer Other Than Taxpayer

Under the pains and penalties of perjury, I declare that the information given in this statement is accurate and that I have personal knowledge of the taxpayer's financial condition.

Preparer's signature	Preparer's name (print)	Date

If you are filing as an individual or self-employed taxpayer do not complete Part 2. If filing as a corporate officer, individual partner or responsible person you must also complete Part 2. All corporations or other business taxpayers must complete Part 2.

**Part 2. Business Information.** Complete Part 2 even if business is no longer operating.

Business name	Federal Identification number	Business phone number	
Business street address ( <b>not</b> PO box)	City/Town	State	Zip
County	Type of entity (check one only): <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify)	Nature of business	
Contact name	Title		
Contact's business phone number	Best time to call (enter hour and specify a.m. or p.m.)		
Contact's home phone number	Best time to call (enter hour and specify a.m. or p.m.)		
Contact's alternate phone number (e.g., cell, pager)	Best time to call (enter hour and specify a.m. or p.m.)		

**1. Person(s) responsible for filing and/or paying trustee taxes. Use additional pages if necessary.**

<b>a.</b> Name	Title	Social Security number	
Residence address	City/Town	State	Zip
Home phone number	Ownership percentage and number of shares or interest		
<b>b.</b> Name	Title	Social Security number	
Residence address	City/Town	State	Zip
Home phone number	Ownership percentage and number of shares or interest		

**2. Partners, officers and/or major shareholders. Use additional pages if necessary.**

<b>a.</b> Name	Title (if applicable)	Social Security number	
Residence address	City/Town	State	Zip
Home phone number	Ownership percentage and number of shares or interest		
<b>b.</b> Name	Title (if applicable)	Social Security number	
Residence address	City/Town	State	Zip
Home phone number	Ownership percentage and number of shares or interest		
<b>c.</b> Name	Title (if applicable)	Social Security number	
Residence address	City/Town	State	Zip
Home phone number	Ownership percentage and number of shares or interest		
<b>d.</b> Name	Title (if applicable)	Social Security number	
Residence address	City/Town	State	Zip
Home phone number	Ownership percentage and number of shares or interest		



4. Total cash on hand. Include any money that is not held in a bank \_\_\_\_\_

5. List all checking, savings and other brokerage accounts. Copies of your current statements may be required. Use additional pages if necessary.

a. Name of financial institution	Type of account	Account number	Current balance
b. Name of financial institution	Type of account	Account number	Current balance
c. Name of financial institution	Type of account	Account number	Current balance
d. Name of financial institution	Type of account	Account number	Current balance

6. List all real estate that the business owns. Provide a copy of the lender's current statement indicating the monthly payment amount and the current balance due for each piece of real estate owned. Use additional pages if necessary.

a. Street address	City/Town			State	Zip	County
Date of purchase	Purchase price	Current value	Mortgage balance	Lender or lien holder	Monthly payment	Date of final payment
b. Street address	City/Town			State	Zip	County
Date of purchase	Purchase price	Current value	Mortgage balance	Lender or lien holder	Monthly payment	Date of final payment
c. Street address	City/Town			State	Zip	County
Date of purchase	Purchase price	Current value	Mortgage balance	Lender or lien holder	Monthly payment	Date of final payment

7. List all purchased and leased vehicles and other licensed assets. Include all automobiles, trucks, boats, RV's, motorcycles, trailers, etc. Provide a copy of the lender's current statement indicating the monthly payment amount and the current balance due for each vehicle. Use additional pages if necessary.

a. Year	Make/model	Plate number	Mileage	<input type="checkbox"/> Own <input type="checkbox"/> Lease	
Date of purchase/lease	Current value	Loan balance	Lender or lessor	Monthly payment	Date of final payment
b. Year	Make/model	Plate number	Mileage	<input type="checkbox"/> Own <input type="checkbox"/> Lease	
Date of purchase/lease	Current value	Loan balance	Lender or lessor	Monthly payment	Date of final payment
c. Year	Make/model	Plate number	Mileage	<input type="checkbox"/> Own <input type="checkbox"/> Lease	
Date of purchase/lease	Current value	Loan balance	Lender or lessor	Monthly payment	Date of final payment

8. List all business assets and encumbrances, including Uniform Commercial Code (UCC) filings. If attaching a depreciation schedule, the attachment must include all of the information below. Use additional pages if necessary.

a. Machinery	Current value	Loan balance	Lender	Monthly payment	Date of final payment
b. Equipment	Current value	Loan balance	Lender	Monthly payment	Date of final payment
c. Merchandise or inventory	Current value	Loan balance	Lender	Monthly payment	Date of final payment
d. Other	Current value	Loan balance	Lender	Monthly payment	Date of final payment
e. Other	Current value	Loan balance	Lender	Monthly payment	Date of final payment
f. Other	Current value	Loan balance	Lender	Monthly payment	Date of final payment

**9. List all lines of credit, including credit cards. Use additional pages if necessary.**

a. Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)
b. Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)
c. Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)
d. Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)
e. Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)
f. Name of credit institution	Credit limit	Amount owed	Available credit (credit limit less amount owed)

**10. Enter your total of all accounts receivable, and then list your three largest accounts receivable, including contracts awarded but not started.**

Total of all accounts receivable

a. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days) <input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

b. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days) <input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

c. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days) <input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

**11. Enter your total of all notes receivable, and then list your three largest notes receivable, including contracts awarded but not started.**

Total of all notes receivable

a. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days) <input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

b. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days) <input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

c. Name of account	Amount due	Due date
Business street address ( <b>not</b> PO box)	City/Town	State Zip
Age of account (in days) <input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+		

**12. Other information.** You must answer all of the following questions related to the financial condition of this business. Use additional pages if necessary.

**a.** Does this business have any other business relationships (e.g., parent corporation, subsidiary corporation, partnership, etc.)?  Yes  No

Related Federal Identification number

Additional related Federal Identification number

**b.** Does anyone associated with this business (e.g., officer, stockholder, partner or employee) have an outstanding loan borrowed from this business? If yes, also include this amount as an asset in line 3a.  Yes  No

Amount of loan

Date

Current balance

**c.** Are there any judgments or liens against this business? If "Yes," include as a liability in line 3b.  Yes  No

Name of creditor

Date of judgment

Debt amount

**d.** Is this business a party in a lawsuit?  Yes  No

Amount of suit

Possible completion date

Subject matter of suit

**e.** Has this business ever filed for bankruptcy?  Yes  No

Date filed

Date discharged

Docket number

**f.** In the past ten years have any assets been transferred out of this business for less than their actual value?  Yes  No

Type of asset

Value at time of transfer

Consideration received

**g.** Do you anticipate any increase in business income in the next two years (e.g., contracts bid but not yet awarded)?  Yes  No

Reason for income increase

Amount of increase

Expected date of increase

**h.** Is this business the beneficiary of an estate, trust or life insurance policy?  Yes  No

Name of trust or estate

Amount to be received

Date to be received

### Declaration and Signature of Applicant

Failure to disclose all information requested in this form may result in the rejection of your offer and prohibit you from having any future offer accepted. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Your signature

Title

Date

### Declaration and Signature of Preparer Other Than Taxpayer

Under the pains and penalties of perjury, I declare that the information given in this statement is accurate and that I have personal knowledge of the taxpayer's financial condition.

Preparer's signature

Preparer's name (print)

Date

### Privacy Act Notice

Under the authority of 42 U.S.C. sec. 405(c)(2)(C)(i), and M.G.L. c. 62C, sec. 5, the Department of Revenue has the right to require an individual to furnish his or her Social Security number on a state tax return. This information is mandatory. The Department of Revenue uses Social Security numbers for taxpayer identification to assist in processing and keeping track of returns and in determining and collecting the proper amount of tax due. Under M.G.L. c. 62C, sec. 40, the taxpayer's identifying number is required to process a refund of overpaid taxes. Although tax return information is generally confidential pursuant to M.G.L. c. 62C, sec. 21, the Department of Revenue may disclose return information to other taxing authorities and those entities specified in M.G.L. c. 62C, secs. 21, 22 or 23, and as otherwise authorized by law.