## **Income and Expense Worksheet**



Instructions: •This form corresponds to IRS Form 433-F. Please fill out completely and to the best of your ability.

•If filling out manually, DO NOT calculate totals. We will do this for you.

We might edit your expenses as needed based on allowable IRS National Standards.

•If you have any questions, please contact your Customer Service Team at 1-800-965-3192.

•Once done, upload this and the documents listed at the bottom of this form to the Optima Client Portal at https://client.optimataxrelief.com.

Client / Taxpayer		DOB		Occupation				
Co-Client / Spouse		DOB		Occupation				
Address		City		County	State/Region			
f of Family Members n Household		# of Vehicles Owned		Marital Status	Tax Filing Status			
QUALIFIED DEPENDENTS								
Nar	me		DOB	SSN	_	onship	Months in Hom	e
· · ·				CON	Troide	onomp		
				MONTHLY INCOME				
Please list all sources of income and provide documentation Source Description Type Frequency Monthly Net Amount Additional Information Regarding Income								
Source Description Wages, SSN, Investments, etc		<b>Type</b> W2 / 1099		Weekly, Bi-Weekly, Monthly, etc	Net = After deductions		Use to provide us income explanations if needed.	
				PROPERTIES				
				Do you: RENT □ OWN □				
Current Fair Market Value Monthly								
Primary Hon	ne Address	Purchase	/ Lease / Rent Date	(FMV)	BALANCE	Payment	Date of Final Payment	Equity
						Monthly		
Vacation/Second/Timeshare Address		Purchase Date		Current Fair Market Value	BALANCE	Payment	Date of Final Payment	Equity
						Monthly		
Investment Property Address		Purchase Date		Current Fair Market Value	BALANCE	Payment	Date of Final Payment	Equity
VEHICLES								
Year	Make / Model	Current FMV	Loan Balance	Monthly Payment	Purchase	Lease Date	Final Payment Date	Equity

MONTHLY NECESSARY LIVING EXPENSES							
HOUSING & UTILITIES	Monthly Amt.	TRANSPORTATION	Monthly Amt.	OUT OF POCKET MEDICAL	Monthly Amt.	OTHER / MISCELLANEOUS	Monthly Amt.
Total Rent/Mortgage Payment(s)		Total Car Payment(s)		Health Insuran	се	Child / Dependent Care	
Electricity		Gas		Doctor Vis	its	Estimated Tax Payments	
Gas / Oil		Insurance		Deni	ist	Term Life Insurance	
Water / Trash / Sewer		Licenses		Eye Doc	or	Retirement	
Telephone/Cable/Internet		Registration		Prescriptions/Medici	ne	(employer required)	
Cell Phone		Inspections/Smog		Recurring Medical Suppli	es	Retirement	
Property Taxes		Oil Changes/Lube		Eye Glass	es	(voluntary)	
(if separate from mortgage payment)		Repairs/Maintenance				Union Membership Dues	
Mortgage Insurance		Parking				Delinquent State & Local Taxes	
(if separate from mortgage payment & not in HOA)		Toll Charges				(minimum payment)	
Home Owner's Association Dues (HOA)		Public Transportation				Student Loans	
Home Security						(minimum payment)	
Lawn Care						Court Ordered Payments	
Furniture Payments						(documentation required)	
Cleaning Supplies						Profit & Loss Statement	
Exterminator						(net income)	
Home Repairs						State Installment Agreement	
OTHER EXPENSES NOT LISTED (attach letter if available)							
*The IRS may allow other expenses in certain circum	stances. For exar	nple, if the expenses are neces	ssar for the health a	nd welfare of the			
taxpayer or family, or for the production of inco	me. Specify the ex	spense and list the minimum m	onthly payment you	ı are billed.		Bank charges/fees  (not bank loan or credit card payments)	
Description	Monthly Amt.	Descriptio	n	Monthly Amt.		,	
						Contributions - Religious	
						Contributions - Other	
						Postage	
						Taxes - Personal Property	
						(please provide detail)	

TOTAL MONTHLY NET INCOME TOTAL LIVING EXPENSES TOTAL DISPOSABLE INCOME \$0 \$0

ADDITIONAL IMPORTANT DOCUMENTS TO BE SUBMITTED BY YOU ASAP!						
☐ Bank Statements for the Past 3 Months (All Accounts, All Pages)	☐ All Income Statements (Social Security Benefits Statement, Pension Statement, etc)					
☐ Pay Stubs for the Past 3-4 Pay Periods	☐ All Investment Account Statements (All Accounts, All Pages)					
*Because the IRS and State Tax Authorities require the most updated information, we will periodical	Because the IRS and State Tax Authorities require the most updated information, we will periodically ask you for updates of these same documents. We appreciate your understanding and patience.					