UNITED STATES DISTRICT COURT

DISTRICT OF MASSACHUSETTS PROBATION AND PRETRIAL SERVICES OFFICE

Ricardo R. Carter Chief U.S. Probation Officer 1 Courthouse Way Suite 1200 Boston, MA 02210 (617) 748-4200 Fax -(617) 748-9185

All defendants are required to submit completed Financial Forms 48, 48A, 48B, 48C, 48D (and 48F, if self-employed), including any supporting documentation.

All financial information must be received within three weeks of the Rule 11 hearing or by the interview, whichever is later.

If completed statement is not received by the above time frame, the Probation Office will include the following in the report:

- 1) any available information (from the defendant which was received in accordance with the deadline and other sources)
- 2) a notation regarding which sections were not completed
- 3) a declaration that the defendant has not demonstrated an inability to pay a fine

If completed statement is not received by the above time frame, defense counsel shall submit the entire financial statement or any additional financial information directly to the Court.

It is the defendant's burden to demonstrate an inability to pay a fine, and therefore, unless documentation for liabilities and expenses is provided within the above time frame, such information will not be used to determine the defendant's ability to pay a fine.

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Net Worth Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).

T	oct	Name	
	ast	Name	

				ORTH STA	•						
TOI	E: I = I		= Spouse/Signifi	cant Other D ASSET	= Dependent						
		ACCOUNTS (Include all pet, IRA and KEOGH accounts,		ses checking and sa	avings accounts, c	credit un	ions, mone	ey marke	ts, certi	ficates of	
	I/J S/D	Name of Institution		Type of Ac			Account Person Number Comm			nal or nercial Balance	
n A											
Section A											
	SECT	RITIES (Include all stocks in	nublic corporation	ns stocks in husine	esses von own or h	nave an	interest in	honds n	nutual f	unds	
	U.S. C	Government securities, etc.)	public corporation	is, stocks in busine	sses you own or i	nave an	interest in,	bolius, ii	iutuai i	unus,	
	I/J S/D	Name and Kind of	Security	Locatio	on of Security		Numbe Uni		Fair Market Value		
Section B											
	2502		7777 G A 1 1 1								
	I/J	EY OWED TO YOU BY OT Name and Address of	Amount	Reason Owed	Date Money		y.) t ionship	Mon	thly	Is Debt	
	S/D	Debtor	Owed to You	to You	Loaned	to I	Debtor any)		nent ate ll nent	Collectible ?	
Section C											
Sect											

Initials	Date	

Initials _____ Date ____

Last	Name) -											
		INSURANCE (Include type of polic der value [the value of the investment							[the	stated amou	int of cove	rage] and	l cash
n D	I/J S/D	Name and Address of Company and Name of Beneficiary	Policy Number	Т	Type of Policy		I	Face Amount		Cash Surrendo Value	Amount Borrowed		Amount You Can Borrow
Section D													
		DEPOSIT BOXES OR STORAGE ccess to in which others are holding a						depos	sit bo	oxes or stora	ge space y	ou rent o	r places you
田	I/J S/D	Name and Add of Box or Facility L					x Numb r Space			Conter	nts	Fair N	Iarket Value
Section E													
_													
	MOT	OR VEHICLES (Include all cars, tru	icks, mobile	homes, 1	motorcy	ycles	s, all ter	rain v	ehic	les, boats, ai	rplanes, et	c.)	
¥	I/J S/D	Year, Make & License Number/Vehicle Identification Number	Mileag	Ba		lance Will		te Loan/Lease Il be Paid Off or Ends		Montl Paymo	-	Fair Market Value	
Section F													
	REAL	ESTATE (Include property, parcels	, lots, timesh	ares, an	d devel	opeo	d land w	vith b	uildiı	ngs.)			
n G	I/J S/D	Real Estate Address (include county and state)/ Mortgage Company or Lien Holder	Purchase Date	Pu	irchase Price	_	Mort Bala (if a	tgage ance		Date Mortgage Will be Paid Off	Mon Payn	-	Fair Market Value
Section G													
		TGAGE LOANS OWED TO YOU tate you sold and is making payments		ne, addro	ess, and	l rela	ationshi	p [if a	ny] 1	to the mortg	agee [the p	arty that	bought the
Н	I/J S/D	Mortgagee (name & address) Relationship to Mortgagee	/ N	lortgage Balance			Mortga l be Pai Off		P	Balloon Payment? Yes, Date?		nthly ment	Is Debt Collectible?
Section H													

Initials ____ Date ___

<u>Last</u>	ast Name -									
	ОТН	ER ASSETS (Include any cas	sh on hand, iewe	lry, art, paintings. co	in collections. st	tamp collections.	musical instrum	ents, collectibles.		
	antiques, home furnishings, copyriging I/J Description S/D			Date Loan	Monthly Payment	Where is A	sset	Fair Market Value		
Section I			(ii aiiy)	Oil						
		CIPATED ASSETS (Includent plans, inheritance, wills, or					sation or damage	es, profit sharing,		
I/J Amount Received or Date Reason You Expect This Name and Address of Pe S/D Expected to Receive Expected to That Can Verify This (e.g.								attorney, financial		
Į.										
Section J	TRUST ASSETS (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)									
	I/J S/D	Name of Trust/ Taxpayer ID#	Value of	Your Annual Incom			(nterest in Trus	t Assets		
	the las	NESS HOLDINGS (Include t three years; e.g., self-emplo a additional pages, if necessar	yed sole proprie							
n K	I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest		
Section K										

Initials _____ Date ____

Last	Name) -						
	INCO	OME TAX RETURNS						
		Type of Income Tax Return I	Filed		Last Filin	You Will Subm	ncome Tax Returns it to the Probation fficer	
Section L	Indivi	idual (Form 1040)						
Secti		ership/Limited Liability Company n 1065)						
	Corpo	oration (Form 1120)						
		poration (Form 1120S)						
		NSFER OF ASSETS (Include any re than \$1,000.00. Also list any as					your arrest with a cost	or fair market value
	I/J S/D	Description of Asset/ Reason Transferred/Sold	Date of Transfer/Sa		Original Cost	Amount You Received, if Any	Name of Purchaser or Person Holding the Asset	Sale Price or Fair Market Value at Transfer
Section M								
Sec								
		ES OF SHAREHOLDERS OR P ship interest.)	ARTNERS (Inclu	ıde all shareholde	ers, officers, and/o	or partners, indicating of	each respective
		Name of Business			Names o	of Shareholders/I	Partners	Ownership Interest Percentage
Section N								
Sec								

Last	Last Name -								
	ASSETS YOU WILL LIQUID imposed.)	ATE (Include all assets	you intend to liquidat	e to satisfy any criminal monetary penalties that may be					
	Asset Description	Estimated Value of Asset	Date You Will Liquidate	Current Location of Asset (if real property, county and state)					
0									
Section O									
Š									
	PROSPECT OF INCREASE II	N ASSETS (Give a gen	eral statement of the p	prospective increase of the value of any asset you own.)					
on P									
Section P									

Last	Name) -										
					LIA	BILITIES						
	CHA	RGE ACCOUNTS A	ND LINES	S OF CREDIT (I	nclude al	ll bank credit ca	ards, line	es of credit,	revolv	ing charge	accou	nts, etc.)
A	I/J S/D	Type of Account or Card	Nai	me and Address of Creditor		Credit Limit	Amount Owed		Credit Available			Minimum Monthly Payment
Section A												
Š												
	ОТНІ	ER DEBTS (Include 1	nortgage lo	pans, notes pavab	le. delina	uent taxes, and	child su	pport.)				
	I/J S/D	Owed To	nortguge re	Address	, , , ,	Relationsl	hip	Amount Owed		Reason Owed		Monthly Payment
n B	5,2					(11 411)						2 413 122 223
Section B												
	PART I/J	Y TO CIVIL SUIT Name of Plainti		y civil lawsuits y Court of Jurisdic		ever been a part Case		e of Suit	D	ate of		gment Amount/
on C	S/D	in the Case		and County		Number		Filed	Juc	lgment	Un	paid Balance
Section C												
		KRUPTCY FILINGS In individual or as a bu			sted for a	ny Chapter 7, 1	11, or 13	bankruptcy	filing	s you have	ever l	peen a party
Q	I/J S/D	Type of Bankru (Voluntary or Invo Name and Address o	iptcy luntary)/	Bankruptcy Case Number		uptcy Court risdiction		y and State Discharge	of	Date Fi	led	Date of Discharge
Section D												

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REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS

OFFENDER'S FULL NAME

DOCKET NUMBER

All entries on the Net Worth Statement must be accompanied by supporting documentation. Provide the probation officer with all records listed below that are applicable to your financial statements, along with your completed Net Worth Statement by the close of business

ASSETS

Section A - Bank Accounts

Most recent bank account statements (e.g., checking, savings, credit union, money market, brokerage, Certificate of Deposit, IRA, ROTH IRA, KEOGH, 401K, or thrift savings account) for a three-month period.

Section B - Securities

 Most recent securities account statements (e.g., brokerage, annuities, life insurance) for a three-month period.

Section C - Notes & Accounts Receivable

♦ Copy of signed note receivable.

Section D - Life Insurance

 Copy of all life insurance policies (e.g., whole life, variable life, term)

Section E - Safe Deposit Boxes or Storage Facilities

 Copy of most recent rental invoice for all safe deposit boxes or storage facility rentals within the past year, including receipts or verification of content value.

Section F - Motor Vehicles

 Copy of vehicle registration and title for all vehicles owned or leased.

Section G - Real Estate

 Copy of purchase agreement, deeds, and escrow statement for all real property.

Section H - Mortgage Loans Owed To You

 Copy of the sales agreement and escrow statement for all real property.

Section I - Other Assets

 Copy of purchase invoice and appraisal (if already previously obtained), and documentation to verify the fair market value of the asset.

Section J - Anticipated Assets

♦ Copy of documentation to verify future receipt of anticipated asset, (e.g., claim or lawsuit filings, profit sharing plan and current statement, pension plan and current statement, inheritance documents, copy of all trusts, trust income tax returns), and most recent accounting reflecting the value of your interest and income from the trust.

Section K - Business Holdings

◆ In addition to providing the information requested in Section K and completing Section N, provide copies of all income tax returns for each business you had an ownership interest in (e.g., shareholder, partner, proprietor) or an affiliation with (e.g., officer, director, board member, agent, associate) within the last five years. Also provide all financial statements for each business, prepared by you or your accountant, within the past five years.

Business Accounts Receivable

 Copy of current month's billing statements that verify business accounts receivable.

Business Accounts Payable

 Copy of current month's vendor invoices that verify business accounts payable.

Section L - Income Tax Returns

Copy of the five most recent years' income tax returns filed for: Individual (Form 1040), Partnership (Form 1065), Corporation (Form 1120), S Corporation (Form 1120S), and Limited Liability Company (Form 1065). Be sure to include all related schedules and forms. Provide a written explanation for any returns not filed.

Section M – Transfer of Assets

Copy of the bill of sale, documentation of funds received from sale (e.g., a personal or business check, cashiers check or money order), copy of vehicle registration and title of sold vehicle, and escrow closing statements for any real estate sold since the date of your arrest.

Section N - Names of Shareholders or Partners

 Copy of Articles of Incorporation for all corporations you own or have an interest in. Copy of partnership agreement for all partnerships you have an ownership interest in.

Section O - Assets You Will Liquidate

◆ Assets available for payment of criminal monetary penalties

REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS (cont.)

LIABILITIES

G. A. Glanco A. Granda	OTHER RECORDS REQUESTED	
Section A – Charge Accounts	OTHER RECORDS REQUESTED	
♦ Copy of most current billing statement for all charge accounts (e.g., credit cards, revolving charge cards, and department store cards) and lines of credit (e.g., bank line of credit).		
Section B – Other Debts		
♦ Copy of all notes payable, mortgage loans, current statement of delinquent taxes due, and statements documenting child support/alimony obligations and payment history.		
Section C - Party to Civil Suit		
♦ Copy of all civil suit filings and judgments.		
Section D – Bankruptcy Filings		
♦ Copy of all bankruptcy filings including petition, financial statements submitted, final judgment and order of discharge.		
ADDITIONAL INSTRUCTIONS:		
A personal interview has been scheduled for you with:		
A personal interview has been scheduled for you with.		
U.S. Probation Officer	On	
U.S. Probation Officer	Date	
at Office Location		
Time		
Telephone		

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Monthly Cash Flow Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Cash Flow Statement Financial Records (Prob. 48C)). Initial and date each page (including any attached pages) and sign and date the last page of the Cash Flow Statement.

Last Name -

MONTHLY CASH FLOW STATEMENT

Monthly Cash Inflows

Defendant	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Food stamps and unemployment compensation)		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]). Income of Other In-House (List all monthly income of others living in the household or the		
monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Signature

Last Name -	
Necessary Monthly Cash Outflows	
	Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)	
Groceries (List the total monthly amount paid for groceries and number of people in your household.) #	
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
Electric	
Heating Oil/Gas	
Water/Sewer	
Telephone	
Basic Cable (no premium channels)	
Public Transportation (List monthly amount paid for public transportation.)	
Car Payments (List all payments made to purchase or lease vehicles.)	
Commuting Expenses (List monthly amount paid for gasoline, tolls etc.)	
Auto Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
Health Insurance (List the monthly amount paid for homeowner/rental.)	
Homeowner/Rental Insurance (List the monthly amount paid for homeowner/rental insurance.)	
Clothing (List the monthly amount actually paid for clothing.)	
Loan Payments (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
Credit Card Payments (List all minimum monthly credit card or charge card payments.)	
Medical (List all expenses not covered by insurance.)	
Alimony/Child Support (List all alimony or child support payments made each month.)	
Criminal Monetary Penalty (List all monthly payments for court-ordered criminal monetary penalties.)	
Court-ordered Costs (List the total monthly payments made for location monitoring and drug and mental health treatment.)	
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
Other Factors That May Affect Monthly Cash Flow (Describe)	
TOTAL	
NET MONTHLY CASH FLOW: \$ (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)	
MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows repo	rted.)
L	

Date ____

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REQUEST FOR MONTHLY CASH FLOW STATEMENT FINANCIAL RECORDS

DEFENDANT'S FULL NAME

DOCKET NUMBER

All entries on the Cash Flow Statement must be accompanied by supporting documentation. Provide the probation officer with all records listed below are applicable to your financial statements, along with your completed Cash Flow Statement by the close of business

MONTHLY CASH INFLOWS

Salary/Wages

Copy of all W-2 forms submitted with the prior year income tax return.
 Copy of all pay stubs for the most recent one-month period.

Cash Advances

♦ Copy of all pay stubs documenting cash advances.

Cach Ronneac

 Copy of all pay stubs documenting cash bonuses, and copy of related 1099 form.

Commissions

◆ Copy of all 1099 forms submitted with the prior year income tax return.

Business Income

Copy of the past six monthly financial statements of all businesses owned or controlled by the defendant. Also, be sure to provide all financial information requested in the "Assets" portion of the "Net Worth Statement" under "Section K, Business Holdings."

Interest/Dividends

 Copy of most recent earnings statement from a financial institution (e.g., bank, brokerage firm, etc.). Copy of all 1099-INT forms, reporting annual interest earnings, for the past year.

Rental Income

 Copy of lease rental agreement, copy of monthly rental check received, and copy of the deposit on the defendant's monthly bank statement.

Trust Income

Copy of the monthly trust income check, copy of the trust agreement, and a copy of the trust income tax return for the prior year.

Alimony/Child Support

 Copy of divorce decree, copy of payments received, and statements documenting child support/alimony obligations with payment history.

Social Security

 Copy of most recent Social Security check and most recent benefits determination letter.

Other Government Benefits

Copy of most recent government subsidy check (e.g., unemployment compensation, food stamps) or online payment and most recent benefits determination letter.

Pensions/Annuities

 Copy of pension/annuity check, copy of most recent pension plan activity statement or annuity statement, and copy of pension plan or annuity contract.

Allowances (housing, auto, travel)

 Copy of related pay stub, 1099 form for prior year, and possibly a letter from the employer on company letterhead.

Gratuities/Tips

 Copy of current month's pay stubs, letter from employer estimating monthly gratuities earned, and W-2 form for the prior year.

Spouse (Significant Other's) Salary/Wages

Copy of all W-2 forms submitted with the prior year income tax return.
 Copy of all pay stubs for the most recent one-month period.

Other Joint Spousal Income

◆ Documentation verifying any monthly income jointly earned with the spouse or significant other, (e.g., income from the spouse or significant other or income from a business owned or controlled by the spouse or significant other, that the offender has a joint ownership interest in, or controls)

Income of Others in the Home

Verification of the monthly earnings of all others living in the offender's household (e.g., all pay stubs for the prior month, W-2 forms, and 1099 forms for the prior year), paid receipts or canceled checks for necessary monthly household expenditures (e.g., for food, room rental, telephone, transportation, etc.) actually paid by this person on behalf of the offender.

Gifts From Family

A signed and dated statement from the family member who gave gifts to the offender during the month, listing the amounts, dates and reasons given, and a copy of the check received, if any.

Gifts From Others

A signed and dated statement from the person(s) who gave gifts to the offender during the month, listing the amounts, dates and reasons given, and a copy of the check received, if any. Gifts over a certain amount require tax forms declaring the income.

Loans From Your Business

Copy of the past six monthly financial statements of all businesses owned or controlled by the offender that loaned money to the offender, including a detailed schedule of the "Loans To Shareholder/Owner" or "Due From Shareholder/Owner" general ledger accounts.

Mortgage Loans

Copy of all mortgage checks received during the prior month, 1099 forms submitted with the prior year tax return, and copy of the sales agreement and escrow statement for all mortgage loans owed to the offender.

Other Loans

 Copy of loan documentation and copy of all loan checks received during the prior month.

Other (specify)

◆ Documentation verifying the source of all other monthly cash inflows (not yet disclosed or reported in these financial statements) and copy of all related monthly checks received. PROB 48C Page 2 of 2 (Rev. 07/13)

REQUEST FOR MONTHLY CASH FLOW STATEMENT FINANCIAL RECORDS (cont.)

NECESSARY MONTHLY CASH OUTFLOWS

Rent or Mortgage (including taxes)

 Copy of apartment rental lease agreement or home mortgage, most recent mortgage statement, and verification of payment.

Groceries (# of people)

Purchase receipts for the past month.

Utilities

 Copy of most current utility bills (e.g., electric, heating oil/gas, water/sewer, telephone, and basic cable).

Public Transportation

Receipts of amount paid.

Car Payments

Receipts for car lease or purchase payments.

Commuting Expenses

♠ Receipt for gasoline/motor oil, tolls, etc.

Insurance

 Copy of most current insurance bills for all types of insurance (auto, health, homeowners).

Clothing

Purchase receipts with corresponding canceled checks.

Loan Payments

 Copy of loan statements for all loans. Also, provide a copy of any financial statements submitted to obtain credit in the past three years.

Credit Card Payments

◆ Copy of most current billing statement for all charge accounts (e.g., credit cards, revolving charge cards, and department store cards) and lines of credit (e.g., bank line of credit).

Medica

 Documentation of medical expenses (e.g., billing statements, payment receipts).

Alimony/Child Support

♦ Copy of divorce decree and statements documenting child support/alimony obligations with payment history.

Criminal Monetary Penalty

◆ Receipt of monthly payment

Court-Ordered Costs (electronic monitoring, drug/mental health treatment)

 Verification of payments, along with statement from the service provider (if any)

Other (specify)

♦ Specific receipts, billing statements.

ADDITIONAL INSTRUCTION	IS:		
A personal interview has been so	cheduled for you with:		
-		on	
t	J.S. Probation Officer	Date	
at	Office Location		
Time			
	_		
	Telephone		

REQUEST FOR SELF-EMPLOYMENT RECORDS

DEFENDANT'S FULL NAME	DOCKET NUMBER
In order to verify your self-employment, you are requir business to the probation office by the close of business	red to furnish all of the records below that are applicable to you and your s

- ♦ Business Bank Statements for all businesses for the past six months (along with canceled checks).
- ♦ All Business Income Tax Returns for the past five years (including Corporation Form 1120, S Corporation Form 1120S, Partnership Form 1065, Limited Liability Company Form 1065, or Sole Proprietor Form 1040 Schedule C), along with all accompanying forms and schedules.
- ♦ All Annual Financial Statements for the past five years.
- **♦** Most Recent Monthly and Quarterly Financial Statement.
- ♦ Quarterly Estimated Tax Payments (Form 1040-ES or Form 8109 for corporations) for the current year.
- ♦ Occupational Business License for the current year.
- ♦ Articles of Incorporation for all corporations you own or have an interest in.
- ◆ Partnership Agreement for all partnerships you have an ownership interest in.
- ♦ Sales Tax Returns (monthly, quarterly) for the past 12 months.
- ♦ **Property Tax Returns** (inventory, personal property) for the past year.

- ♦ Payroll Tax Returns (quarterly, annually) for the current year, if you presently have or have had employees during the current year.
- ♦ **List of Business Customers** (to whom your business sells goods or provides services).
- ♦ **List of Business Vendors** (who supply the needed raw materials to produce products or provide services).
- Billing Statements (to collect money from your customers) and Vendor Invoices (to pay bills to your suppliers) for the past six months.
- ♦ Real Estate Escrow Statements and Real Estate Leases for all businesses you own or have an interest in.
- ♦ Equipment Purchase Agreements or Leases for all businesses you own or have an interest in.
- ♦ Business Insurance Policies for all businesses you own or have an interest in.
- ♦ Business Telephone Bills for the past six months for all business telephones.
- ♦ Samples of Business Advertisements (e.g., in print, radio, television, Internet web page, telephone directory listing and ad, etc.).
- ♦ Business Cards, Stationery (e.g., business letterhead).

DECLARATION OF DEFENDANT OR OFFENDER NET WORTH & CASH FLOW STATEMENTS

I,	, residing at,
in the city (or county) of	, in the state of,
have completed the attached	Net Worth Statement (Prob. Form 48) or Net Worth Short Form Statement (Prob.
Form 48EZ) and/or Cash F	low Statement (Prob. Form 48B) that fully describe my financial resources, including a
complete listing of all assets own	ned or controlled by me as of this date and any transfers or sales of assets since my arrest.
The Cash Flow Statement (Prob.	Form 48B) also includes my financial needs and earning ability and the financial needs
and earning ability of my spouse	e (or significant other) and my dependent(s) living at home.
Net Worth Statement (Total pag	es, including additional pages)
Net Worth Short Form Statemen	t (Total pages, including additional pages)
Cash Flow Statement (Total pag	es, including additional pages)
I dealars under penalty of pariur	y that the foregoing is true and correct.
i deciare under penanty of perjur	y that the foregoing is true and correct.
	evocation of supervision, in addition to possible prosecution under the provisions of a term of imprisonment of up to 5 years and a fine of up to \$250,000, or both.
	(Defendant Signature)
Executed on day of	