UNITED STATES DISTRICT COURT DISTRICT OF MASSACHUSETTS

PROBATION OFFICE

Christopher MaloneyChief U.S. Probation Officer

1 Courthouse Way Suite 1200 Boston, MA 02210 (617) 748-4200 Fax -(617) 748-9185

Effective September 2005

The Probation Office has revised its policy regarding the collection of financial information.

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
- 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. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant, and liabilities are all relevant to the court's decision regarding the ability to pay. 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).

| ©PR(| OB 48 |
|-------|-------|
| (Rev. | 9/00) |

| T | oct | Name | _ |
|---|-----|------|---|
| | | | |

NET WORTH STATEMENT

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent

| SANI | K ACC | OUNTS (Include all personal | and businesses che | ASSETS ecking and savings | accounts, credit u | nions, n | noney marl | cets, certi | ficates | of deposit, |
|----------------|------------|--|-----------------------|---------------------------|-----------------------------|---------------------------------------|---------------------|---|-----------|--------------------------|
| RA a | I/J S/D | OGH accounts, Thrift Savings, Name of Institution | ldress | Type of Account | ccount Person umber Comm | | | Balance | | |
| Section A | | | | | | | | | | |
| Š | | | | | | | | | | |
| | | RITIES (Include all stocks in Government securities, etc.) | public corporation | ns, stocks in busine | esses you own or l | nave an | interest in, | bonds, n | nutual fu | ınds, |
| | I/J S/D | Name and Kind of | Locatio | Number of H Units | | | air Market Value | | | |
| ion B | | | | | | | | | | |
| Section B | | | | | | | | | | |
| | | | | | | | | | | |
| | MON | EY OWED TO YOU BY OT | THERS (Include al | l money owed to y | ou by any person | or entit | y.) | | | |
| <i>r</i>) | I/J S/D | Name and Address of Debtor | Amount Owed to You | Reason Owed to You | Date Money Loaned | Relationship to Debtor (if any) | | Monthly Payment or Date Full Payment Expected | | Is Debt Collectible ? |
| Section C | | | | | | | | | | |
| S ₂ | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| 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 | cash | |
| n D | I/J S/D | Name and Address of Company and Name of Beneficiary | Policy Number | | Type Polic | of | | Face moun | | | Amount Borrowed | | Amount You Can Borrow | |
| Section D | | | | | | | - | | | | | | | |
| | | | | | | | <u> </u> | | | | | | | |
| | | SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.) | | | | | | | | | | | | |
| | I/J S/D | Name and Add of Box or Facility L | ress | Box Number | | | | Conter | nts | Fair M | Iarket Value | | | |
| Section E | Siz | | | | | | | | | | | | | |
| Se | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | MOTOR VEHICLES (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.) | | | | | | | | | | | | | |
| Section F | I/J S/D | Year, Make & License Number/Vehicle Identification Number | Mile | В | | an/Le Baland (if any | nce Will | | te Loan/Lease Il be Paid Off or Ends | | Montl Paymo | | Fair Market Value | |
| | | | | | | | | | | | | | | |
| 3 1 | | | - | | | | | | | | | - | | |
| | REAL | ESTATE (Include property, parcels | , lots, time | eshares, a | and de | velope | d land v | with b | uildin | ngs.) | | | | |
| ı G | I/J S/D | Real Estate Address (include county and state)/ Mortgage Company or Lien Holder | Purcha Date | chase Purch | | ase Mortgage | | e Date | | Mon Payn | - | Fair Market Value | | |
| Section G | | | | | | | | | | | | | | |
| | | | | | | | | | + | | | | | |
| | | TGAGE LOANS OWED TO YOU tate you sold and is making payments | | | dress, a | and rel | ationshi | ip [if a | ny] t | o the mortg | agee [the p | arty that | bought the | |
| n H | I/J S/D | /J Mortgagee (name & address)/ | | Mortgage Balance | | | e Mortgage ill be Paid Off | | Balloon Payment? If Yes, Date? | | Monthly Payment | | Is Debt Collectible? | |
| Section H | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| | | | | | | | | | | | 1 | | 1 | |

Initials _____ Date ____

| Last | Name |) - | | | | | | | |
|-----------|---------------------|---|-------------------------------|----------------------------------|-------------------------------------|--|---|---|--|
| | ОТН | ER ASSETS (Include any ca | sh on hand, iewe | lry, art, paintings, co | in collections, s | tamp collections. | collectibles, anti | anes. | |
| | | ghts, patents, etc.) | on mana, je we | irj, art, paintings, to | • • • • • • • • • • • • • • • • • • | tump concensus, | • • • • • • • • • • • • • • • • • • • | ques, | |
| | I/J Description S/D | | Loan Balance | Date Loan Will be Paid Off | Monthly Payment | Where is A Located | | Fair Market Value | |
| | | | (if any) | Oil | | | | | |
| Section I | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | CIPATED ASSETS (Includent plans, inheritance, wills, o | | | | | sation or damage | es, profit sharing, | |
| | I/J S/D | Amount Received or Expected to Receive | Date Expected to Receive | Reason You Ex | • | Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor) | | | |
| | | | | | | | | | |
| Section J | | | | | | | | | |
| | TRUS | T ASSETS (Include all trus | rust], the trustee | or fiduciary | | | | | |
| 01 | | [who controls the trust assets and income or the be | | eficiary who has or v | will receive bene | efits from the trust].) | | | |
| | I/J S/D | Name of Trust/ Taxpayer ID# | Value of Trust | Your Annual Incor | ne From Trust | Your Interest in Trust Assets | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | the las | NESS HOLDINGS (Include t three years; e.g., self-emplo a additional pages, if necessa | oyed sole proprie | | | | | | |
| × | 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 | | | | | | | | | |
| S | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Initials _____ Date ____

| Last | Name |) - | | | | | | |
|-----------|------------|---|------------------------|-------|--------------------|-----------------------------------|--|---|
| | INCO | OME TAX RETURNS | | | | | | |
| | | Type of Income Tax Return F | iled | | Last Filin | ng Year | You Will Subm | ncome Tax Returns it to the Probation ficer |
| Section L | Indivi | dual (Form 1040) | | | | | | |
| Secti | | Partnership/Limited Liability Company (Form 1065) | | | | | | |
| | Corpo | Corporation (Form 1120) | | | | | | |
| | S Cor | S Corporation (Form 1120S) | | | | | | |
| | | NSFER OF ASSETS (Include any re than \$500.00. Also list any asse | | | | | your arrest with a cost | or fair market value |
| | I/J S/D | Description of Asset/ Reason Transferred/Sold | Date of Transfer/Sa | ale | 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 | | | | | | | | |
| Section | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | NAM | ES OF SHAREHOLDERS OR P | ARTNERS (| Incl | ude all shareholde | ers officers and/o | or partners, indicating a | each respective |
| | | ship interest.) | AKTIVEKS | IIICI | ade an shareholde | ors, orneers, and/c | r partiers, meleating (| |
| | | Name of Business | | | Names o | Ownership Interest Percentage | | |
| | | | | | | | | |
| Section N | | | | | | | | |
| Sect | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

♠PROB 48
(Rev. 9/00)

Page 6 of

| Last | Name - | | | | | | | | | | | |
|-----------|--|--------------------------|----------------------------|--|--|--|--|--|--|--|--|--|
| | ASSETS YOU WILL LIQUIDATE (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.) | | | | | | | | | | | |
| | Asset Description | Estimated Value of Asset | Date You Will Liquidate | Current Location of Asset (if real property, county and state) | | | | | | | | |
| | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | |
| Section O | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | PROSPECT OF INCREASE IN ASSETS (Give a general statement of the prospective increase of the value of any asset you own.) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| n P | | | | | | | | | | | | |
| Section P | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Last | Name | e - | | | | | | | | | | |
|-----------|---|---|-------------|----------------------------------|-----------------------|----------------------------|---------------------------------|---------------------|---------------------|-------------------------------|------------------------------------|----------------------|
| | | | | | LIA | BILITIES | | | | | | |
| | CHAI | RGE ACCOUNTS A | ND LINES | S OF CREDIT (1 | nclude al | ll bank credit ca | ards, line | es of credit, | revolv | ving charge | accou | ints, etc.) |
| ∢ | I/J Type of Name and Address S/D Account of Creditor or Card | | | Credit Limit | | | | Credit Available | | Minimum Monthly Payment | | |
| Section A | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | отні | ER DEBTS (Include r | nortgage lo | oans, notes payab | le, delinq | uent taxes, and | child su | pport.) | | | • | |
| | I/J S/D | Owed To | Address | | Relations (if any) | _ | Amount Owed | | Reason Owed | | Monthly Payment | |
| ı B | | | | | | | | | | | | |
| Section B | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | PARTY TO CIVIL SUIT (Include any civil lawsuits you have ever been a party to.) | | | | | | | | | | | |
| C) | I/J S/D | Name of Plainti in the Case | ff | Court of Jurisdiction and County | | Case Number | Date of Suit Filed | | Date of Judgment | | Judgment Amount/ Unpaid Balance | |
| Section C | | | | | | | | | | | | |
| Se | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | KRUPTCY FILINGS an individual or as a bu | | | sted for a | ny Chapter 7, 1 | 11, or 13 | bankruptcy | filing | gs you have | ever | been a party |
| n D | I/J S/D | Type of Bankruptcy | | Bankruptcy Case Number | | uptcy Court irisdiction | County and State o Discharge | | e of | of Date Filed | | Date of Discharge |
| Section D | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Signature | Date | |
|-----------|----------|--|
| | | |

№PROB 48A
(9/00)

Page 1 of 2

REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS

ASSETS

Section A - Bank Accounts

• Most recent bank account statements (e.g., checking, savings, credit union, money market, brokerage, Certificate of Deposit, or savings bonds) for a three-month period, along with canceled checks.

Section B - Securities

• Most recent securities account statements (e.g., brokerage, annuities, life insurance, IRA, KEOGH, 401K, or thrift savings account) 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.

REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS (cont.)

| LIABILITIES | OTHER RECORDS REQUESTED | |
|--|-------------------------|--|
| Section A - Charge Accounts | | |
| ♦ 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. | | |
| A personal interview has been scheduled for you with: | | |
| | | |
| U.S. Probation Officer | on Date | |
| 018/110044001 0111001 | 2 | |
| | | |
| 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).

Amendments were made to 18 U.S.C. §§ 3663 (a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant; liabilities, and the financial needs and earning ability of a defendant and a defendant's dependents are all relevant to the court's decision regarding a defendant's ability to pay. 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., Aid to Families with Dependent Children.) | | | | |
| 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) | | |
| Transportation (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.) | | |
| Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.) | | |
| Auto | | |
| Health | | |
| Homeowner/Rental | | |
| Life | | |
| 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 monthly credit card or charge card payments.) | | |
| Medical (List all monthly payments for necessary medical care or treatment.) | | |
| Alimony/Child Support (List all alimony or child support payments made each month.) | | |
| Co-payments (List the total monthly payments made for electronic 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 report | ted.) | |
| | | |
| | | |
| | | |
| | | |

Date ____

Separation Properties
Separation Properties
(9/00)

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

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.

Cash Bonuses

 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, or child support/alimony) 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 defendant 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 defendant'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 defendant.

Gifts From Family

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

Loans From Your Business

Copy of the past six monthly financial statements of all businesses owned or controlled by the defendant that loaned money to the defendant, 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 defendant.

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.

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 copy of canceled check.

Groceries (# of people)

 Grocery receipts with corresponding canceled checks (if applicable) for the past month.

Utilities

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

Transportation

 Current month gasoline/motor oil receipts and corresponding canceled checks (if applicable), and gasoline credit card statements for the prior month.

Insurance

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

Clothing

Purchase receipts with corresponding canceled checks.

Loan Payments

Copy of loan statements (including motor vehicle payment book and lines of credit) 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).

Medical

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

Alimony/Child Support

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

Co-payments (electronic monitoring, drug/mental health treatment)

• Canceled check along with statement from the service provider (if any).

Other (specify)

♦ Specific receipts, billing statements, and corresponding canceled checks.

| ADDITIONAL INSTRUCTIONS: | |
|---|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| A personal interview has been scheduled for you with: | |
| | |
| | |
| | |
| on | |
| U.S. Probation Officer Date | |
| | |
| | |
| | |
| at Office Location | |
| Time | |
| | |
| Telephone | <u></u> |

DECLARATION OF DEFENDANT OR OFFENDER NET WORTH & CASH FLOW STATEMENTS

| I, , residing at , |
|---|
| 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 Flow Statement (Prob. Form 48B) that fully describe my financial resources, including a |
| complete listing of all assets owned 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 (or significant other) and my dependent(s) living at home. |
| and carring ability of my spouse (of significant outer) and my dependent(s) fiving at nome. |
| |
| Net Worth Statement (Total pages, including additional pages) |
| Net Worth Statement (Total pages, including additional pages Net Worth Short Form Statement (Total pages, including additional pages) |
| Cash Flow Statement (Total pages, including additional pages) |
| Cash Flow Statement (Total pages, including additional pages) |
| |
| |
| |
| I declare under penalty of perjury that the foregoing is true and correct; or |
| |
| False statements may result in revocation of supervision, in addition to possible prosecution under the provisions of 18 U.S.C. § 1001, which carries 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 , |

REQUEST FOR SELF-EMPLOYMENT RECORDS

| DEFENDANT'S FULL NAME | DOCKET NUMBER | |
|---|---|--|
| In order to verify your self-employment, you are rebusiness to the probation office by the close of bus | equired to furnish all of the records below that are applicable to you and your iness | |

- ♦ 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).