



**ILLINOIS INDEPENDENT TAX TRIBUNAL  
Net Worth Statement**

Business Name	BOTTOM LINE FORMER LLIQUIDATORS		Business Phone	773-287-5030	
Owner Name	GREGG ROTH / DORIAN ROTH		Residence Phone	312-801-0592	
Residence Address	504 S. AUSTIN BLVD.		Email	DORIAN4471@YAHOO.COM	
City, State, & Zip Code	OAK PARK, IL 60304				
ASSETS (not \$, not ¢)			LIABILITIES (not \$, not ¢)		
Cash on hand and in Banks	\$		Accounts Payable	N/A	\$
Savings Account	N/A	\$	Notes Payable to Banks and Others (Describe in Section 2)	N/A	\$
IRA or Other Retirement Account	N/A	\$	Installment Account (Auto)	N/A	\$
Accounts and Notes Receivable	N/A	\$	Monthly Payments	\$	
Life Insurance- Cash Surrender Value (Describe in Section 8)	\$	N/A	Installment Account (Other)	N/A	\$
Stock and Bonds (Describe in Section 3)	N/A	\$	Monthly Payments	\$ 1075.00 / MO	RENT
Real Estate (Describe in Section 4)	N/A	\$	Loan on Life Insurance	N/A	\$
Automobile - Present Value	N/A	\$	Mortgages on Real Estate		\$
Other Personal Property (Describe in Section 5)	N/A	\$	Unpaid Taxes (Describe in Section 6)	N/A	\$
Other Assets (Describe in Section 5)	N/A	\$	Other Liabilities (Describe in Section 7)	N/A	\$
<b>TOTAL ASSETS</b>	N/A	\$	<b>TOTAL LIABILITIES</b>	\$ 1,075	\$
			<b>NET WORTH (Assets - Liabilities = NET WORTH)</b>		\$

Section 1. Source of Income			Contingent Liabilities		
Salary	\$ 2,000 PER	\$ MONTH	As Endorser of Co-Maker	N/A	\$
Net Investment Income	N/A	\$	Legal Claims and Judgments	N/A	\$
Real Estate Income	N/A	\$	Provisions for Federal Income Tax	N/A	\$
Other Income (Describe below)*	N/A	\$	Other Special Debt	N/A	\$
Description of Other Income in Section 1.	N/A	\$			

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income.

**Section 2. Notes Payable to Banks and Others** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
N/A	N/A	N/A	N/A	N/A	N/A

**Section 3. Stocks and Bonds** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotations/Exchange	Date of Quotations/Exchange	Total Value
	N/A		N/A	N/A	

**Section 4. Real Estate Owned** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value	N/A	N/A	N/A
Name & Address of Mortgage Holder	N/A	N/A	N/A
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

N/A

**Section 6. Unpaid Taxes** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

N/A

**Section 7. Other Liabilities** (Describe in detail)

N/A

**Section 8. Life Insurance Held** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

N/A

I swear, under penalties of perjury, that I have read this statement, and to the best of my knowledge and belief, it is true, accurate, and complete.

Signature: 	Date: 5/27/15	SSN: 323-72-0632
Signature:	Date:	SSN: