

14 TT 206

ILLINOIS INDEPENDENT TAX TRIBUNAL
Net Worth Statement

RECEIVED
OCT 31 2014
BY: _____

Business Name	Access Life Solution		
Owner Name	Angel Cunningham	Business Phone	
Residence Address	4416 N. Hazel	Residence Phone	(773) 719-4574
City, State, & Zip Code	Chicago, IL 60640	Email	

ASSETS (not \$, not €)		LIABILITIES (not \$, not €)	
Cash on hand and in Banks	\$ 1,200	Accounts Payable	\$ 0
Savings Account	\$ 0	Notes Payable to Banks and Others (Describe in Section 2)	\$ 0
IRA or Other Retirement Account	\$ 0	Installment Account (Auto)	\$
Accounts and Notes Receivable	\$ 0	Monthly Payments	\$
Life Insurance- Cash Surrender Value (Describe in Section 8)	\$ 0	Installment Account (Other)	\$
Stock and Bonds (Describe in Section 3)	\$ 0	Monthly Payments	\$ 32.00
Real Estate (Describe in Section 4)	\$ 0	Loan on Life Insurance	\$
Automobile - Present Value	\$ 0	Mortgages on Real Estate	\$
Other Personal Property (Describe in Section 5)	\$ 0	Unpaid Taxes (Describe in Section 6)	\$
Other Assets (Describe in Section 5)	\$ 0	Other Liabilities (Describe in Section 7)	\$ 1,000
		TOTAL LIABILITIES	\$ 1,032 ^w
TOTAL ASSETS	\$ 1,200	NET WORTH (Assets - Liabilities = NET WORTH)	\$ 168

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser of Co-Maker
Net Investment Income	Legal Claims and Judgments
Real Estate Income	Provisions for Federal Income Tax
Other Income (Describe below)*	Other Special Debt
Description of Other Income in Section 1.	

Social Security

*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					

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					

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.)

N/A	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
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 pledges 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

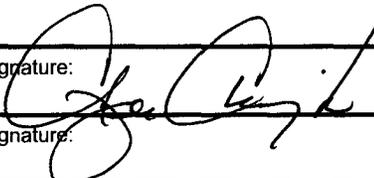
Section 7. Other Liabilities (Describe in detail)

Rental Property Location, Monthly Living Expenses, Medications

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: 10/28/14	
Signature:	Date:	SON: