

# Bethany Christian Services

National Accounting Department

## Tax Obligation Worksheet

WMCB Family First Adoption Loan Requirement

Please provide the following information to the National Finance Department of Bethany Christian Services.

Family Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Branch Office \_\_\_\_\_

Adoption Worker \_\_\_\_\_

**Please provide information from your Federal Tax Returns:**

Description	Tax Year	Adjusted Gross Income	Total Tax Liability(*)
<b>Most Recent Filed</b>			
<b>Previous Year Filed</b>			
<b>2<sup>nd</sup> Previous Year Filed</b>			

(\*) If zero dollar amount in Total Tax Liability column, please explain below:


**(Fax to 616-574-7966    Attn: Accounting Manager)**

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Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Finance Department Approval \_\_\_\_\_ Date \_\_\_\_\_

**--- For Finance Department Use Only ---**

Branch #		WMCB Requested Amt	
Breakdown Fee		BCS Approved Amt	