

Collection Information Statement for Business

Note: Complete all entry spaces with the current data available or "N/A" (not applicable). Failure to complete all entry spaces may result in rejection of your request or significant delay in account resolution. **Include attachments if additional space is needed to respond completely to any questions.**

Section 1. Business Information

1a. Business name _____

1b. Business Street Address _____
Mailing Address _____
City _____
State _____ ZIP _____

1c. County _____

1d. Business Telephone _____

1e. Type of Business _____

1f. Type of Website _____

2a. Employer Identification No. (EIN) _____

2b. Type of Entity (Check appropriate box below)
 Partnership Corporation Other _____
 Limited Liability Company (LLC) classified as a corporation
 Other LLC - Include number of members _____

2c. Date Incorporated/Established _____
mm/dd/yyyy

3a. Number of Employees _____

3b. Monthly Gross Payroll _____

3c. Frequency of Tax Deposits _____

4. Does the business engage in e-Commerce (internet sales) Yes No

Payment PROCESSOR (e.g., PayPal, Authorize.net, Google Checkout, etc.), Name and Address (Street, City, State, ZIP code)	Payment Processor Account Number
5a. _____	_____
5b. _____	_____

Credit cards accepted by the business

Type of Credit Card (e.g., Visa, MasterCard, etc.)	Merchant Account Number	Merchant Account Provider Name and Address (Street, City, State, ZIP code)
6a. _____	_____	_____ _____ _____ Phone _____
6b. _____	_____	_____ _____ _____ Phone _____
6c. _____	_____	_____ _____ _____ Phone _____

Section 2. Business Personnel and Contacts

Partners, Officers, LLC, Members, Major Shareholders, Etc.

7a. Full Name _____
Title _____
Home Address _____
City _____ State _____ ZIP _____
Responsible for Depositing Taxes Yes No

7b. Full Name _____
Title _____
Home Address _____
City _____ State _____ ZIP _____
Responsible for Depositing Taxes Yes No

7c. Full Name _____
Title _____
Home Address _____
City _____ State _____ ZIP _____
Responsible for Depositing Taxes Yes No

7d. Full Name _____
Title _____
Home Address _____
City _____ State _____ ZIP _____
Responsible for Depositing Taxes Yes No

Social Security Number _____
Home Telephone _____
Work/Cell Phone _____
Ownership Percentage & Shares or Interest _____

Social Security Number _____
Home Telephone _____
Work/Cell Phone _____
Ownership Percentage & Shares or Interest _____

Social Security Number _____
Home Telephone _____
Work/Cell Phone _____
Ownership Percentage & Shares or Interest _____

Social Security Number _____
Home Telephone _____
Work/Cell Phone _____
Ownership Percentage & Shares or Interest _____

Section 3. Other Financial Information (Attach copies of all applicable documentation.)

8. Does the business use a Payroll Service Provider or Reporting Agent (If yes, answer the following) Yes No

Name and Address (Street, City, State, ZIP code) _____ _____	Effective dates (mm/dd/yyyy) _____
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9. Is the business a party to a lawsuit (If yes, answer the following) Yes No

<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing _____	Represented by _____	Docket/Case No. _____
Amount of Suit _____	Possible Completion Date (mm/dd/yyyy) _____	Subject of Suit _____ _____	

10. Has the business ever filed bankruptcy (If yes, answer the following) Yes No

Date Filed (mm/dd/yyyy) _____	Date Dismissed or Discharged (mm/dd/yyyy) _____	Petition No. _____	Location _____ _____
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11. Do any related parties (e.g., officers, partners, employees) have outstanding amounts owed to the business (If yes, answer the following) Yes No

Name and Address (Street, City, State, ZIP code) _____ _____	Date of Loan _____	Current balance as of _____ \$ _____	Payment Date _____	Payment Amt. \$ _____
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12. Have any assets been transferred, in the last 10 years, from this business for less than full value (If yes, answer the following) Yes No

List Asset _____	Value at Time of transfer \$ _____	Petition No. _____	Location _____ _____
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13. Does this business have other affiliations (e.g., subsidiary or parent companies) (If yes, answer the following) Yes No

Related Business Name and Address (Street, City, State, ZIP code) _____ _____	Related Business EIN: _____
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14. Any increase/decrease in income anticipated (If yes, answer the following) Yes No

Explain (use attachment if needed) _____ _____	How much will it increase/decrease \$ _____	When will it increase/decrease _____
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Section 4. Business Asset and Liability Information

15. Cash on Hand. Include cash that is not in the bank. **Total Cash on Hand** \$ _____

Business Bank Accounts. Include online bank accounts, money market accounts, savings accounts, checking accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.) List safety deposit boxes including location and contents.

Type of Account	Full Name and Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution	Account Number	Account Balance as of _____ mm/dd/yyyy
16a. _____ _____	_____ _____ _____	_____ _____	\$ _____
16b. _____ _____	_____ _____ _____	_____ _____	\$ _____
16c. _____ _____	_____ _____ _____	_____ _____	\$ _____
16d. Total Cash in Banks (Add lines 16 a through 16c and amounts from any attachments)			\$ _____

Accounts/Notes Receivable. Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts.

(List all contracts separately, including contracts awarded, but not started.)

17. Is the business a Federal or State Government Contractor Yes No (Include Federal or State Government contracts below)

Accounts/Notes Receivable & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mm/dd/yyyy)	Invoice Number or Federal or State Government Contract Number	Amount Due
18a. _____ _____ _____ Contact Name: _____ Phone: _____	_____ _____ _____	_____	_____	\$ _____
18b. _____ _____ _____ Contact Name: _____ Phone: _____	_____ _____ _____	_____	_____	\$ _____
18c. _____ _____ _____ Contact Name: _____ Phone: _____	_____ _____ _____	_____	_____	\$ _____
18d. _____ _____ _____ Contact Name: _____ Phone: _____	_____ _____ _____	_____	_____	\$ _____
18e. _____ _____ _____ Contact Name: _____ Phone: _____	_____ _____ _____	_____	_____	\$ _____
18f. Outstanding Balance (Add lines 18a through 18 e and amounts from any attachments)				\$ _____

Investments. List all investment assets below. Include stocks, bonds, mutual funds, stock options, and certificates of deposit.

Name of Company & Address (Street, City, State, ZIP code)	Used as collateral on loan	Current Value	Loan Balance	Equity Value Minus Loan
19a. _____ _____ _____ Phone: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
19b. _____ _____ _____ Phone: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
19c. Total Investments (Add lines 19a, 19b, and amounts from any attachments)				\$ _____

Available Credit. Include all lines of credit and credit cards.

Full Name & Address (Street, City, State, ZIP code) of Credit Institution

Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of _____ mm/dd/yyyy	Available Credit As of _____ mm/dd/yyyy
20a. _____ _____ _____ Account No. _____	\$ _____	\$ _____	\$ _____
20b. _____ _____ _____ Account No. _____	\$ _____	\$ _____	\$ _____
20c. Total Available Credit (Add lines 20a, 20b, and amounts from any attachments)			\$ _____

21. Real property owned, rented, and leased. Include all real property and land contracts.

21a. Property Description

Purchase/Lease Date (mm/dd/yy)	County Tax Value (CTV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity CTV Minus Loan
	\$	\$	\$		
Location (Street, City, State, ZIP code) _____ _____ _____ Property County _____ First Mortgage Holder _____			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) _____ _____ _____ Landlord/Lessor Phone Number _____ Second Mortgage Home Equity Line _____		

21b. Property Description

Purchase/Lease Date (mm/dd/yy)	County Tax Value (CTV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity CTV Minus Loan
	\$	\$	\$		
Location (Street, City, State, ZIP code) _____ _____ _____ Property County _____			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) _____ _____ _____ Landlord/Lessor Phone Number _____		

21c. Property Description

Purchase/Lease Date (mm/dd/yy)	County Tax Value (CTV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity CTV Minus Loan
	\$	\$	\$		
Location (Street, City, State, ZIP code) _____ _____ _____ Property County _____			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) _____ _____ _____ Landlord/Lessor Phone Number _____		

21d. Property Description

Purchase/Lease Date (mm/dd/yy)	County Tax Value (CTV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity CTV Minus Loan
	\$	\$	\$		
Location (Street, City, State, ZIP code) _____ _____ _____ Property County _____			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) _____ _____ _____ Landlord/Lessor Phone Number _____		

21e. Total County Tax Value

21f. Total Current Loan Balance

21g. Net Equity

Attach additional sheets as needed

22. Vehicles Leased and Purchased. Include boats, RVs, motorcycles, trailers, mobile homes, etc.

22a. Description (Make, Model, Year, Mileage)	Purchase/Lease Date (mm/dd/yy)	NADA Value	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity NADA minus loan
Lender/Lessor Name, Address, (Street, Address, State, ZIP code)						
Make	Model	Year	Mileage			
22b. Description (Make, Model, Year, Mileage)	Purchase/Lease Date (mm/dd/yy)	NADA Value	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity NADA minus loan
Lender/Lessor Name, Address, (Street, Address, State, ZIP code)						
Make	Model	Year	Mileage			
22c. Description (Make, Model, Year, Mileage)	Purchase/Lease Date (mm/dd/yy)	NADA Value	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity NADA minus loan
Lender/Lessor Name, Address, (Street, Address, State, ZIP code)						
Make	Model	Year	Mileage			
22d. Description (Make, Model, Year, Mileage)	Purchase/Lease Date (mm/dd/yy)	NADA Value	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity NADA minus loan
Lender/Lessor Name, Address, (Street, Address, State, ZIP code)						
Make	Model	Year	Mileage			
22e. NADA Value		22f. Total Current Loan Balance		22g. Net Equity		

Business Equipment. Include all machinery, equipment, merchandise inventory, and/or other assets.
Include Uniform Commercial Code (UCC) filings.

	Purchase/Lease Date (mm/dd/yyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity FMV Minus Loan
23a. Asset Description		\$	\$	\$		
Location (Street, City, State, ZIP code) and County			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
23b. Asset Description		\$	\$	\$		
Location (Street, City, State, ZIP code) and County			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
23c. Asset Description		\$	\$	\$		
Location (Street, City, State, ZIP code) and County			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
23d. Asset Description		\$	\$	\$		
Location (Street, City, State, ZIP code) and County			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
23e. Total Fair Market Value		23f. Total Current Loan Balance		23g. Net Equity		

Business Liens, Judgments and Other Liabilities. Include IRS liens, judgments and notes below.

Business Liabilities	Secured/ Unsecured	Date Pledged (mm/dd/yyyy)	Balance Owed	Date of Final Payment (mm/dd/yyyy)	Payment Amount
24a. Description	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____ Street Address _____ City/State/ZIP code _____ Phone: _____					
24b. Description	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____ Street Address _____ City/State/ZIP code _____ Phone: _____					
24c. Description	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____ Street Address _____ City/State/ZIP code _____ Phone: _____					
24d. Total Balance Owed	\$		24e. Total Payments	\$	

Section 5. Monthly Income/Expense Statement for Business

Accounting Method Used: Cash Accrual

Income and Expenses during the period (mm/dd/yyyy) to (mm/dd/yyyy)

Total Monthly Business Income		Total Monthly Business Expenses	
Source	Gross Monthly	Expense Items	Actual Monthly
25 Gross Receipts from Sales/Services		36 Materials Purchased	
26 Gross Rental Income		37 Inventory Purchased	
27 Interest Income		38 Gross Wages & Salaries	
28 Dividends		39 Rent	
29 Cash		40 Supplies	
Other Income (Specify below)		41 Utilities/Telephone	
30		42 Vehicle Gasoline/Oil	
31		43 Repairs & Maintenance	
32		44 Insurance	
33		45 Current Taxes	
34		46 Other Expenses (Specify)	
35 Total Income (Add Lines 25 through 34)		47 DOR Use Only Allowable Installment Payments	
		48 Total Expenses (Add Lines 36 through 47)	

Materials Purchased: Materials are items directly related to the production of a product or service.

Inventory Purchased: Goods bought for resale.

Supplies: Supplies are items used to conduct business and are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment.

Utilities/Telephone: Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone and cell phone.

Current Taxes: Real estate, state, and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of the the employment taxes.

Certification Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete.

Signature	Title	Date
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Print Name of Officer, Partner or LLC Member

Attachments Required: Copies of the following items for the last 3 months from the date this form is submitted (check all attached items):

- Banks and investments- Statements for all money market, brokerage, checking/savings accounts, certificates of deposit, stocks/bonds.
- Assets- Statements from lenders on loans, monthly payments, payoffs, and balances, for all assets. Include copies of UCC financing statements and accountant's depreciation schedules.
- Expenses- Bills or statements for monthly recurring expenses of utilities, rent, insurance, property taxes, telephone and cell phone, insurance premiums, court orders requiring payments, other expenses.
- Other- credit card statements, profit and loss statements, all loan payoffs, etc.
- Copy of the last income tax return filed.

Additional information or proof may be subsequently requested.

FINANCIAL ANALYSIS OF COLLECTION POTENTIAL FOR BUSINESSES

(DOR USE ONLY)

Cash Available (Lines 15, 16d, 18f, 19c, and 20c)	Total Cash	\$
Distrainable Asset Summary (Lines 21g, 22g, and 23g)	Total Cash	\$
Monthly Income Minus Expenses (Line 35 Minus Line 48)	Total Cash	\$