

## Collection Information Statement for Businesses

**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 question.

**Section 1: Business Information**

<p><b>1a</b> Business Name _____</p> <p><b>1b</b> Business Street Address _____          Mailing Address _____          City _____          State _____ ZIP _____</p> <p><b>1c</b> County _____</p> <p><b>1d</b> Business Telephone (_____) _____</p> <p><b>1e</b> Type of Business _____</p> <p><b>1f</b> Business Website _____</p>	<p><b>2a</b> Employer Identification No. (EIN) _____</p> <p><b>2b</b> Type of Entity (Check appropriate box below)  <input type="checkbox"/> Partnership    <input type="checkbox"/> Corporation    <input type="checkbox"/> Other _____  <input type="checkbox"/> Limited Liability Company (LLC) classified as a corporation  <input type="checkbox"/> Other LLC – Include number of members _____</p> <p><b>2c</b> Date Incorporated/Established _____  <small style="float: right;">mmddyyyy</small></p> <p><b>3a</b> Number of Employees _____</p> <p><b>3b</b> Monthly Gross Payroll _____</p> <p><b>3c</b> Frequency of Tax Deposits _____</p> <p><b>3d</b> Is the business enrolled in Electronic Federal Tax Payment System (EFTPS)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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**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, Cty, State, ZIP code)	Payment Processor Account Number
<b>5a</b>	
<b>5b</b>	

**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, Cty, State, ZIP code)
<b>6a</b>		Phone _____
<b>6b</b>		Phone _____
<b>6c</b>		Phone _____

**Section 2: Business Personnel and Contacts**

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

<p><b>7a</b> Full Name _____          Title _____          Home Address _____          City _____ State _____ ZIP _____          Responsible for Depositing Payroll Taxes    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>7b</b> Full Name _____          Title _____          Home Address _____          City _____ State _____ ZIP _____          Responsible for Depositing Payroll Taxes    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>7c</b> Full Name _____          Title _____          Home Address _____          City _____ State _____ ZIP _____          Responsible for Depositing Payroll Taxes    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>7d</b> Full Name _____          Title _____          Home Address _____          City _____ State _____ ZIP _____          Responsible for Depositing Payroll Taxes    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Social Security Number _____          Home Telephone (_____) _____          Work/Cell Phone (_____) _____          Ownership Percentage &amp; Shares or Interest _____</p> <p>Social Security Number _____          Home Telephone (_____) _____          Work/Cell Phone (_____) _____          Ownership Percentage &amp; Shares or Interest _____</p> <p>Social Security Number _____          Home Telephone (_____) _____          Work/Cell Phone (_____) _____          Ownership Percentage &amp; Shares or Interest _____</p> <p>Social Security Number _____          Home Telephone (_____) _____          Work/Cell Phone (_____) _____          Ownership Percentage &amp; Shares or Interest _____</p>
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**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 (mmddyyyy)
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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 Amount of Suit \$	Location of Filing	Represented by	Docket/Case No.
	Possible Completion Date (mmddyyyy)	Subject of Suit	

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

Date Filed (mmddyyyy)	Date Dismissed or Discharged (mmddyyyy)	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 _____ mmddyyyy	Payment Date	Payment Amount
		\$		\$

**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	Date Transferred (mmddyyyy)	To Whom or Where Transferred
	\$		

**13 Does this business have other business 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
	\$	

**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 safe 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 _____ mmddyyyy
<b>16a</b>			\$
<b>16b</b>			\$
<b>16c</b>			\$

**16d Total Cash in Banks** (Add lines 16a 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 Government Contractor**  Yes  No (Include Federal Government contracts below)

Accounts/Notes Receivable & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mmddyyyy)	Invoice Number or Federal Government Contract Number	Amount Due
<b>18a</b>				
Contact Name: Phone:				\$
<b>18b</b>				
Contact Name: Phone:				\$
<b>18c</b>				
Contact Name: Phone:				\$
<b>18d</b>				
Contact Name: Phone:				\$
<b>18e</b>				
Contact Name: Phone:				\$
<b>18f Outstanding Balance</b> (Add lines 18a through 18e 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
<b>19a</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone:		\$	\$	\$
<b>19b</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone:		\$	\$	\$
<b>19c Total Investments</b> (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	Credit Limit	Amount Owed As of _____ mmddyyyy	Available Credit As of _____ mmddyyyy
<b>20a</b>			
Account No.	\$	\$	\$
<b>20b</b>			
Account No.	\$	\$	\$
<b>20c Total Credit Available</b> (Add lines 20a, 20b, and amounts from any attachments)			\$

**Real Property.** Include all real property and land contracts the business owns/leases/rents.

		Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	<b>Equity</b> FMV Minus Loan
<b>21a</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County				Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
<b>21b</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County				Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
<b>21c</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County				Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
<b>21d</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County				Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
<b>21e Total Equity</b> (Add lines 21a through 21d and amounts from any attachments)							\$

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

		Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	<b>Equity</b> FMV Minus Loan
<b>22a</b>	Year	Mileage	\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
<b>22b</b>	Year	Mileage	\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
<b>22c</b>	Year	Mileage	\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
<b>22d</b>	Year	Mileage	\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
<b>22e Total Equity</b> (Add lines 22a through 22d and amounts from any attachments)							\$

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

	Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>23a</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
<b>23b</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
<b>23c</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
<b>23d</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			

**23e Total Equity** (Add lines 23a through 23d and amounts from any attachments) \$

**Business Liabilities.** Include notes and judgments below.

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

**24d Total Payments** (Add lines 24a through 24c and amounts from any attachments) \$

**Section 5: Monthly Income/Expense Statement for Business**

Accounting Method Used:  Cash  Accrual

Income and Expenses during the period (mmddyyyy) to (mmddyyyy)

Total Monthly Business Income		Total Monthly Business Expenses	
Source	Gross Monthly	Expense Items	Actual Monthly
<b>25</b> Gross Receipts from Sales/Services	\$	<b>36</b> Materials Purchased <sup>1</sup>	\$
<b>26</b> Gross Rental Income	\$	<b>37</b> Inventory Purchased <sup>2</sup>	\$
<b>27</b> Interest Income	\$	<b>38</b> Gross Wages & Salaries	\$
<b>28</b> Dividends	\$	<b>39</b> Rent	\$
<b>29</b> Cash	\$	<b>40</b> Supplies <sup>3</sup>	\$
Other Income (Specify below)		<b>41</b> Utilities/Telephone <sup>4</sup>	\$
<b>30</b>	\$	<b>42</b> Vehicle Gasoline/Oil	\$
<b>31</b>	\$	<b>43</b> Repairs & Maintenance	\$
<b>32</b>	\$	<b>44</b> Insurance	\$
<b>33</b>	\$	<b>45</b> Current Taxes <sup>5</sup>	\$
<b>34</b>	\$	<b>46</b> Other Expenses (Specify)	\$
<b>35</b> <b>Total Income</b> (Add lines 25 through 34)	\$	<b>47</b> IRS Use Only Allowable Installment Payments	\$
		<b>48</b> <b>Total Expenses</b> (Add lines 36 through 47)	\$

- 1 Materials Purchased:** Materials are items directly related to the production of a product or service.
- 2 Inventory Purchased:** Goods bought for resale.
- 3 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, etc.

- 4 Utilities/Telephone:** Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone and cell phone.
- 5 Current Taxes:** Real estate, state, and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of 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

**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; Form 1120, 1120S, 1065, 1040, 990, etc.

Additional information or proof may be subsequently requested.

FINANCIAL ANALYSIS OF COLLECTION POTENTIAL FOR BUSINESSES		(IRS USE ONLY)
Cash Available (Lines 15, 16d, 18f, 19c, and 20c)	Total Cash	\$
Distainable Asset Summary (Lines 21e, 22e, and 23e)	Total Equity	\$
Monthly Income Minus Expenses (Line 35 Minus Line 48)	Monthly Available Cash	\$

**Privacy Act:** The information requested on this Form is covered under Privacy Acts and Paperwork Reduction Notices which have already been provided to the taxpayer.