

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

1a Business Name _____ _____ 1b Business Street Address _____ Mailing Address _____ City _____ State _____ ZIP _____ 1c County _____ 1d Business Telephone (_____) _____ 1e Type of Business _____ 1f Business Website _____	2a Employer Identification No. (EIN) _____ 2b 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 _____ 2c Date Incorporated/Established _____ mmddyyyy 3a Number of Employees _____ 3b Monthly Gross Payroll _____ 3c Frequency of Tax Deposits _____ 3d Is the business enrolled in Electronic Federal Tax Payment System (EFTPS) <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Does the business engage in e-Commerce (Internet sales) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Payment Processor (e.g., PayPal, Authorize.net, Google Checkout, etc.), Name and Address (Street, Cty, 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, Cty, 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 Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number _____ ____ ____ Home Telephone (_____) _____ Work/Cell Phone (_____) _____ Ownership Percentage & Shares or Interest _____
7b Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number _____ ____ ____ Home Telephone (_____) _____ Work/Cell Phone (_____) _____ Ownership Percentage & Shares or Interest _____
7c Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number _____ ____ ____ Home Telephone (_____) _____ Work/Cell Phone (_____) _____ Ownership Percentage & Shares or Interest _____
7d Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	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 (mmddyy)
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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 (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 \$
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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	Date Transferred (mmddyyyy)	To Whom or Where Transferred
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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
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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 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
16a			\$
16b			\$
16c			\$

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
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 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
19a	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone:		\$	\$	\$
19b	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone:		\$	\$	\$
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	Credit Limit	Amount Owed As of _____ mmddyyyy	Available Credit As of _____ mmddyyyy
20a			
Account No.	\$	\$	\$
20b			
Account No.	\$	\$	\$
20c Total Credit Available (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)	Equity FMV Minus Loa
21a	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County				Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
21b	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County				Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
21c	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County				Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
21d	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County				Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
21e Total Equity (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)	Equity FMV Minus Loa
22a	Year Mileage		\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
22b	Year Mileage		\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
22c	Year Mileage		\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
22d	Year Mileage		\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
22e Total Equity (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
23a 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			
23b 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			
23c 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			
23d 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
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 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		
25	Gross Receipts from Sales/Services	\$	36	Materials Purchased ¹	\$
26	Gross Rental Income	\$	37	Inventory Purchased ²	\$
27	Interest Income	\$	38	Gross Wages & Salaries	\$
28	Dividends	\$	39	Rent	\$
29	Cash	\$	40	Supplies ³	\$
	Other Income (Specify below)		41	Utilities/Telephone ⁴	\$
30		\$	42	Vehicle Gasoline/Oil	\$
31		\$	43	Repairs & Maintenance	\$
32		\$	44	Insurance	\$
33		\$	45	Current Taxes ⁵	\$
34		\$	46	Other Expenses (Specify)	\$
35	Total Income (Add lines 25 through 34)	\$	47	IRS Use Only Allowable Installment Payments	\$
			48	Total Expenses (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.