

COLLECTION INFORMATION STATEMENT FOR BUSINESSES

Complete all entry spaces with the most current data available
Write "N/A" (not applicable) in spaces that do not apply.

(Revised 11/02)

Section 1

Business Information

Business Name _____ Contact Name _____
Title _____
Business St. Address _____ Business Telephone () _____
Extension _____
City _____ State _____ Zip _____ Best Time To Call _____

Business Telephone Number () _____ Contact Name _____
Employer Identification Number _____ Contact Home Telephone _____
Best Time To Call _____

Type of Entity (Check Appropriate Box)
() Partnership () Corporation () Other _____

Type Business _____

Section 2

PERSON RESPONSIBLE FOR DEPOSITING PAYROLL TAXES

Business Personnel and Contacts

Full Name _____ Social Security Number ____/____/____
Home St. Address _____ Home Telephone No. () _____
City _____ State _____ Zip _____ Title _____

PERSON RESPONSIBLE FOR REMITTANCE OF SALES TAXES

Full Name _____ Social Security Number ____/____/____
Home St. Address _____ Home Telephone No. () _____
City _____ State _____ Zip _____ Title _____

PARTNERS, OFFICERS, ETC.

Full Name _____ Social Security Number ____/____/____
Home St. Address _____ Home Telephone No. () _____
City _____ State _____ Zip _____ Title _____

PARTNERS, OFFICERS, ETC.

Full Name _____ Social Security Number ____/____/____
Home St. Address _____ Home Telephone No. () _____
City _____ State _____ Zip _____ Title _____

PARTNERS, OFFICERS, ETC.

Full Name _____ Social Security Number ____/____/____
Home St. Address _____ Home Telephone No. () _____
City _____ State _____ Zip _____ Title _____

PARTNERS, OFFICERS, ETC.

Full Name _____ Social Security Number ____/____/____
Home St. Address _____ Home Telephone No. () _____
City _____ State _____ Zip _____ Title _____

Section 3 OTHER FINANCIAL INFORMATION

Other Financial Information

Does this business have other business relationships (e.g. subsidiary or parent, corp., partnership, etc.)? () No () Yes
 If yes, list related EIN _____ Additional EIN _____

Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan from the business? () No () Yes
 If yes, amount of loan \$ _____ Date of Loan _____ Current Balance \$ _____

Are there any judgments or liens against your business? () No () Yes
 If yes, who is creditor _____ Date of judgment/lien _____ Amount of debt \$ _____

Is your business a party in a lawsuit? () No () Yes
 If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____

Has your business ever filed bankruptcy? () No () Yes
 If yes, date filed _____ Date discharged _____ Petition No. _____

Section 4

Business Assets

PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS: Include boats, RV's motorcycles, trailers, etc.
 (If you need additional space, attach a separate sheet.)

Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
Year _____ Make/Model _____ Mileage _____ \$ _____			_____	_____	\$ _____

Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
Year _____ Make/Model _____ Mileage _____ \$ _____		\$ _____	_____	_____	\$ _____

Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
Year _____ Make/Model _____ Mileage _____ \$ _____		\$ _____	_____	_____	\$ _____

LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's motorcycles, trailers, etc.
 (If you need additional space, attach a separate sheet.)

Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
Year _____ Make/Model _____ Mileage _____ \$ _____		\$ _____	_____	_____	\$ _____

Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
Year _____ Make/Model _____ Mileage _____ \$ _____		\$ _____	_____	_____	\$ _____

Section 4 REAL ESTATE. List all real estate you owned by business. (If you need additional space, attach a separate sheet.)

Continued

Street Address, City, State, Zip and County	Date Purchased	Purchase Price	Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	Date of Final Payment
_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____

Section 4 BUSINESS ASSETS. List all business assets and encumbrances below.

Continued

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	Date of Final Payment
Tools used in Trade/Business	\$ _____	\$ _____	_____	\$ _____	_____
Other:					
Machinery	\$ _____	\$ _____	_____	\$ _____	_____
Equipment	\$ _____	\$ _____	_____	\$ _____	_____
	\$ _____	\$ _____	_____	\$ _____	_____
	\$ _____	\$ _____	_____	\$ _____	_____
	\$ _____	\$ _____	_____	\$ _____	_____
	\$ _____	\$ _____	_____	\$ _____	_____

Section 5 INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options and certificates of deposits.

Investment, Banking and Cash Information

Name of Company	Number of Shares/Units	Current Value	Loan Amount	Used as collateral on loan
_____	_____	\$ _____	\$ _____	() No () Yes
_____	_____	\$ _____	\$ _____	() No () Yes
_____	_____	\$ _____	\$ _____	() No () Yes
Total Investments				\$ _____

Section 5 BANK ACCOUNTS. List all checking and savings accounts. (If you need additional space, attach a separate sheet.)

Continued

Type of Account	Full Name of Bank or Financial Institution	Bank Account No.	Current Account Balance
Checking	Name _____ St. Address _____ City/State/Zip _____	_____	\$ _____
Checking	Name _____ St. Address _____ City/State/Zip _____	_____	\$ _____
Savings	Name _____ St. Address _____ City/State/Zip _____	_____	\$ _____
	Name _____ St. Address _____ City/State/Zip _____	_____	\$ _____
	Name _____ St. Address _____ City/State/Zip _____	_____	\$ _____
Total Bank Account Balances			\$ _____

Section 5

CASH ON HAND. Include any money that you have that is not in the bank.

Continued

Total Cash on Hand	\$ _____
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AVAILABLE CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
Name _____ Street Address _____ City/State/Zip _____	\$ _____	\$ _____	\$ _____
Name _____ Street Address _____ City/State/Zip _____	\$ _____	\$ _____	\$ _____
Total Credit Available			\$ _____

Section 6	Total Income Source	Gross Monthly	Total Expenses Description	Actual Monthly
Monthly Income and	Gross Receipts	\$ _____	Materials Purchased	\$ _____
Expense	Gross Rental Income	_____	Inventory Purchased	_____
	Interest	_____	Gross Wages & Salaries	_____
	Dividends	_____	Rent	_____
	Other Income (Specify)	_____	Supplies	_____
	_____	_____	Utilities/Telephone	_____
	_____	_____	Vehicle Gasoline & Oil	_____
	_____	_____	Repairs/Maintenance	_____
	_____	_____	Insurance	_____
	_____	_____	Taxes	_____
			Other Expenses (Include installment payments, specify)	
			_____	_____
			_____	_____
			_____	_____
			_____	_____
	Total Income	\$ _____	Total Expenses	\$ _____
	Total Income less Expenses:		\$ _____	

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.

Print Name

Title

Your Signature

Date