

## 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

<b>1a</b> Business Name _____  <b>1b</b> Business Street Address _____  Mailing Address _____ City _____ State _____ ZIP _____  <b>1c</b> County _____  <b>1d</b> Business Telephone _____ <b>1e</b> Type of Business _____  <b>1f</b> Business Website (web address) _____	<b>2a</b> Employer Identification No. (EIN) _____ <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 _____ <b>2c</b> Date Incorporated/Established _____ <span style="float: right;">mmddyyy</span>  <b>3a</b> Number of Employees _____ <b>3b</b> Monthly Gross Payroll _____ <b>3c</b> Frequency of Tax Deposits _____ <b>3d</b> 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) If yes, complete 5a and 5b.  Yes     No

<b>PAYMENT PROCESSOR</b> (e.g., PayPal, Authorize.net, Google Checkout, etc.) Name and Address (Street, City, 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	Issuing Bank Name and Address (Street, City, 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.

<b>7a</b> 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 _____ Annual Salary/Draw _____
<b>7b</b> 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 _____ Annual Salary/Draw _____
<b>7c</b> 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 _____ Annual Salary/Draw _____
<b>7d</b> 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 _____ Annual Salary/Draw _____

**Section 3: Other Financial Information (Attach copies of all applicable documents)**

**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)
--	----------------------------

**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 (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No.	District of Filing
-----------------------	---------------------------	----------------------------	--------------	--------------------

**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:
---	-----------------------

**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
------------------------------------	--	--------------------------------

**15 Is the business a Federal Government Contractor (Include Federal Government contracts in #18, Accounts/Notes Receivable)**  Yes  No

**Section 4: Business Asset and Liability Information**

<b>16a CASH ON HAND</b> Include cash that is not in the bank	<b>Total Cash on Hand</b> \$
--	------------------------------

<b>16b Is there a safe on the business premises</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Contents
--	----------

**BUSINESS BANK ACCOUNTS** Include online and mobile accounts (e.g., PayPal), 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, box number and value of contents. Attach list of 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>17a</b>			\$
<b>17b</b>			\$
<b>17c</b>			\$
<b>17d Total Cash in Banks</b> (Add lines 17a through 17c 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). **Include Federal, state and local government grants and contracts.**

Name & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mmddyyyy)	Invoice Number or Government Grant or 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, certificates of deposit and commodities (e.g., gold, silver, copper, etc.).

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)	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				
			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				
			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				
			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				
			Phone				

**21e Total Equity** (Add lines 21a through 21d and amounts from any attachments) \$

**VEHICLES, LEASED AND PURCHASED** Include boats, RVs, motorcycles, all-terrain and off-road vehicles, 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	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22b</b>	Year	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22c</b>	Year	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22d</b>	Year	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					

**22e Total Equity** (Add lines 22a through 22d and amounts from any attachments) \$

**BUSINESS EQUIPMENT AND INTANGIBLE ASSETS** Include all machinery, equipment, merchandise inventory, and other assets in 23a through 23d. List intangible assets in 23e through 23g (*licenses, patents, logos, domain names, trademarks, copyrights, software, mining claims, goodwill and trade secrets.*)

	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			
			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			
			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			
			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			
			Phone			
<b>23e</b> Intangible Asset Description						\$
<b>23f</b> Intangible Asset Description						\$
<b>23g</b> Intangible Asset Description						\$

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

**BUSINESS LIABILITIES** Include notes and judgements not listed previously on this form.

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 _____		Phone _____			
Street Address _____					
City/State/ZIP code _____					
<b>24b</b> Description:	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____		Phone _____			
Street Address _____					
City/State/ZIP code _____					

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

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

**Accounting Method Used:**  Cash  Accrual

Use the prior 3, 6, 9 or 12 month period to determine your typical business income and expenses.

**Income and Expenses during the period** (mmddyyyy) \_\_\_\_\_ to (mmddyyyy) \_\_\_\_\_

Provide a breakdown below of your average monthly income and expenses, based on the period of time used above.

Total Monthly Business Income		Total Monthly Business Expenses	
Income 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 Receipts (Not included in lines 25-28)	\$	<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 Total Income</b> (Add lines 25 through 34)	\$ 0	<b>47</b> IRS Use Only-Allowable Installment Payments	\$
		<b>48 Total Expenses</b> (Add lines 36 through 47)	\$
		<b>49 Net Income</b> (Line 35 minus Line 48)	\$

**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, cell phone and business internet.

**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

After we review the completed Form 433-B, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, profit and loss statements, bank and investment statements, loan statements, financing statements, bills or statements for recurring expenses, etc.

IRS USE ONLY (Notes)