

Collection Information Statement for Individuals

Note: Complete all blocks, except shaded areas. Write "N/A" (not applicable) in those blocks that do not apply.

1. Taxpayers' names and address (including County) # of years at this address <input type="checkbox"/> Own <input type="checkbox"/> Rent	2a. Home phone number 2b. Cell phone number 2c. Business phone number	3a. Taxpayer's social security number 3b. Spouse's social security number 4a. Taxpayer's date of birth 4b. Spouse's date of birth
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Section 1. Personal Information

5. Do you have a power of attorney for tax matters? If yes, please attach a copy. <input type="checkbox"/> yes <input type="checkbox"/> no	Marital Status: <input type="checkbox"/> married <input type="checkbox"/> unmarried (single, divorced, widowed)
6. Age and relationship of dependents (exclude yourself and spouse) living in your household.	

Section 2. Employment Information

7. Taxpayer's employer or business (name and address)	7a. How long employed 7b. Number of exemptions claimed on Form NC-4	7c. Occupation 7d. Paydays	7e. (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner/Member
8. Spouse's employer or business (name and address) Business phone #	8a. How long employed 8b. Number of exemptions claimed on Form NC-4	8c. Occupation 8d. Paydays	8e. (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner/Member
9. Latest filed income tax return (tax year)	10. Number of exemptions claimed	11. Adjusted Gross Income	

Section 3. Liquid Assets

12. Cash on hand

13. Bank accounts (Include Savings & Loans, Credit Unions, Certificates of Deposit, etc.)

Name of Institution	Address	Type of Account	Account No.	3 month average ending balance
13a.				
13b.				
13c.				
13d.				
13e. Total				

14. Investment Accounts

Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, and 401(k) plans. Include all corporations, partnerships, limited liability companies or other business entities in which the individual is an officer, director, owner, member, or otherwise has a financial interest.

Type of Investment or Financial Interest	Full Name & Address(City, State, Zip Code) of Company	Current Market Value	Loan Balance (if applicable) As of mm/dd/yyyy	Equity Value Minus Loan
14a.				
14b.				
14c.				

14d. **Total Equity** (Add lines 14a through 14c and amounts from any attachments)

15. Life Insurance (Name of Company)	Policy Number	Type	Face Amount	Available Cash Value
15a.				
15b.				
15c. Total				

Section 4

Real Property

16. **Real property owned, rented, and leased.** Include all real property and land contracts. (For personal and business use if sole proprietor)

16a. Primary Residence

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

16b. Property Description

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

16c. Total County Tax Value

16d. Total Current Loan Balance

16e. Net Equity

Attach additional sheets as needed

Section 5.

Licensed Assets/Vehicles

17. **Vehicles Purchased** Include boats, RVs, motorcycles, trailers, etc. (For personal and business use if sole proprietor)

17a. Description (Make, Model, Year, Mileage)	Purchase Date (mm/dd/yy)	NADA Value	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity NADA minus loan
Make Model Year Mileage			Lender/Lessor Name, Address, (Street, Address, State, ZIP code)			
17b. Description (Make, Model, Year, Mileage)			Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity NADA minus loan
Make Model Year Mileage			Lender/Lessor Name, Address, (Street, Address, State, ZIP code)			

17c. Total Current NADA Value

17d. Total Current Loan Balance

17e. Net Equity

17f. **Vehicles Leased** Include boats, RVs, motorcycles, trailers, etc. (For personal and business use if sole proprietor)

17g. Description (Make, Model, Year, Mileage)	Lease Date (mm/dd/yy)	NADA Value	Amount of Monthly Payment	Date of Final Payment
Make Model Year Mileage				Lender/Lessor Name, Address, (Street, Address, State, ZIP code)

Section 6.

Judgments & Secured Liens (other secured debts)

18. Other Liabilities (Include judgments and any secured debt)

Description	Liabilities Balance Due	Amount of Monthly Payment	Name and Address of Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment
18a. IRS					
18b.					
18c.					

18d.

Total Liabilities

Balance Due

Section 7.

Other Financial Information

19. Other information relating to your financial condition. If you check the yes box, please give dates and explain under remarks.

a. Court proceedings Yes No

Remarks:

b. Bankruptcies Yes No

Remarks:

c. Repossessions Yes No

Remarks:

d. Recent transfer of assets for less than full value Yes No

Remarks:

e. Anticipated increase in income Yes No

Remarks:

f. Participant or beneficiary to trust, estate, profit sharing, etc. Yes No

Remarks:

g. Do you receive government assistance based on disability and/or financial need? Yes No

Remarks:

h. Are all required state tax returns filed? Yes No

Remarks:

20. Number in Household

21. # Cars

22. # Car Loans

23. County

Section 8.

Monthly Income and Expense Analysis

INCOME

Source	Net
24. Wages/ Salaries (Taxpayer) * Attach copy of last 2 months pay stubs	
25. Wages/Salaries (Spouse) * Attach copy of last 2 months pay stubs	
26. Rent paid to taxpayer	
27. Other members of household	
28. Pension(s)	
29. Social Security	
30. Profit from Business	
31. Commissions	
32. Other Income	
33. Total Income	

NECESSARY LIVING EXPENSES

Source	Amount	Source	Amount
34. Housing & Utilities		41. IRS Tax Payments	
35. Food, Clothing & other items		42. Miscellaneous Payments	
36. Vehicle operating costs		A. Child Support	
37. Public Transportation Costs		B. Alimony	
38. Vehicle loans		C. Daycare	
39. Health/Life Insurance		D. Estimated tax	
40. Medical		E. Court-ordered payments	
		43. Total Expenses	
Calculated Disposable Income (total income less total expenses)			

Expenses not generally allowed: We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar 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.

Your signature	Spouse's signature (if joint return was filed)	Date
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Attachments Required for Wage Earners and Self-Employed Individuals:

Copies of the following items for the time periods indicated from the date this form is submitted. (check all the attached items)

- Income- Two months earnings statements, pay stubs, etc. from each employer, pension/social security/other income, self employment income(commissions, invoices, sales, records, etc. and business financial statement if self-employed.)
- Banks, Investments, and Life Insurance - Three months statements for all money market, brokerage, checking and savings accounts, certificates of deposit, IRA, stocks/bonds, and life insurance policies with a cash value.
- Assets - Statements from lenders on loans, monthly payments, payoffs, and balances for all personal and business assets. Include copies of UCC financing statements and accountant's depreciation schedules.
- Expenses - Bills or statements for monthly life/health insurance premiums, court orders requiring payments (child support, alimony, etc.)
- Other - profit and loss statements, all loan payoffs, etc.
- A copy of last year's Form 1040 with all attachments. Include all Schedules K-1 from Form 1120S or Form 1065, as applicable.

Sections 9 and 10 must be completed only if the taxpayer is SELF-EMPLOYED

Section 9 . Business Information

44. Is the business a sole proprietorship (filing Schedule C) Yes, Continue with Sections 9 and 10. No, Complete Business Financial Statement
 All other business entities, including limited liability companies, partnerships or corporations, must complete business financial statement.

45. Business Name	46. Employer Identification Number	47. Type of Business Federal or State Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No
48. Business Website	49. Total Number of Employees	50a. Average Gross Monthly Payroll 50b. Frequency of Tax Deposits

51. Does business engage in e-Commerce (Internet sales) Yes No

52a. Payment Processor (e.g., PayPal, Authorize.net, Google Checkout, etc.) Name and Address (Street, City, State, Zip code)	Payment Processor Account Number
52b.	

Credit Cards Accepted by the Business

Credit Card	Merchant Account Number	Merchant Account Provider, Name & Address (Street, City, State, ZIP code)
53a.		
53b.		
53c.		

54. **Business Cash on Hand.** Include cash that is not in a bank **Total Cash on Hand** \$

Business Bank Accounts. Include checking accounts, online bank accounts, money market accounts, savings accounts, and stored value cards (e.g. payroll cards, government benefit cards, etc.) Report Personal Accounts in Section 3.

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution.	Account Number	Account Balance As of _____ mm/dd/yyyy
55a.			\$
55b.			\$

55c. **Total Cash in Banks** (Add lines 55a, 55b, 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 and State Government Contracts.**

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
56a.				\$
56b.				\$
56c.				\$
56d.				\$

56e. **Total Outstanding Balance** (Add lines 56a through 56d and amounts from any attachments) \$

Business Assets. Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include Uniform Commercial Code (UCC) filings. Include Vehicles and Real Property owned/leased/rented by the business, if not shown in Section 8.

	Purchase/Lease/Rental Date (mm/dd/yyyy)	County	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity CTV Minus Loan
		Tax Value (CTV)				
57a. Property Description						\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
57b. Property Description						\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
57c. Total County Tax Value		57d. Total Current Loan Balance		57e. Net Equity		

Section 10 must be completed only if the taxpayer is SELF-EMPLOYED

Section 10. Sole Proprietorship Information (lines 58 through 79 should reconcile with business Profit and Loss Statement)

Accounting Method Used: Cash Accrual

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

Total Monthly Business Income			
Source	Gross Monthly	Expense Items	Actual Monthly
58. Gross Receipts		68. Materials Purchased	
59. Gross Rental Income		69. Inventory Purchased	
60. Interest		70. Gross Wages & Salaries	
61. Dividends		71. Rent	
62. Cash		72. Supplies	
Other Income (Specify Below)		73. Utilities/Telephone	
63		74. Vehicle Gasoline/Oil	
64		75. Repairs & Maintenance	
65		76. Insurance	
66		77. Current Taxes	
67. Total Income		78. Other Expenses, including installment payments	
Add lines 58 through 66		79. Total Expenses (Add lines 68 through 78)	
		80. Net Business Income (line 67 minus 78)	

Enter the amount from line 80 on line 30, Section 8. If line 80 is a loss, enter "0" on line 30, Section 8.

Self-employed taxpayers must return to page 4 to sign the certification and include all applicable attachments.

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, etc.

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 employment taxes.

Net Business Income: Net profit from Form 1040, Schedule C may be used if duplicated deductions are eliminated (e.g., expenses for business use of home already included in housing and utility expenses on page 4). Deductions for depreciation and depletion on Schedule C are not cash expenses and must be added back to the net income figure. In addition, interest cannot be deducted if it is already included in any other installment payments allowed.

FINANCIAL ANALYSIS OF COLLECTION POTENTIAL FOR INDIVIDUAL WAGE EARNERS AND SELF-EMPLOYED INDIVIDUALS			(DOR USE ONLY)
Cash Available (Lines 12, 13e, 14d, 15c, 54, 55c, 56e)	Total Cash		\$
Drainable Asset Summary (Lines 16e, 17e, 57e)	Total Equity		\$
Monthly Total Positive Income minus Expenses (Line 33 minus Line 43)	Monthly Available Cash		\$