

**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 questions.**

**Section 1. Business Information**

<p>1a. Business name _____</p> <p>1b. Business Street Address _____ Mailing Address _____ City _____ State _____ ZIP _____</p> <p>1c. County _____</p> <p>1d. Business Telephone _____</p> <p>1e. Type of Business _____</p> <p>1f. Type of Website _____</p>	<p>2a. Employer Identification No. (EIN) _____</p> <p>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 _____</p> <p>2c. Date Incorporated/Established _____ mm/dd/yyyy</p> <p>3a. Number of Employees _____</p> <p>3b. Monthly Gross Payroll _____</p> <p>3c. Frequency of Tax Deposits _____</p> <p>4. Does the business engage in e-Commerce (internet sales)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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Payment Processor (e.g., PayPal, Authorize.net, Google Checkout, etc.), Name and Address (Street, City, 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, City, State, ZIP code)
6a. _____	_____	_____ _____ _____ Phone _____
6b. _____	_____	_____ _____ _____ Phone _____
6c. _____	_____	_____ _____ _____ Phone _____

**Section 2. Business Personnel and Contacts**

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

<p>7a. Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Taxes    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>7b. Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Taxes    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>7c. Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Taxes    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>7d. Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing 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 (mm/dd/yyyy) _____
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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  numeric characters	Possible Completion Date (mm/dd/yyyy) _____	Subject of Suit _____	

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

Date Filed (mm/dd/yyyy) _____	Date Dismissed or Discharged (mm/dd/yyyy) _____	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 _____ \$ _____	Payment Date _____	Payment Amt. \$ _____
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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 \$ _____	Petition No. _____	Location _____
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13. Does this business have other 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 safety 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 _____ mm/dd/yyyy
16a. _____ _____	_____ _____ _____	_____ _____	\$ _____
16b. _____ _____	_____ _____ _____	_____ _____	\$ _____
16c. _____ _____	_____ _____ _____	_____ _____	\$ _____
16d. Total Cash in Banks (Add lines 16 a 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 or State Government Contractor**  Yes  No (Include Federal or State Government contracts below)

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
18a. _____ _____ _____ Contact Name: _____ Phone: _____	_____ _____ _____	_____	_____	\$ _____
18b. _____ _____ _____ Contact Name: _____ Phone: _____	_____ _____ _____	_____	_____	\$ _____
18c. _____ _____ _____ Contact Name: _____ Phone: _____	_____ _____ _____	_____	_____	\$ _____
18d. _____ _____ _____ Contact Name: _____ Phone: _____	_____ _____ _____	_____	_____	\$ _____
18e. _____ _____ _____ Contact Name: _____ Phone: _____	_____ _____ _____	_____	_____	\$ _____
<b>18f. Outstanding Balance</b> (Add lines 18a through 18 e 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. _____ _____ _____ Phone: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
19b. _____ _____ _____ Phone: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
<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

Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of _____ mm/dd/yyyy	Available Credit As of _____ mm/dd/yyyy
20a. _____ _____ _____ Account No. _____	\$ _____	\$ _____	\$ _____
20b. _____ _____ _____ Account No. _____	\$ _____	\$ _____	\$ _____
<b>20c. Total Available Credit</b> (Add lines 20a, 20b, and amounts from any attachments)			\$ _____

**21. Real property owned, rented, and leased.** Include all real property and land contracts.

**21a. Primary Residence**

Purchase/Lease Date (mm/dd/yyyy)	County Tax Value	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity FMV Minus Loan
	\$	\$	\$	\$		
Location (Street, City, State, ZIP code) _____ _____ _____			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) _____ _____ _____			
Property County _____ First Mortgage Holder _____			Landlord/Lessor Phone Number _____ Second Mortgage Home Equity Line _____			

**21b. Property Description** Should be able to enter alpha and numeric characters on the line provided for the property description field.

Purchase/Lease Date (mm/dd/yyyy)	County Tax Value	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity FMV Minus Loan
	\$	\$	\$	\$		
Location (Street, City, State, ZIP code) _____ _____ _____			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) _____ _____ _____			
Property County _____			Landlord/Lessor Phone Number _____			

**21c. Property Description**

Purchase/Lease Date (mm/dd/yyyy)	County Tax Value	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity FMV Minus Loan
	\$	\$	\$	\$		
Location (Street, City, State, ZIP code) _____ _____ _____			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) _____ _____ _____			
Property County _____			Landlord/Lessor Phone Number _____			

**21d. Property Description**

Purchase/Lease Date (mm/dd/yyyy)	County Tax Value	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity FMV Minus Loan
	\$	\$	\$	\$		
Location (Street, City, State, ZIP code) _____ _____ _____			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) _____ _____ _____			
Property County _____			Landlord/Lessor Phone Number _____			

**21e. Total Fair Market Value**

**21f. Total Current Loan Balance**

**21g. Net Equity**

**Attach additional sheets as needed**

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

22a. Description (Make, Model, Year, Mileage)	Purchase/Lease Date (mm/dd/yy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity FMV minus loan
Make                      Model                      Year                      Mileage				Lender/Lessor Name, Address, (Street, Address, State, ZIP code)		
22b. Description (Make, Model, Year, Mileage)	Purchase/Lease Date (mm/dd/yy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity FMV minus loan
Make                      Model                      Year                      Mileage				Lender/Lessor Name, Address, (Street, Address, State, ZIP code)		
22c. Description (Make, Model, Year, Mileage)	Purchase/Lease Date (mm/dd/yy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity FMV minus loan
Make                      Model                      Year                      Mileage				Lender/Lessor Name, Address, (Street, Address, State, ZIP code)		
22d. Description (Make, Model, Year, Mileage)	Purchase/Lease Date (mm/dd/yy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity FMV minus loan
Make                      Model                      Year                      Mileage				Lender/Lessor Name, Address, (Street, Address, State, ZIP code)		

<b>22e. Total Fair Market Value</b>	<b>22f. Total Current Loan Balance</b>	<b>22g. Net Equity</b>

**Business Equipment.** Include all machinery, equipment, merchandise inventory, and/or other assets.

Include Uniform Commercial Code (UCC) filings.

Asset Description	Purchase/Lease Date (mm/dd/yyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity FMV Minus Loan
23a. Asset Description		\$	\$	\$		
Location (Street, City, State, ZIP code) and County			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
23b. Asset Description		\$	\$	\$		
Location (Street, City, State, ZIP code) and County			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
23c. Asset Description		\$	\$	\$		
Location (Street, City, State, ZIP code) and County			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
23d. Asset Description		\$	\$	\$		
Location (Street, City, State, ZIP code) and County			Lender/Lesser/Landlord Name, Address (Street, City, State, ZIP code) and Phone			

<b>23e. Total Fair Market Value</b>	<b>23f. Total Current Loan Balance</b>	<b>23g. Net Equity</b>

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

Business Liabilities	Secured/ Unsecured	Date Pledged (mm/dd/yyyy)	Balance Owed	Date of Final Payment (mm/dd/yyyy)	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: _____					
<b>24d. Total Balance Owed</b>	\$			<b>24e. Total Payments</b>	\$

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

Accounting Method Used:  Cash  Accrual

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

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

**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.

**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 the 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.

<b>Signature</b>	<b>Title</b>	<b>Date</b>
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**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.

Additional information or proof may be subsequently requested.

**FINANCIAL ANALYSIS OF COLLECTION POTENTIAL FOR BUSINESSES**

**(DOR USE ONLY)**

Cash Available (Lines 15, 16d, 18f, 19c, and 20c)	Total Cash	\$
Distrainable Asset Summary (Lines 21g, 22g, and 23g)	Total Cash	\$
Monthly Income Minus Expenses (Line 35 Minus Line 48)	Total Cash	\$