

Collection Information Statement for Businesses

(If you need additional space, please attach a separate sheet)

1. Name and address of business County _____	2. Business phone number () _____	3. (Check appropriate box) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation _____
4. Name and title of person being interviewed	5. Employer Identification Number	6. Type of business

7. Information about owner, partners, officers, major shareholder, etc.

Name and Title	Effective Date	Home Address	Phone Number	Social Security Number	Total Shares or Interest

Section I. General Financial Information

8. Latest filed income tax return	Form	Tax Year ended	Net income before taxes
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9. Bank accounts (List all types of accounts including payroll and general, savings, certificates of deposit, etc.)

Name of Institution	Address	Type of Account	Account Number	Balance
Total (Enter in Item 17)				▶

10. Bank credit available (Lines of credit, etc.)

Name of Institution	Address	Credit Limit	Amount Owed	Credit Available	Monthly Payments
Totals (Enter in Items 24 or 25 as appropriate)					▶

11. Location, box number, and contents of all safe deposit boxes rented or accessed

Section II.

Asset and Liability Analysis

Description (a)	Cur. Mkt. Value (b)	Liabilities Bal. Due (c)	Equity in Asset (d)	Amt. Of Mo. Pymt (e)	Name and Address of Lien / Note Holder / Obligee (f)	Date Pledged (g)	Date of Final Pymt. (h)
16. Cash on hand							
17. Bank accounts							
18. Accounts / Notes receivable							
19. Life insurance loan value							
20. Real property (from Item 12)	a.						
	b.						
	c.						
	d.						
21. Vehicles (Model, year, and license)	a.						
	b.						
	c.						
22. Machin- ery and equip- ment (specify)	a.						
	b.						
	c.						
23. Mer- chandise inventory (specify)	a.						
	b.						
24. Other Assets (specify)	a.						
	b.						
25. Other liabili- ties (Include notes and judg- ments)	a.						
	b.						
	c.						
	d.						
	e.						
	f.						
	g.						
	h.						
26. State taxes owed							
27. Total							

Section III. Income and Expense Analysis

The following information applies to income and expense during the period _____ to _____ Accounting method used _____

Income		Expenses	
28. Gross receipts from sales, services, etc.	\$	34. Materials purchased	\$
29. Gross rental income		35. Net wages and salaries Number of Employees _____	
30. Interest		36. Rent	
31. Dividends		37. Allowable installment payments (NCDR use only)	
32. Other income (Specify)		38. Supplies	
		39. Utilities / Telephone	
		40. Gasoline / Oil	
		41. Repairs and maintenance	
		42. Insurance	
		43. Current taxes	
		44. Other (Specify)	
33. Total ▶	\$	45. Total (NCDR use only) ▶	\$
		46. Net difference (NCDR use only) ▶	\$

Under the 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.

Certification

47. Signature _____ 48. Date _____

N.C. Department of Revenue Use Only Below This Line

Financial Verification / Analysis

Item	Date Information or Encumbrance Verified	Date Property Inspected	Estimated Equity
Sources of Income/Credit (D&B Report)			
Expenses			
Real Property			
Vehicles			
Machinery and Equipment			
Merchandise			
Accounts/Notes Receivable			
Corporate Information, if Applicable			
U.C.C. : Senior/Junior Lienholder			
Other Assets/Liabilities:			

Explain difference between Item 46 (or P&L) and installment agreement amount: (If Form RO-1063 is not used)

Name of Originator _____ Date _____