

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	7c. Occupation	7e. (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner/Member
	7b. Number of exemptions claimed on Form NC-4	7d. Paydays	
8. Spouse's employer or business (name and address)	8a. How long employed	8c. Occupation	8e. (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner/Member
	8b. Number of exemptions claimed on Form NC-4	8d. Paydays	
Business phone #			
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	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity FMV 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	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment	Equity FMV 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 Fair Market 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)	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)			

17b. Description (Make, Model, Year, Mileage)	Purchase 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)			

17c. Description (Make, Model, Year, Mileage)	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)			

17d. Total Current Fair Market Value	17e. Total Current Loan Balance	17f. Net Equity

Section 6.

Other Personal Assets

18. Other Assets (Include all assets listed on homeowners insurance policy)

Description	Current Market Value	Liabilities Balance Due	Equity In Asset	Amount of Monthly Payment	Name and Address of Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment
18a.							
18b.							
18c.							

18d. Total Current Fair Market Value

18e. Total Current Loan Balance

18f. Net Equity

Section 7.

Judgments & Secured Liens (other secured debts)

19. 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
19a. IRS					
19b.					
19c.					

19d.

Total Liabilities Balance Due

Section 8.

Notes, Charge Accounts and Medical Expenses

20. Available Credit (list bank charge cards, credit unions, lines of credit, medical expenses)

Type of Account or Card	Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
20a.					
20b.					
20c.					
20d.					

20e. Total Credit Available

Section 9.

Other Financial Information

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

<p>a. Court proceedings <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>	<p>b. Bankruptcies <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>
<p>c. Repossessions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>	<p>d. Recent transfer of assets for less than full value <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>
<p>e. Anticipated increase in income <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>	<p>f. Participant or beneficiary to trust, estate, profit sharing, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>
<p>g. Do you receive government assistance based on disability and/or financial need? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>	<p>h. Are all required state tax returns filed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>

22. Number in Household

23. # Cars

24. # Car Loans

25. County

Section 10.**Monthly Income and Expense Analysis****INCOME**

Source	Net
26. Wages/ Salaries (Taxpayer) * Attach copy of most recent pay stub	
27. Wages/Salaries (Spouse) * Attach copy of most recent pay stub	
28. Rent paid to taxpayer	
29. Other members of household	
30. Pension(s)	
31. Social Security	
32. Profit from Business	
33. Commissions	
34. Other Income	
35. Total Income	

NECESSARY LIVING EXPENSES

Source	Amount	Source	Amount
36. Mortgage/Rent		42. Auto loans	
37. Utilities		43. Health/Life Insurance	
A. Telephone/Cell		44. Medical	
B. Electricity		45. IRS Tax Payments	
C. Heating		46. Miscellaneous Payments	
D. Water/Garbage		A. Child Support	
38. Homeowner/renter insurance		B. Alimony	
39. Groceries		C. Daycare	
40. Gas/Maintenance, etc.		D. Estimated tax	
41. Auto Insurance		47. 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. However, we may allow these expenses if it is proven that they are necessary for the health and welfare of the individual or family or for the production of income.

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

Attachments Required for Wage Earners and Self-Employed Individuals:

Copies of the following items for the last 3 months from the date this form is submitted. (check all the attached items)

- Income- 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 - 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 recurring expenses of utilities, rent, insurance, property taxes, phone and cell phone, insurance premiums, court orders requiring payments (child support, alimony, etc.), other out of pocket expenses.
- Other - credit card statements, 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 11 and 12 must be completed only if the taxpayer is SELF-EMPLOYED

Section 11.

Business Information

48. Is the business a sole proprietorship (filing Schedule C) Yes, Continue with Sections 11 and 12. No, Complete Business Financial Statement
 All other business entities, including limited liability companies, partnerships or corporations, must complete business financial statement.

49. Business Name	50. Employer Identification Number	51. Type of Business Federal or State Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No
52. Business Website	53. Total Number of Employees	54a. Average Gross Monthly Payroll 54b. Frequency of Tax Deposits

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

56a. Payment Processor (e.g., PayPal, Authorize.net, Google Checkout, etc.) Name and Address (Street, City, State, Zip code)	Payment Processor Account Number
56b.	

Credit Cards Accepted by the Business

Credit Card	Merchant Account Number	Merchant Account Provider, Name & Address (Street, City, State, ZIP code)
57a.		
57b.		
57c.		

58. **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
59a.			\$
59b.			\$

59c. **Total Cash in Banks** (Add lines 59a, 57b, 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
60a.				\$
60b.				\$
60c.				\$
60d.				\$

60e. **Total Outstanding Balance** (Add lines 58a through 58d 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 10.

	Purchase/Lease/Rental 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
61a. Property Description						\$
Location (Street, City, State, ZIP code) and County \			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
61b. Property Description						\$
Location (Street, City, State, ZIP code) and County \			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code) and Phone			
61c. Total Equity (Add lines 61a, 61b and amounts from any attachments)						\$

Section 12 must be completed only if the taxpayer is SELF-EMPLOYED

Section 12. Sole Proprietorship Information (lines 62 through 83 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
62. Gross Receipts		72. Materials Purchased	
63. Gross Rental Income		73. Inventory Purchased	
64. Interest		74. Gross Wages & Salaries	
65. Dividends		75. Rent	
66. Cash		76. Supplies	
Other Income (Specify Below)		77. Utilities/Telephone	
67		78. Vehicle Gasoline/Oil	
68		79. Repairs & Maintenance	
69		80. Insurance	
70		81. Current Taxes	
71. Total Income		82. Other Expenses, including installment payments	
Add lines 62 through 70		83. Total Expenses (Add lines 72 through 82)	
		84. Net Business Income (line 71 minus 83)	

Enter the amount from line 84 on line 32, Section 10. If line 84 is a loss, enter "0" on line 32, Section 10.

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.

Current Taxes: Real estate, state, and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of the employment taxes.

Inventory Purchased: Goods bought for resale.

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.

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.

FINANCIAL ANALYSIS OF COLLECTION POTENTIAL FOR INDIVIDUAL WAGE EARNERS AND SELF-EMPLOYED INDIVIDUALS (DOR USE ONLY)		
Cash Available (Lines 12, 13e, 14d, 15c, 20e, 58, 59c, 60e)	Total Cash	\$
Distrainable Asset Summary (Lines 16e, 17e, 18f, 61c)	Total Equity	\$
Monthly Total Positive Income minus Expenses (Line 35 minus Line 47)	Monthly Available Cash	\$