



# COLLECTION INFORMATION STATEMENT FOR BUSINESSES

ARIZONA DEPARTMENT OF REVENUE  
1600 West Monroe  
Phoenix, AZ 85007  
(602) 716-7787  
www.azdor.gov

- Complete all entry spaces with the most current data available.
- **Important!** Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.
- Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

<b>Section 1</b> <b>Business Information</b>	<b>1a BUSINESS NAME</b>		<b>2c AZ WITHHOLDING NO.</b>
	<b>1b BUSINESS STREET ADDRESS</b>		<b>2d TYPE OF ENTITY</b> (Check appropriate box below): <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
	<b>1c CITY</b>	<b>STATE</b>	<b>ZIP</b>
	<b>1d COUNTY</b>	<b>1e BUSINESS PHONE (with area code)</b>	
	<b>2a EMPLOYER I.D. NO. (EIN)</b>	<b>2b AZ TRANSACTION PRIVILEGE TAX NO.</b>	<b>3a CONTACT NAME</b>
<input type="checkbox"/> Check this box when all spaces in Section 1 are filled in			<b>3b CONTACT'S BUSINESS PHONE (with area code)</b> EXT.

<b>Section 2</b> <b>Business Personnel and Contacts</b>	<b>4 PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.</b>		
	<b>4a</b>	Full Name _____ Title _____ Home Street Address _____ City _____ State _____ Zip _____	Social Security No. _____ Home Phone (_____) _____ Ownership Percentage & Shares or Interest _____
	<b>4b</b>	Full Name _____ Title _____ Home Street Address _____ City _____ State _____ Zip _____	Social Security No. _____ Home Phone (_____) _____ Ownership Percentage & Shares or Interest _____
	<b>4c</b>	Full Name _____ Title _____ Home Street Address _____ City _____ State _____ Zip _____	Social Security No. _____ Home Phone (_____) _____ Ownership Percentage & Shares or Interest _____
<input type="checkbox"/> Check this box when all spaces in Section 2 are filled in	<b>4d</b>	Full Name _____ Title _____ Home Street Address _____ City _____ State _____ Zip _____	Social Security No. _____ Home Phone (_____) _____ Ownership Percentage & Shares or Interest _____

<b>Section 3</b> <b>Other Financial Information</b>	<b>5 OTHER FINANCIAL INFORMATION.</b> Respond to the following business financial questions. <span style="float:right"><b>NO YES</b></span>
	<b>5a</b> Does this business have other business relationships (e.g. subsidiary or parent corporation, partnership etc.)? ..... <input type="checkbox"/> <input type="checkbox"/> If yes, list related EIN _____ Additional EIN _____
	<b>5b</b> Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan borrowed from the business? .. <input type="checkbox"/> <input type="checkbox"/> If yes, amount of loan \$ _____. Date of loan <u>MM/DD/YY</u> _____. Current balance \$ _____
	<b>5c</b> Are there any judgments or liens against your business?..... <input type="checkbox"/> <input type="checkbox"/> If yes, who is the creditor? _____ Date creditor obtained judgment/lien <u>MM/DD/YY</u> _____. Amount of debt \$ _____.
	<b>5d</b> Is your business a party in a lawsuit?..... <input type="checkbox"/> <input type="checkbox"/> If yes, amount of suit \$ _____. Possible completion date <u>MM/DD/YY</u> _____. Subject matter of suit _____
	<b>5e</b> Has your business ever filed bankruptcy?..... <input type="checkbox"/> <input type="checkbox"/> If yes, date filed <u>MM/DD/YY</u> _____. Date discharged <u>MM/DD/YY</u> _____. Petition No. _____
	<b>5f</b> In the past 10 years, have you transferred any assets from your business name for less than their actual value? ..... <input type="checkbox"/> <input type="checkbox"/> If yes, what asset? _____. Value of asset at time of transfer \$ _____. When was it transferred? <u>MM/DD/YY</u> _____. To whom or where was it transferred? _____
	<b>5g</b> Do you anticipate any increase in business income (e.g. contracts bid but not yet awarded)? ..... <input type="checkbox"/> <input type="checkbox"/> If yes, why will the income increase? (Attach sheet if you need additional space) _____ How much will it increase? \$ _____. When will the business income increase? _____
<input type="checkbox"/> Check this box when all spaces in Section 3 are filled in	<b>5h</b> Is your business a beneficiary of a trust, an estate or a life insurance policy?..... <input type="checkbox"/> <input type="checkbox"/> If yes, name of the trust, estate or policy? _____ Anticipated amount to be received? \$ _____. When will the amount be received? _____

**Business Name** \_\_\_\_\_

**Section 4**

**Business Assets**

**Current Value:**  
Indicate the amount you could sell the asset for today.

**6 PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model, Mileage)	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender	Purchase Date	Monthly Payment
6a Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	MM/DD/YY	\$ _____
6b Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	MM/DD/YY	\$ _____
6c Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	MM/DD/YY	\$ _____

**7 LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model)	Lease Balance	Name of Lessor	Lease Date	Monthly Payment
7a Year _____ Make/Model _____	\$ _____	_____	MM/DD/YY	\$ _____
7b Year _____ Make/Model _____	\$ _____	_____	MM/DD/YY	\$ _____



**ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

**8 REAL ESTATE.** List all real estate owned by the business. (If you need additional space, attach a separate sheet.)

Street Address City, State, Zip	Date Purchased	Purchase Price	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender or Lien Holder	Monthly Payment	*Date of Final Payment
8a _____ _____	MM/DD/YY	\$ _____	\$ _____	\$ _____	_____	\$ _____	MM/DD/YY
8b _____ _____	MM/DD/YY	\$ _____	\$ _____	\$ _____	_____	\$ _____	MM/DD/YY



**ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

**\*Date of Final Payment:**  
Enter the date the loan or lease will be fully paid.

Check this box when all spaces on this page of Section 4 are filled in and attachments are provided

**Business Name** \_\_\_\_\_

**Section 4**  
continued

Check this box if you are attaching a depreciation schedule for machinery/equipment in lieu of completing line 9.

**Current Value:**  
Indicate the amount you could sell the asset for today.

**\*Date of Final Payment:**  
Enter the date the loan or lease will be fully paid.

Check this box when all spaces in Section 4 are filled in and attachments are provided

**9 BUSINESS ASSETS.** List all business assets and encumbrances below. Include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) Note: If attaching a depreciation schedule, the attachment must include all of the information requested below.

Description	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender	Monthly Payment	*Date of Final Payment
<b>9a Machinery:</b>					
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
<b>Equipment:</b>					
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
<b>Merchandise:</b>					
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
<b>Other Assets: (List below)</b>					
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
<b>9b</b>	\$ _____	\$ _____		\$ _____	MM/DD/YY
<b>9c</b>	\$ _____	\$ _____		\$ _____	MM/DD/YY



**ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly payment amount and current loan balance for assets listed which have an encumbrance.

**Section 5**

**Federal and Other Taxes Owed**

**10** Do you owe any federal taxes? .....  **NO**  **YES**  
 If "Yes", how much? \$ \_\_\_\_\_ Amount of payment: \$ \_\_\_\_\_

**10a** Do you owe any other government agency? .....  **NO**  **YES**  
 If "Yes", who? \_\_\_\_\_  
 How much is owed? \$ \_\_\_\_\_ Amount of payment: \$ \_\_\_\_\_

**Section 6**

**Investment, Banking and Cash Information**

**11 INVESTMENTS.** List all investment assets below. Include stocks, bonds, mutual funds, stock options and certificates of deposits.

Company Name	Number of Shares/Units	<input checked="" type="checkbox"/> Current Value	Loan Amount	Used as collateral on loan?
<b>11a</b> _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>11b</b> _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>11c Total Investments.....</b>				<b>11c</b> \$ _____

Check this box when all spaces in Sections 5 and 6 are filled in

**Business Name** \_\_\_\_\_

**Section 6**  
continued

Complete all entry spaces with the most current data available.

**12 BANK ACCOUNTS.** List all *checking and savings* accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
<b>12a</b>	Name _____ Street Address _____ City, State, Zip _____	_____	_____	\$ _____
<b>12b</b>	Name _____ Street Address _____ City, State, Zip _____	_____	_____	\$ _____
<b>12c</b>	Name _____ Street Address _____ City, State, Zip _____	_____	_____	\$ _____
<b>12d Total Bank Account Balances</b> .....				<b>12d \$</b> _____



**ATTACHMENTS REQUIRED:** Please include your current bank statements (checking and savings) for the past three months for all accounts.

**13 OTHER ACCOUNTS.** List all accounts including *brokerage accounts, money market, additional checking and savings accounts* not listed on line 12 and *any other accounts* not listed in this section.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
<b>13a</b>	Name _____ Street Address _____ City, State, Zip _____	_____	_____	\$ _____
<b>13b</b>	Name _____ Street Address _____ City, State, Zip _____	_____	_____	\$ _____
<b>13c Total Bank Account Balances</b> .....				<b>13c \$</b> _____



**ATTACHMENTS REQUIRED:** Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

**14 CASH ON HAND.** Include any money that you have that is not in the bank.

**14a Total Cash on Hand** ..... **14a \$** \_\_\_\_\_

**15 AVAILABLE CREDIT.** List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
<b>15a</b> Name _____ Street Address _____ City, State, Zip _____	\$ _____	\$ _____	\$ _____
<b>15b</b> Name _____ Street Address _____ City, State, Zip _____	\$ _____	\$ _____	\$ _____
<b>15c Total Credit Available</b> .....			<b>15c \$</b> _____

Check this box when all spaces in Section 6 are filled in and attachments are provided

**Business Name** \_\_\_\_\_

**Section 7**

**Accounts/  
Notes  
Receivable**

**ACCOUNTS/NOTES RECEIVABLE.** List all contracts separately, including contracts awarded but not started. (If you need additional space, copy this page and attach to this package.)

Description	Amount Due	Date Due	Age of Account
a) Name _____ Street Address _____ City, State, Zip _____	\$ _____	MM/DD/YY _____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
b) Name _____ Street Address _____ City, State, Zip _____	\$ _____	MM/DD/YY _____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
c) Name _____ Street Address _____ City, State, Zip _____	\$ _____	MM/DD/YY _____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
d) Name _____ Street Address _____ City, State, Zip _____	\$ _____	MM/DD/YY _____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
e) Name _____ Street Address _____ City, State, Zip _____	\$ _____	MM/DD/YY _____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
f) Name _____ Street Address _____ City, State, Zip _____	\$ _____	MM/DD/YY _____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
g) Name _____ Street Address _____ City, State, Zip _____	\$ _____	MM/DD/YY _____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
h) Name _____ Street Address _____ City, State, Zip _____	\$ _____	MM/DD/YY _____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
i) Name _____ Street Address _____ City, State, Zip _____	\$ _____	MM/DD/YY _____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
j) Name _____ Street Address _____ City, State, Zip _____	\$ _____	MM/DD/YY _____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
k) <b>Add lines a through j</b> .....	k) \$ _____		

If you need additional space, attach a separate sheet.

Check this box when all applicable spaces in Section 7 are filled in

**Business Name** \_\_\_\_\_

**Section 8**

**Monthly Income and Expenses**

Complete all entry spaces with the most current data available not to exceed 60 days in age.

16 The following information applies to income and expenses for the following period. A minimum of 6 months financial history is required.

From MM/DD/YYYY to MM/DD/YYYY.

17 Accounting Method Used:  Cash  Accrual

The information included on lines 18 through 38 should reconcile to your Arizona business tax return.

<b>Total Income</b>		<b>Total Expenses</b>	
<b>Source</b>	<b>Gross Monthly</b>	<b>Expense Items</b>	<b>Actual Monthly</b>
18 Gross Receipts	\$ _____	26 Materials Purchased <sup>1</sup>	\$ _____
19 Gross Rental Income	_____	27 Inventory Purchased <sup>2</sup>	_____
20 Interest	_____	28 Gross Wages & Salaries	_____
21 Dividends	_____	29 Rent	_____
Other Income (lines 22-24):		30 Supplies <sup>3</sup>	_____
22	_____	31 Utilities/Telephone <sup>4</sup>	_____
23	_____	32 Vehicle Gasoline/Oil	_____
24	_____	33 Repairs & Maintenance	_____
<b>25 TOTAL INCOME</b> (Add lines 18 through 24)	<b>\$ _____</b>	34 Insurance	_____
		35 Current Taxes <sup>5</sup>	_____
		Other Expenses (include installment payments, specify in lines 36 - 37):	
		36	_____
		37	_____
		<b>38 TOTAL EXPENSES</b> (Add lines 26 through 37)	<b>\$ _____</b>

<sup>1</sup> **Materials Purchased:** Materials are items directly related to the production of a product or service.  
<sup>2</sup> **Inventory Purchased:** Goods bought for resale.  
<sup>3</sup> **Supplies:** Supplies are items used in your business that are consumed or used up within one year such as the cost of books, office supplies, professional instruments, etc.  
<sup>4</sup> **Utilities:** Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.  
<sup>5</sup> **Current Taxes:** Real estate, state and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.

Check this box when all spaces in Section 8 are filled in

**Business Name** \_\_\_\_\_

**Section 9**

**Asset and Liability Analysis**

*Complete all entry spaces with the most current data available not to exceed 60 days in age.*

Description	Current Market Value \$	Liabilities Balance Due \$	Equity in Asset \$	Monthly Payment \$	Name and Address of Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment
39 Cash on hand						MM/DD/YY	MM/DD/YY
40 Bank accounts						MM/DD/YY	MM/DD/YY
41 Accounts/Notes received						MM/DD/YY	MM/DD/YY
42 Life insurance loan value						MM/DD/YY	MM/DD/YY
43 Real Property	a.					MM/DD/YY	MM/DD/YY
	b.					MM/DD/YY	MM/DD/YY
	c.					MM/DD/YY	MM/DD/YY
	d.					MM/DD/YY	MM/DD/YY
44 Vehicles (model, year, license)	a.					MM/DD/YY	MM/DD/YY
	b.					MM/DD/YY	MM/DD/YY
	c.					MM/DD/YY	MM/DD/YY
45 Merchandise and Equipment (specify)	a.					MM/DD/YY	MM/DD/YY
	b.					MM/DD/YY	MM/DD/YY
	c.					MM/DD/YY	MM/DD/YY
46 Merchandise Inventory (specify)	a.					MM/DD/YY	MM/DD/YY
	b.					MM/DD/YY	MM/DD/YY
47 Other Assets (specify)	a.					MM/DD/YY	MM/DD/YY
	b.					MM/DD/YY	MM/DD/YY
48 Other Liabilities (include notes and judgments)	a.					MM/DD/YY	MM/DD/YY
	b.					MM/DD/YY	MM/DD/YY
	c.					MM/DD/YY	MM/DD/YY
	d.					MM/DD/YY	MM/DD/YY
	e.					MM/DD/YY	MM/DD/YY
	f.					MM/DD/YY	MM/DD/YY
	g.					MM/DD/YY	MM/DD/YY
State taxes owed						MM/DD/YY	MM/DD/YY
49 Federal taxes owed						MM/DD/YY	MM/DD/YY
<b>50 TOTALS</b>							

Check this box when all spaces in Section 9 are filled in

**Section 10**

**Additional Information or Comments**

**Additional information regarding financial condition:** (Court proceedings, bankruptcies filed or anticipated, transfers of assets for less than full value, changes in market conditions, etc.. Include information regarding company participation in trusts, estates, profit-sharing plans, etc.)

**Signature required on page 8 →**

**Business Name** \_\_\_\_\_



***Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.***

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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Check this box when all spaces in all sections are filled in and all attachments are provided.