



COLLECTION INFORMATION STATEMENT FOR BUSINESSES

ARIZONA DEPARTMENT OF REVENUE
1600 West Monroe
Phoenix, AZ 85007
(602) 542-5551
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.

Section 1 Business Information	1a Business Name _____		2c AZ Withholding No. _____
	1b Business Street Address _____		2d Type of Entity (Check appropriate box below): <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
	1c City _____	State _____ ZIP Code _____	2e Type of Business _____
	1d County _____	1e Business Phone (with area code) _____	3a Contact Name _____
	2a Employer ID No. (EIN) _____	2b AZ Transaction Privilege Tax No. _____	3b Contact's Business Phone (with area code) _____ Ext. _____

Check this box when all spaces in Section 1 are filled in

Section 2 Business Personnel and Contacts	4 PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.		
	4a Full Name _____ Title _____	Social Security No. _____	
	Home Street Address _____	Home Phone (_____) _____	
	City _____ State _____ Zip _____	Ownership Percentage & Shares or Interest _____	
4b Full Name _____ Title _____	Social Security No. _____		
Home Street Address _____	Home Phone (_____) _____		
City _____ State _____ Zip _____	Ownership Percentage & Shares or Interest _____		
4c Full Name _____ Title _____	Social Security No. _____		
Home Street Address _____	Home Phone (_____) _____		
City _____ State _____ Zip _____	Ownership Percentage & Shares or Interest _____		
4d Full Name _____ Title _____	Social Security No. _____		
Home Street Address _____	Home Phone (_____) _____		
City _____ State _____ Zip _____	Ownership Percentage & Shares or Interest _____		

Check this box when all spaces in Section 2 are filled in

Section 3 Other Financial Information	5 OTHER FINANCIAL INFORMATION. Respond to the following business financial questions. NO YES
	5a 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 _____
	5b 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 \$ _____
	5c 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 \$ _____
5d 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 _____	
5e 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. _____	
5f 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? _____	
5g 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? _____	
5h 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? _____	

Check this box when all spaces in Section 3 are filled in

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	\$ _____
7c 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.

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

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
8b _____ _____	_____	_____	\$ _____	\$ _____	_____	\$ _____	MM/DD/YY
8c _____ _____	_____	_____	\$ _____	\$ _____	_____	\$ _____	MM/DD/YY

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



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

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
9a Machinery:					
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
Equipment:					
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
Merchandise:					
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
Other Assets: (List below)					
_____	\$ _____	\$ _____		\$ _____	MM/DD/YY
9b	\$ _____	\$ _____		\$ _____	MM/DD/YY
9c	\$ _____	\$ _____		\$ _____	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 ^(a)	Used as collateral on loan?	Loan Amount ^(b)	Net Value (a - b)
11a _____	_____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
11b _____	_____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
11c _____	_____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
11d _____	_____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
11e _____	_____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
11f Subtotal from supplemental pages				11f \$ _____	
11g Total Net Investments: Sum of the Net Values for lines 11a thru 11e plus line 11f				11g \$ _____	

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.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
-----------------	--	------------------	------------------	-------------------------

12a _____ Name _____ \$ _____

Street Address _____

City, State, Zip _____

12b _____ Name _____ \$ _____

Street Address _____

City, State, Zip _____

12c _____ Name _____ \$ _____

Street Address _____

City, State, Zip _____

12d Total Bank Account Balances **12d \$** _____



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. If you need additional space, attach supplemental page.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
-----------------	--	------------------	------------------	-------------------------

13a _____
Name of Institution _____ \$ _____
Street Address _____
City, State, Zip _____

13b _____
Name of Institution _____ \$ _____
Street Address _____
City, State, Zip _____

13c Subtotal from supplemental pages **13c \$** _____

13d Total Bank Account Balances **13d \$** _____



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. If you need additional space, attach supplemental page.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
---------------------------------	--------------	-------------	------------------

15a Name _____ \$ _____ \$ _____ \$ _____

Street Address _____

City, State, Zip _____

15b Name _____ \$ _____ \$ _____ \$ _____

Street Address _____

City, State, Zip _____

15c Subtotal from supplemental pages **15c \$** _____

15d Total Credit Available **15d \$** _____

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) Add lines a through j	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.

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

¹ **Materials Purchased:** Materials are items directly related to the production of a product or service.
² **Inventory Purchased:** Goods bought for resale.
³ **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.
⁴ **Utilities:** Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.
⁵ **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
50 TOTALS							

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.