



Collection Information Statement for Businesses

Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-B (Rev. 5-2001)

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

Check this box when all spaces in Sect. 1 are filled in.

1a. Business Name _____
 Business Street Address _____

 City _____ State _____ Zip _____
 County _____

1b. Business Telephone _____

2a. Employer Identification No. (EIN) _____

2b. Type of Entity (Check appropriate box below)
 Partnership Corporation Other _____

2c. Type of Business _____

3a. Contact Name _____

3b. Contact's Business Telephone _____
 Extension _____
 Best Time to Call _____ am _____ pm (Enter Hour)

3c. Contact's Home Telephone _____
 Best Time to Call _____ am _____ pm (Enter Hour)

3d. Contact's Other Telephone _____
 Telephone Type (i.e. fax, cellular, pager) _____

3e. Contact's E-mail Address _____

Section 2 Business Personnel and Contacts

Check this box when all spaces in Sect. 2 are filled in.

4. PERSON RESPONSIBLE FOR DEPOSITING PAYROLL TAXES

4a. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.

5a. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5b. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5c. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5d. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

Section 3 Accounts/Notes Receivable

Check this box when all spaces in Sect. 3 are filled in.

6. ACCOUNTS/NOTES RECEIVABLE. List all contracts separately, including contracts awarded, but not started.

| Description | Amount Due | Date Due | Age of Account |
|--|---------------------------------|----------|---|
| 6a. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6b. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6a + 6b = 6c | 6c \$ _____ | 0 | |
| Amount from Page 6 | 6p \$ _____ | + | 0 |
| 6q. Total Accounts/Notes Receivable | 6c + 6p = 6q \$ _____ | = | 0 |

Business Name _____ EIN _____

Section 4

Other Financial Information

7. OTHER FINANCIAL INFORMATION. Respond to the following business financial questions.

- 7a. Does this business have other business relationships (e.g. subsidiary or parent, corporation, partnership, etc.)? No Yes
If yes, list related EIN _____ Additional EIN _____
- 7b. Does anyone (e.g.officer, stockholder, partner or employees) have an outstanding loan borrowed from the business? . . No Yes
If yes, amount of loan \$ _____ Date of loan _____ Current balance \$ _____
- 7c. Are there any judgments or liens against your business? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgment/lien _____ Amount of debt \$ _____
- 7d. Is your business a party in a lawsuit? No Yes
If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____
- 7e. Has your business ever filed bankruptcy? No Yes
If yes, date filed _____ Date discharged _____ Petition No. _____
- 7f. In the past 10 years have you transferred any assets from your business name for less than their actual value? No Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom or where was it transferred? _____
- 7g. Do you anticipate any increase in business income (e.g. contracts bid but not yet awarded)? No Yes
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? _____
- 7h. Is your business a beneficiary of a trust, an estate or a life insurance policy? No Yes
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 Sect. 4 are filled in.

Section 5

Business Assets

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

8. 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) | *) Current Value | Loan Balance | Name of Lender | Purchase Date | Amount of Monthly Payment |
|---|------------------|--------------|----------------|---------------|---------------------------|
| 8a. Year _____ Make/Model _____ Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
| 8b. Year _____ Make/Model _____ Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
| 8c. Year _____ Make/Model _____ Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |

9. 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 | Amount of Monthly Payment |
|------------------------------------|---------------|----------------|------------|---------------------------|
| 9a. Year _____ Make/Model _____ | \$ _____ | _____ | _____ | \$ _____ |
| 9b. Year _____ Make/Model _____ | \$ _____ | _____ | _____ | \$ _____ |



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.

Business Name _____ EIN _____

Section 5
continued

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

| Street Address, City, State, Zip, and County | Date Purchased | Purchase Price | Current Value | Loan Balance | Name of Lender or Lien Holder | Amount of Monthly Payment | * Date of Final Payment |
|--|----------------|----------------|---------------|--------------|-------------------------------|---------------------------|-------------------------|
| 10a. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| 10b. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |

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.



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

Check this box if you are attaching a depreciation schedule for machinery/equipment in lieu of completing line 11.

11. 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 | Current Value | Loan Balance | Name of Lender | Amount of Monthly Payment | * Date of Final Payment |
|----------------------------|---------------|--------------|----------------|---------------------------|-------------------------|
| 11a. Machinery | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Equipment | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Merchandise | _____ | _____ | _____ | _____ | _____ |
| Other Assets: (List below) | _____ | _____ | _____ | _____ | _____ |
| 11b. _____ | \$ _____ | \$ _____ | _____ | \$ _____ | _____ |
| 11c. _____ | _____ | _____ | _____ | _____ | _____ |

Check this box when all spaces in Sect. 5 are filled in and attachments provided.



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 6
Investment, Banking and Cash Information

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

| Name of Company | Number of Shares / Units | Current Value | Loan Amount | Used as collateral on loan? |
|-------------------------------|--------------------------|---------------|-------------|--|
| 12a. _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 12b. _____ | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 12c. Total Investments | | \$ _____ | 0 | |

Business Name _____ EIN _____

Section 6
continued

Complete all entry spaces with the most current data available.

13. 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 |
|---|--|------------------|------------------|--|
| 13a. <u>Checking</u> | Name _____ Street Address _____ City/State/Zip _____ | _____ | _____ | \$ _____ |
| 13b. <u>Checking</u> | Name _____ Street Address _____ City/State/Zip _____ | _____ | _____ | \$ _____ |
| 13c. <u>Savings</u> | Name _____ Street Address _____ City/State/Zip _____ | _____ | _____ | \$ _____ |
| 13d. Total Bank Account Balances | | | | \$ 0 |



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

14. OTHER ACCOUNTS. List all accounts including brokerage accounts, money market, additional checking and savings accounts not listed on line #13 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 |
|--|--|------------------|------------------|--|
| 14a. _____ | Name _____ Street Address _____ City/State/Zip _____ | _____ | _____ | \$ _____ |
| 14b. _____ | Name _____ Street Address _____ City/State/Zip _____ | _____ | _____ | \$ _____ |
| 14c. Total Other Account Balances | | | | \$ 0 |



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

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

15a. Total Cash on Hand \$ 0

16. AVAILABLE CREDIT. List all lines of credit, including credit cards.

| Full Name of Credit Institution | Credit Limit | Amount Owed | Available Credit |
|---|--------------|-------------|--|
| 16a. Name _____ Street Address _____ City/State/Zip _____ | _____ | _____ | \$ _____ 0 |
| 16b. Name _____ Street Address _____ City/State/Zip _____ | _____ | _____ | \$ _____ 0 |
| 16c. Total Credit Available | | | \$ 0 |

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

Business Name _____

EIN _____

Section 7
Monthly
Income and
Expenses

Complete all entry spaces with the most current data available.

17. The following information applies to income and expenses from your most recently filed Form 1120 or Form 1065.
Fiscal Year Period _____ to _____
18. Accounting Method Used: Cash Accrual

The information included on lines 19 through 39 should reconcile to your business federal tax return.

| Total Income | | Total Expenses | |
|---------------------------------------|----------------------|--|-----------------------|
| Source | Gross Monthly | Expense Items | Actual Monthly |
| 19. Gross Receipts | \$ _____ | 27. Materials Purchased ¹ | \$ _____ |
| 20. Gross Rental Income | _____ | 28. Inventory Purchased ² | _____ |
| 21. Interest | _____ | 29. Gross Wages & Salaries | _____ |
| 22. Dividends | _____ | 30. Rent | _____ |
| Other Income (specify in lines 23-25) | _____ | 31. Supplies ³ | _____ |
| 23. _____ | _____ | 32. Utilities / Telephone ⁴ | _____ |
| 24. _____ | _____ | 33. Vehicle Gasoline / Oil | _____ |
| 25. _____ | _____ | 34. Repairs & Maintenance | _____ |
| (Add lines 19 through 25) | _____ | 35. Insurance | _____ |
| 26. TOTAL INCOME | \$ _____ 0 | 36. Current Taxes ⁵ | _____ |
| | | Other Expenses (include installment payments, specify in lines 37-38) | _____ |
| | | 37. _____ | _____ |
| | | 38. _____ | _____ |
| | | (Add lines 27 through 38) | _____ |
| | | 39. TOTAL EXPENSES | \$ _____ 0 |

- 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, this could be 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 Sect. 7 are filled in.

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



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

Business Name _____

EIN _____

Section 3

**Accounts/
Notes
Receivable
continued**

Use only if needed.

Check this box if this page is not needed.

ACCOUNTS/NOTES RECEIVABLE CONTINUATION PAGE. List all contracts separately, including contracts awarded, but not started. (If you need additional space, copy this page and attach to the 433-B package.)

| Description | Amount Due | Date Due | Age of Account |
|--|------------|----------|---|
| 6d. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6e. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6f. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6g. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6h. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6i. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6j. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6k. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6l. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6m. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6n. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |
| 6o. Name _____ Street Address _____ City/State/Zip _____ | \$ _____ | _____ | <input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days |

Check this box when all spaces in Sect. 3 are filled in.

Add lines 6d through 6o = 6p \$ 0 (Add this amount to amount on line 6c, Section 3, page 1)

Attachment to Form 433-B
