

Business Collection Information Statement

This form is to evaluate your ability to pay the taxes that you owe. Based upon the information you provide, we will determine if a payment agreement is appropriate, and what payment terms will be acceptable. Information on this form may be used for collection purposes. We are allowed to require the Social Security number requested under 42 USC 405 (c)(2)(C)(i). You are not legally required to provide the information requested on this form. However, if no information is provided or the information is insufficient to make a determination, your request will be denied.

General information

Section 1

General Information

1. Name of business		2. Business phone number			
Address of business		3. check appropriate box Sole proprietor Partnership Corporation Other (specify)			
City					
State	Zip code				
4. Name and title of person submitting information					
5. Federal identification number			Minnesota identification number		
6. Type of business					
7. Information about owner, partners, officers, major shareholder, etc.					
Name and title	Effective dates	Home address	Home phone no.	Social Security no.	Annual compensation

Licensing

8. Licensing
If the business, partners, officers, or owners are licensed by the state of Minnesota or any other unit of government to conduct any profession, occupation, trade, or business, complete the following for all licenses. Show the type or title of the license exactly as it appears on the form or certificate issued by the state or political subdivision. Please attach a separate sheet for additional licenses.

Business	Partner/officer/owner
License type	License type
Issuing authority	Issuing authority
Renewal date	Renewal date

Parent/subsidiary data

9. Parent/subsidiary data
Is this business a subsidiary, division, or branch of an existing corporation? Yes No
If yes, check appropriate box and complete the following: Subsidiary Division
 Branch Affiliated with another corporation

Name of parent corporation:		
Federal identification number	Minnesota identification number	
Address		
City	State	Zip code

Does this business have subsidiaries, divisions, or branches? Yes No
 If yes, check appropriate box and complete the following: Subsidiary Division
 Branch Affiliated with another corporation

Federal identification number _____ Minnesota identification number _____

Name _____

Address _____

City _____ State _____ Zip code _____

Section 2 Asset Information

10. Bank accounts

(List all type of accounts including payroll and general, saving, certificates of deposit, etc.)

Name of institution	Address	Type of account	Account number	Balance
Total (Fill in on line 17d, Section III)				

11. Accounts/notes receivable

(include loans to stockholders, officers, partners, etc.)

Name	Address	Amount due	Date due
Total (fill in on line 18d, Section III)			

Life insurance policies

12. Life insurance policies owned with business as beneficiary

Name insured	Company	Policy number	Type	Face amount	Available loan value
Total (Fill in on line 19d, Section III)					

Real property

13. Real property

Brief description and type of ownership	Address (include county and state)
a	
b	
c	
d	

Bank credit

14. Bank credit available (lines of credit, etc.)

Name of institution	Address	Credit limit	Amount owed	Credit available	Monthly payments
Totals (fill in on lines 25a, col. c)					
Totals (fill in on lines 24a, col. d)					

Security interests

15. Security interests

Attach copies of all currently recorded UCC-1 financing statements on which the business is either a creditor or debtor.

Section 3

Asset and Liability Analysis

Description a	Current market value b	Liabilities balance due c	Equity in asset d	Amount of monthly pmt. e	Name and address of lien/note holder f	Date pledged g	Date of final payment h
16. Cash on hand							
17. Bank accounts							
18. Accounts/notes receivable							
19. Life insurance loan value							
20. Real property (list in the same order as in Sec. II, No. 13)	a.						
	b.						
	c.						
	d.						
21. Vehicles (model, year, and license)	a.						
	b.						
	c.						
	d.						
22. Machinery and equipment (specify)	a.						
	b.						
	c.						
23. Merchandise in inventory (specify)	a.						
	b.						
	c.						
24. Other assets (specify)	a. Bank credit available						
	b.						
	c.						
25. Other liabilities (include notes, judgments, delinquent taxes)	a. Bank credit owed						
	b.						
	c.						
	d.						
	e.						

Section 5

Conditions

- 1. Copies of the most recent business financial statements (including but not limited to balance sheets and income statements) must be submitted with this form.
- 2. Personal Collection Information Statement forms must be submitted with this form for each owner, partner, or officer.
- 3. Each owner, partner, or officer must disclose the name and address and the nature of any involvement or interest in other businesses. Enter in Section 4, item 45.

Payment terms you are requesting

Total tax, penalty, interest, and other amount (such as lien fees, collection costs, underestimated non-interest bearing penalties, and judgment costs) owing: _____

I am requesting to pay the total liability plus accrued penalties and interest in the following manner: initial payment remitted with this completed statement of \$_____ and \$_____ payable on or before the _____ day of each _____ period, beginning _____ 20____.
(weekly, bi-weekly, monthly)

I declare that the information I have provided in this statement is true and correct to the best of my knowledge and belief. I authorize the Commissioner of Revenue or his delegated representative to verify any information on this form. I understand and am aware that :

- the Commissioner of Revenue or a delegated representative will evaluate the information I have provided and the terms I have requested;
- the Commissioner of Revenue or a delegated representative shall have the sole authority to accept or reject my terms;
- the information provided will be used to collect my liability if my terms are not accepted or if I default on acceptable payment terms;
- I may require to provide documentation to substantiate any information included on this form; and
- **The completion and submission of this form with a first payment does not constitute acceptance of my terms by the Commissioner of Revenue.**

Signatures	Title	Date

All information you provide on this form is confidential. Under state law, the Department of Revenue may give the information you provide us on this statement only to the Internal Revenue Service, other states, Minnesota municipalities, the Minnesota attorney general in the administration of tax laws, the Minnesota Department of Human Services if there is any evidence you have deserted your children or are delinquent in child support payments, or another person who must list some or all of your income or expenses on his or her tax return.

To be completed by the Department of Revenue: