

## **Instructions for Completing the AR900 and AR900A Forms**

The forms are in Adobe format. You can fill this form out by clicking/tapping through each form field starting with the Requesting Agency and type in the required information for each account. Use your tab key to move from field to field for the necessary data entry. Print the form on legal paper and have an agency official certify and sign the form. Submit the form along with a cover letter to Treasury Administration. The required information is as follows:

<i>Requesting Agency</i>	(Self explanatory) department and division name for agency responsible for the uncollected accounts.
<i>Date of Debt</i>	Date the debt was originally incurred. Date of delivery of goods or services.
<i>Debtor's Name</i>	Complete name of person, business or agency that incurred the debt and is responsible for paying the debt.
<i>NJCFS Revenue Account Number (for accounts recorded in the State's Comprehensive Accounting System)</i>	Complete NJCFS account number including fiscal year, fund, agency, organization, activity (if applicable) and revenue source.
<i>Agency Assigned Account Number</i>	Internal account number assigned by the agency that is logical and consistent for the agency.
<i>Social Security or FEIN No.</i>	(Self explanatory) number should be nine (9) digits.
<i>Unpaid Amount</i>	(Self explanatory) Balance due on the account that is uncollectable.
<i>Nature of the Debt</i>	Reason the account exists. Why the amount is owed.
<i>Reason the Account is Uncollectable</i>	Reason the agency is unable to collect the amount owed. May use applicable criterion number from Circular 03-06-OMB.
<i>A/D</i>	<b>DO NOT WRITE IN THIS SPACE.</b> For Treasury Administration's use only.
<i>Agency Certification and Signature</i>	Form must be sign by agency official that oversees the accounts receivable function (usually on the level of Director of Administration, Chief Financial Officer, Business Manager, or Fiscal Manager).

**REQUEST TO REMOVE UNCOLLECTABLE  
 ACCOUNTS RECEIVABLE FROM STATE RECORDS**

**IMPORTANT:** IT IS IMPERATIVE THAT EITHER A SOCIAL SECURITY OR FEDERAL ID NUMBER BE SUPPLIED FOR EACH ACCOUNT LISTED.

*Requesting Agency*    **DEPARTMENT:**

**DIVISION:**

Code:  
 A = Approved  
 D = Disapproved

Permission is requested to remove the following accounts receivable that are deemed uncollectable:

Date of Debt	Debtor's Name	Agency Assigned Account Number	Social Security or FEIN No.	Unpaid Amount	Nature of Debt	Reason Account is Uncollectable	A/D

**Division of Administration, Special Administrative Services Unit - Recommendation:**

**CERTIFICATION**

I hereby certify that all generally accepted collection efforts were made and documentation in support of these efforts is on file at the agency location.

**FINAL DETERMINATION**

I hereby direct that the action indicated above be taken for each of the items listed.

\_\_\_\_\_ .  
 Agency Approval Officer                      Title                      Date

\_\_\_\_\_  
 Director, Office of Management & Budget                      Date

**REQUEST TO REMOVE UNCOLLECTABLE  
ACCOUNTS RECEIVABLE FROM AGENCY RECORDS**

Department of the Treasury  
Division of Administration  
Special Administrative Services

**IMPORTANT:** IT IS IMPERATIVE THAT EITHER A SOCIAL SECURITY OR FEDERAL ID NUMBER BE SUPPLIED FOR EACH ACCOUNT LISTED.

*Requesting Agency*    **DEPARTMENT:**

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Agency Approval Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Office of Management & Budget

\_\_\_\_\_  
Date