



Collection Information Statement for Businesses

Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-B (Rev. 5-2001)
Catalog Number 16649P

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 _____
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 _____

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

Section 2 Business Personnel and Contacts

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 _____

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

Section 3 Accounts/Notes Receivable

See page 6 for additional space, if needed.

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	
		\$ _____	
Amount from Page 6 +		6p	
		\$ _____	
6q. Total Accounts/Notes Receivable =		6c + 6p = 6q	
		\$ _____	

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

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) | <input type="checkbox"/> 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

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

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

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	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
10a. _____	_____	_____	_____	_____	_____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
10b. _____	_____	_____	_____	_____	_____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____



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

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	<input checked="" type="checkbox"/> 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. _____	_____	_____	_____	_____	_____



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	<input checked="" type="checkbox"/> 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		\$ _____		

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				\$ _____



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				\$ _____



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 \$ _____

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 _____	_____	_____	\$ _____
16b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16c. Total Credit Available			\$ _____

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

Source	Gross Monthly
19. Gross Receipts	\$ _____
20. Gross Rental Income	_____
21. Interest	_____
22. Dividends	_____
Other Income (specify in lines 23-25)	_____
23.	_____
24.	_____
25.	_____
(Add lines 19 through 25)	_____
26. TOTAL INCOME	\$ _____

Total Expenses

Expense Items	Actual Monthly
27. Materials Purchased ¹	\$ _____
28. Inventory Purchased ²	_____
29. Gross Wages & Salaries	_____
30. Rent	_____
31. Supplies ³	_____
32. Utilities / Telephone ⁴	_____
33. Vehicle Gasoline / Oil	_____
34. Repairs & Maintenance	_____
35. Insurance	_____
36. Current Taxes ⁵	_____
Other Expenses (include installment payments, specify in lines 37-38)	_____
37.	_____
38.	_____
(Add lines 27 through 38)	_____
39. TOTAL EXPENSES	\$ _____

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 \$ _____

(Add this amount to amount on line 6c, Section 3, page 1)