

Collection Information Statement for Businesses

(If you need additional space, please attach a separate sheet.)

Note: Complete all blocks, except shaded areas. Write "N/A" (not applicable) in those blocks that do not apply.

1 Name and address of business County _____	2 Business phone number () _____ 3 (Check appropriate box) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation _____	
4 Name and title of person being interviewed	5 Employer identification number	6 Type of business

7 Information about owner, partners, officers, major shareholder, etc.

Name and Title	Effective Date	Home Address	Phone Number	Social Security Number	Total Shares of Interest

Section I General Financial Information

8 Latest filed income tax return	Form	Tax Year Ended	Net income before taxes
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9 Bank accounts *(List all types of accounts including payroll and general savings, certificates of deposit, etc.)*

Name of Institution	Address	Type of Account	Account No.	Balance
Total (Enter in Item 17)				

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

Name of Institution	Address	Credit Limit	Amount Owed	Credit Available	Monthly Payments
Totals (Enter in Items 24 or 25 as appropriate)					

11 Location, box number, and contents of all safe deposit boxes rented or accessed

Section I (continued) General Financial Information

12 Real Property

Brief Description and Type of Ownership	Physical Address
a	County _____
b	County _____
c	County _____
d	County _____

13 Life insurance policies owned with business as beneficiary

Name Insured	Company	Policy Number	Type	Face Amount	Available Loan Value
Total (Enter in item 19)					

14a 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.)

b If you know of any person or organization that borrowed or otherwise provided funds to pay net payrolls	(i) Who borrowed the funds?
	(ii) Who supplied the funds?

15 Accounts/notes receivable (include current contract jobs, loans to stockholders, officers, partners, etc.)

Name	Address	Amount Due	Date Due	Status

Total (Enter in item 18)

Section II		Assets and Liability Analysis						
(a) Description	(b) Cur. Mkt. Value	(c) Liabilities Bal. Due	(d) Equity in Asset	(e) Amt. Of Mo. Pymt	(f) Name and Address of Lien/Note Holder/Obligee	(g) Date Pledged	(h) Date of Final Pymt	
16 Cash on hand								
17 Bank accounts								
18 Accounts/Notes receivable								
19 Life insurance loan value								
20 Real property <i>(from item 12)</i>	a							
	b							
	c							
	d							
21 Vehicles leased and owned <i>(model, year, license)</i>	a							
	b							
	c							
22 Machinery and equipment <i>(Specify)</i>	a							
	b							
	c							
23 Merchandise inventory <i>(Specify)</i>	a							
	b							
24 Other assets <i>(Specify)</i>	a							
	b							
25 Other liabilities <i>(including notes and judgements)</i>	a							
	b							
	c							
	d							
	e							
	f							
	g							
	h							
26 Federal taxes owed								
27 Total								

Section III Income and Expense Analysis

The following information applies to income and expenses during the period _____ to _____ Accounting method used _____

Income		Expenses	
28 Gross receipts from sales, services, etc.	\$	34 Materials purchased	\$
29 Gross rental income		(Number of employees)	
30 Interest		35 Net wages and salaries	
31 Dividends		36 Rent	
32 Other income (specify)		(Comptroller's use only)	
35 Rental income		37 Allowable installment payments	
		38 Supplies	
		39 Utilities/telephone	
		40 Gasoline/oil	
		41 Repairs and maintenance	
		42 Insurance	
		43 Current taxes	
		44 Other (specify)	
33 Total income	\$	45 Total Expenses (Comptroller's use only)	\$
		46 Net difference (Comptroller's use only)	\$

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.

47 Your signature _____ 48 Date _____

Comptroller of Maryland Use Only Below This Line

Financial Verification/Analysis

	Date Information or Encumbrance Verified	Date Property Inspected	Estimated Forced Sale Equity
Sources of income/credit (D&B report)			
Expenses			
Real Property			
Vehicles leased and owned			
Machinery and equipment			
Merchandise			
Accounts/notes receivable			
Corporate information, if applicable			
U.C.C.: senior/junior lienholder			
Other assets/liabilities			

Explain any difference between item 46 (or P&L) and the installment agreement payment amount:

Name of Originator _____ Date _____