

DEPARTMENT OF THE TREASURY – ALCOHOL AND TOBACCO TAX AND TRADE BUREAU
 COLLECTION INFORMATION STATEMENT FOR BUSINESSES
 (If you need additional space, please attach a separate sheet)

Section 1
Business
Information

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

1a. Business Name	3a. Contact Name
Business Street Address	3b. Contact's Business Telephone() -
	Extension
City State Zip	Best Time To Call am pm (Enter Hours)
County	3c. Contact's Home Telephone () -
1b. Business Telephone () -	Best Time To Call am pm (Enter Hours)
2a. Employer Identification No. (EIN) -	3d Contact's Other Telephone () -
2b. Type of Entity (Check appropriate box below) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Telephone Type (i.e. fax, cellular, pager)
2c. Type of Business	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 Number	() -
City	State	Zip	Ownership Percentage & Shares of Interest
5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.			
5a. Full Name	Title	Social Security Number	- -
Home Street Address		Home Telephone Number	() -
City	State	Zip	Ownership Percentage & Shares of Interest
5b. Full Name	Title	Social Security Number	- -
Home Street Address		Home Telephone Number	() -
City	State	Zip	Ownership Percentage & Shares of Interest
5c. Full Name	Title	Social Security Number	- -
Home Street Address		Home Telephone Number	() -
City	State	Zip	Ownership Percentage & Shares of Interest
5d. Full Name	Title	Social Security Number	- -
Home Street Address		Home Telephone Number	() -
City	State	Zip	Ownership Percentage & Shares of Interest

Section 3
Accounts/
Notes
Receivables

See page 6 for additional space, if needed

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	\$		<input type="checkbox"/> 0 -- 30 days
Street Address			<input type="checkbox"/> 30 -- 60 days
City/State/Zip			<input type="checkbox"/> 60 -- 90 days
			<input type="checkbox"/> 90 + days
6b. Name	\$		<input type="checkbox"/> 0 -- 30 days
Street Address			<input type="checkbox"/> 30 -- 60 days
City/State/Zip			<input type="checkbox"/> 60 -- 90 days
6a + 6b = 6c (Transfer to page 6 if used)	\$		<input type="checkbox"/> 90 + days

COLLECTION INFORMATION STATEMENT FOR BUSINESS

BUSINESS NAME _____ EIN - _____

**Section 4
Other
Financial
Information**

Check this box when all spaces in Sect. 4 are filled in.

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?
 If yes, amount of loan \$ _____ Date of Loan _____ Current Balance \$ _____

7c. Are there any judgments or liens against your business?
 If yes, who is the creditor? _____ Date of judgment/lien _____ Amount of debt \$ _____

7d. Is your business a party in a lawsuit?
 If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____

7e. Has your business ever filed bankruptcy?
 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?
 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)?
 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?
 If yes, name of the trust, estate, or policy? _____ Anticipated amount to be received? _____
 When will the amount be received? _____

**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, RVs, 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, RVs motorcycles, trailers, etc.
 (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model)	Lease Balance	Name of Lesser	Lease Date	Amount of Monthly Payment
9a. Year _____ Make/Model _____	_____	_____	_____	_____
9b. Year _____ Make/Model _____	_____	_____	_____	_____

COLLECTION INFORMATION STATEMENT FOR BUSINESSES

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.)							
*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.	Street, Address, City, State, Zip, and County	Date Purchased	Purchase Price	*Current Value	Loan Value	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.							
<input type="checkbox"/> Check this box if you are attaching a depreciation schedule for machinery/equipment in lieu of completing line 11. <input type="checkbox"/> Check this box when all spaces in Sect. 5 are filled in and attachments provided.	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	\$ _____	\$ _____	_____	\$ _____	_____		
	11c. Equipment							
	11d. Merchandise							
	11e. Other Assets: (List Below)							
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 deposit							
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			\$ _____					

COLLECTION INFORMATION STATEMENT FOR BUSINESSES

BUSINESS NAME _____ EIN - _____

Section 6 Continued

Complete all entry spaces with the most current data available.

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

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, Saving & Loan, Credit Union, or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
13a.	Checking	Name			\$
		Street Address			
		City/State/Zip			
13b.	Checking	Name			\$
		Street Address			
		City/State/Zip			
13c.	Savings	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 saving accounts not listed on line #13 and any other accounts not listed in this section.					
	Type of Account	Full Name of Bank, Saving & 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					\$

COLLECTION INFORMATION STATEMENT FOR BUSINESS

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		From: To:	
	18. Accounting Method Used: <input type="checkbox"/> Cash <input type="checkbox"/> 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 & Salary	
	22. Dividends Other Income (specify in lines 23-25)		30. Rent	
	23.		31. Supplies (3)	
	24.		32. Utilities/Telephone (4)	
	25.		33. Vehicle Gasoline/Oil	
	(Add lines 19 through 25) 26. TOTAL INCOME		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) Material 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.				
<input type="checkbox"/> Check this box when all spaces in Sect. 7 are filled in.	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">CAUTION</div>			
Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your accounts.				
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		

COLLECTION INFORMATION STATEMENT FOR BUSINESS

BUSINESS NAME _____ EIN - _____

Section 3 Accounts/ Notes Receivable continued	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 TTB F 5600.18 form)			
	Description	Amount Due	Date Due	Age of Account
Use only if needed.				<input type="checkbox"/> 0 -- 30 days
	6d.Name	\$		<input type="checkbox"/> 30 -- 60 days
	Street Address			<input type="checkbox"/> 60 -- 90 days
	City/State/Zip			<input type="checkbox"/> 90 + days
				<input type="checkbox"/> 0 -- 30 days
	6e.Name	\$		<input type="checkbox"/> 30 -- 60 days
	Street Address			<input type="checkbox"/> 60 -- 90 days
	City/State/Zip			<input type="checkbox"/> 90 + days
				<input type="checkbox"/> 0 -- 30 days
	6f.Name	\$		<input type="checkbox"/> 30 -- 60 days
	Street Address			<input type="checkbox"/> 60 -- 90 days
	City/State/Zip			<input type="checkbox"/> 90 + days
			<input type="checkbox"/> 0 -- 30 days	
6g.Name	\$		<input type="checkbox"/> 30 -- 60 days	
Street Address			<input type="checkbox"/> 60 -- 90 days	
City/State/Zip			<input type="checkbox"/> 90 + days	
			<input type="checkbox"/> 0 -- 30 days	
6h.Name	\$		<input type="checkbox"/> 30 -- 60 days	
Street Address			<input type="checkbox"/> 60 -- 90 days	
City/State/Zip			<input type="checkbox"/> 90 + days	
			<input type="checkbox"/> 0 -- 30 days	
6i.Name	\$		<input type="checkbox"/> 30 -- 60 days	
Street Address			<input type="checkbox"/> 60 -- 90 days	
City/State/Zip			<input type="checkbox"/> 90 + days	
			<input type="checkbox"/> 0 -- 30 days	
6j.Name	\$		<input type="checkbox"/> 30 -- 60 days	
Street Address			<input type="checkbox"/> 60 -- 90 days	
City/State/Zip			<input type="checkbox"/> 90 + days	
			<input type="checkbox"/> 0 -- 30 days	
<input type="checkbox"/> Check this box when all spaces in Sect. 3 are filled in.	Add Lines 6d through 6j = 6k			
	Transfer from Page 1 line 6c			
	6l Total Accounts/Notes Receivable 6k + 6c			