

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

Section 1 Personal Information <input type="checkbox"/> Check this box when all spaces in Sect. 1 are filled in.	1. Full Name(s)		1a. Home Telephone ()		Best Time To Call: am pm	
	Street Address					
	City		State		Zip	
	2. Marital Status:			<input type="checkbox"/> Married <input type="checkbox"/> Separated		
	County of Residence			<input type="checkbox"/> Unmarried (single, divorced, widowed)		
	How long at this address?					
	3. Your Social Security No.(SSN) - -			3a. Your Date of Birth (mm/dd/yyyy)		
	4. Spouse's Social Security No. - -			4a. Spouse's Date of Birth (mm/dd/yyyy)		
	5. <input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Other (specify, i.e. share rent, live with relative)					
	6. List the dependents you can claim on your tax return: (Attach sheet if more space is needed)					
First Name		Relationship	Age	Does this person live with you?	First Name	Relationship
				<input type="checkbox"/> No <input type="checkbox"/> Yes		
				<input type="checkbox"/> No <input type="checkbox"/> Yes		
				<input type="checkbox"/> No <input type="checkbox"/> Yes		
Section 2 Your Business Information <input type="checkbox"/> Check this box when all spaces in Sect. 2 are filled in and attachments provided.	7. Are you or your spouse self-employed or operate a business? (Check "YES" if either applies)					
	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the following information:					
	7a. Name of Business			7c. Employer Identification No. if available: -		
	7b. Street Address			7d. Do you have employees? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	City		State		Zip	
	7e. Do you have accounts/notes receivable? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, please complete Section 8 page 5		
ATTACHMENTS REQUIRED: Please include proof of self-employment income for the prior 3 months (e.g. invoices, commissions, sales records, income statement).						
Section 3 Employment Information <input type="checkbox"/> Check this box when all spaces in Sect. 3 are filled in and attachments provided.	8. Your Employer			9. Spouse's Employer		
	Street Address			Street Address		
	City		State		Zip	
	Work telephone no. () -			Work telephone no. () -		
	May we contact you at work? <input type="checkbox"/> No <input type="checkbox"/> Yes			May we contact you at work? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	8a. How long with this employer?			9a. How long with this employer?		
	8b. Occupation			9b. Occupation		
ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the past 3 months from each employer (e.g., pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a minimum of 3 months is represented.						
Section 4 Other Income information <input type="checkbox"/> Check this box when all spaces in Sect. 4 are filled in and attachments provided.	10. Do you receive income from sources other than you own business or your employer? (Check all that apply.)					
	<input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Other (specify, i.e. child support, alimony, rental)					
	ATTACHMENTS REQUIRED: Please provide proof of pension/social security/other income for the past 3 months from each payer, including any statements showing deductions. If year-to-date information is available, send only 1 such statement as long as a minimum of 3 months is represented.					

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Section 5 Banking, Investment, Cash, Credit, and Life Insurance Information Complete all entry spaces with the most current data available ✦ Current Value: Indicate the amount you could sell the asset for today.	11. CHECKING ACCOUNTS. List all checking 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
	11a. Checking	Name			\$
		Street Address			
		City/State/Zip			
	11b. Checking	Name			\$
		Street Address			
		City/State/Zip	11c. Total Checking Account Balances		
	12. OTHER ACCOUNTS. List all accounts, including brokerage, savings, and money market, not listed on line 11.				
	Type of Account	Full Name of Bank, Savings & Loan Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
	12a.	Name			\$
		Street Address			
		City/State/Zip			
	12b.	Name			\$
		Street Address			
		City/State/Zip	12c. 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.				
	13. INVESTMENTS. List All investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, and 401(k) plans. (If you need additional space, attach a separate sheet.)				
	Name of Company	Number of Shares/Units	✦ Current Value	Loan Amount	Used as collateral on loan
	13a.		\$	\$	<input type="checkbox"/> NO <input type="checkbox"/> YES
13b.		\$	\$	<input type="checkbox"/> NO <input type="checkbox"/> YES	
13c.		\$	\$	<input type="checkbox"/> NO <input type="checkbox"/> YES	
13d. Total Investments 13a + 13b +13c = 13d		\$			
14. CASH ON HAND. Include any money that you have that is not in the bank.					
14a. Total Cash on Hand \$					
15. AVAILABLE CREDIT. List all lines of credit, including credit cards.					
Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit		
15a. Name			\$		
Street Address					
City/State/Zip					
15b. Name			\$		
Street Address					
City/State/Zip	15c. Total Credit Available		\$		

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Section 5 continued <input type="checkbox"/> Check this box when all spaces in Sect. 5 are filled in and attachments provided.	16. LIFE INSURANCE. Do you have life insurance with a cash value? <input type="checkbox"/> NO <input type="checkbox"/> YES (Term Life insurance does not have a cash value.) If yes:						
	16a. Name of Insurance Company						
	16b. Policy Number(s)						
	16c. Owner of Policy						
	16d. Current Cash Value \$			16e. Outstanding Loan Balance \$			
	Subtract "Outstanding Loan Balance" line 16e from "Current Cash Value" line 16d = 16f \$						
ATTACHMENTS REQUIRED: Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.							
Section 6 Other Information <input type="checkbox"/> Check this box when all spaces in Sect. 6 are filled in.	17. OTHER INFORMATION. Respond to the following questions related to your financial condition: (Attach sheet if you need more space.)						
	17a. Are there any garnishments against your wages?		<input type="checkbox"/> NO	<input type="checkbox"/> YES			
	If yes, who is the creditor?		Judgment Date	Amount of debt \$			
	17b. Are there judgments against you?		<input type="checkbox"/> NO	<input type="checkbox"/> YES			
	If yes, who is the creditor?		Judgment Date	Amount of debt \$			
	17c. Are you a party in a lawsuit?		<input type="checkbox"/> NO	<input type="checkbox"/> YES			
	If yes, amount of suit \$		Possible completion date	Subject matter of suit			
	17d. Did you ever file bankruptcy?		<input type="checkbox"/> NO	<input type="checkbox"/> YES			
	If yes, date filed		Date discharged				
	17e. In the past 10 years did you transfer any assets out of your name for less than their actual value? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what asset? Value of asset at time of transfer When was it transferred? To who was it transferred?						
17f. Do you anticipate any increase in household income in the next two years? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, why will the income increase? (Attach sheet if you need more space.) How much will it increase? \$							
17g. Are you a beneficiary of a trust or an estate?		<input type="checkbox"/> NO	<input type="checkbox"/> YES				
If yes, name of the trust or estate		Anticipated amount to be received \$	When will the amount be received?				
17h. Are you a participant in a profit sharing plan?		<input type="checkbox"/> NO	<input type="checkbox"/> YES				
If yes, name of plan		Value in plan \$					
Section 7 Assets and Liabilities ✦ Current Value: Indicate the amount you could sell the asset for today.	18. 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	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
	18a	Year					
		Make/Model					
		Mileage					
	18b	Year					
		Make/Model					
		Mileage					
	18c	Year					
		Make/Model					
Mileage							

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Section 7 continued

19. LEASED AUTOMOBILES, TRUCKS, AND OTHER LICENSED ASSETS.
 Include boats, RVs, motorcycles, trucks, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model)		Lease Balance	Name and Address of Lesser	Lease Date	Amount of Monthly Payment
19a	Year				\$
	Make/Model				
19b	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.

20. REAL ESTATE. List all real estate you own. (If you need additional space attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	★ Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	⚙️ Date of Final Payment
20a.			\$	\$		\$	
20b.			\$	\$		\$	

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

21. PERSONAL ASSETS. List all Personal Assets below. If you need additional space, attach separate sheet.)
 Furniture/Personal Effects includes the total current market value of your household such as furniture and appliances.
 Other Personal Assets includes all artwork, jewelry, collections (coin/gun, etc.), antiques, or other assets.

Description	★ Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	⚙️ Date of Final Payment
21a. Furniture/Personal Effects	\$	\$		\$	
Other: List below					
21b. Artwork	\$	\$		\$	
21c. Jewelry	\$	\$		\$	
21d.	\$	\$		\$	
21e.	\$	\$		\$	

22. BUSINESS ASSETS. List all business assets and encumbrances below; include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) Tools use in Trade or Business includes the basic tools or books used to conduct your business, excluding automobiles. Other Business Assets includes any other machinery, equipment, inventory, or other assets.

Description	★ Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	⚙️ Date of Final Payment
22a. Tools used in Trade/Business	\$	\$		\$	
Other: List below					
22b. Machinery	\$	\$		\$	
22c. Equipment	\$	\$		\$	
22d.	\$	\$		\$	
22e.	\$	\$		\$	

★
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 when all spaces in Sect. 7 are filled in and attachments provided.

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Section 8
Accounts/
Notes
Receivable

23. **ACCOUNTS/NOTES RECEIVABLES.** List all contracts separately, including contracts awarded, but not started.
(If you need additional space, attach a separate sheet.)

Use only if
needed.

Check this
box if Section
8 not
needed.

Description	Amount Due	Date Due	Age of Account
			<input type="checkbox"/> 0 -- 30 days
23a.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
23b.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
23c.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
23d.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
23e.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
23f.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
23g.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
23h.Name	\$		<input type="checkbox"/> 30 -- 60 days
Street Address			<input type="checkbox"/> 60 -- 90 days
City/State/Zip			<input type="checkbox"/> 90 + days
Add Lines 23a through 23h = 23i			

Check this
box when all
spaces in
Sect. 8 are
filled in.

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<p>Section 9 Monthly Income and Expenses Analysis</p> <p>If only one spouse has a tax liability, but both have income, list the total household income and expenses.</p>	TOTAL INCOME		TOTAL EXPENSES	
	Source	Gross Monthly	Expense Items (4)	Actual Monthly
	24. Wages (Yourself) (1)	\$	35. Food Clothing and Misc. (5)	\$
	25. Wages (Spouse) (1)		36. Housing and Utilities (6)	
	26. Interest and Dividends		37. Transportation (7)	
	27. Net Income from Business (2)		38. Health Care	
	28. Net Rental Income (3)		39. Taxes (Income and FICA)	
	29. Pension/Social Security (Yourself)		40. Court ordered payments	
	30. Pension/Social Security (Spouse)		41. Child/dependent care	
	31. Child Support		42. Life insurance	
	32. Alimony		43. Other secured debt	
	33. Other		44. Other expenses	
	34. Total Income	\$	45. Total Living Expenses	

(1) Wages, salaries, pensions, and social security: Enter your gross monthly wages and/or salaries. Do not deduct withholding or allotments you elect to take out of your pay, such as insurance payments, credit union deductions, car payments etc. To calculate your gross monthly wages and/or salaries:
 If paid weekly – multiply weekly gross wages by 4.3. Example: \$425.89 X 4.3 = \$1,831.33
 If paid bi-weekly (every 2 weeks) – multiply bi-weekly gross wages by 2.17. Example: \$972.45 X 2.17 = \$2,110.22
 If paid semi-monthly (twice each month) – multiply semi-monthly wages by 2. Example: \$856.23 X 2 = \$1,712.46

(2) Net Income from Business: Enter your monthly net business income. This is the amount you earn after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly net profit from your Form 1040 Schedule C. If it is more or less than the previous year, you should attach an explanation. If your net business income is a loss, enter "0". Do not enter a negative number.

(3) Net Rental Income: Enter your monthly net rental income. This is the amount you earn after you pay ordinary and necessary monthly rental expenses. If your net income is a loss enter "0". Do not enter a negative number.

(4) Expenses not generally allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable contributions, and voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television, and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family or for the production of income.

(5) Food, Clothing and Misc: Total of clothing, food, housekeeping supplies and personal care products for one month.

(6) Housing and Utilities: For your principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, and telephone.

(7) Transportation: Total of lease or purchase payments, vehicle insurance, registration fees, normal maintenance, fuel, public transportation, parking, and tolls for one month.

Check this box when all spaces in Sect. 7 are filled in.

CAUTION

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