

Collection Information Statement for Businesses

Note: Complete all blocks, except shaded areas. Write "N/A" (not applicable) in those blocks that do not apply. If you need additional space, please attach a separate sheet.

1 Name and address of business:

3 (Check appropriate box)

sole proprietor other (*specify*)
 partnership _____
 corporation _____

4 Name/title of person being interviewed (or filling out form):

County: _____

5 Employer Identification No.: _____

2 Business phone 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 No.	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 account(s) (list all types of accounts, including payroll and general, savings, certificates of deposit, etc.)

Name of Institution	Address	Type of Account	Account Number	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
Total (<i>enter in items 24 or 25, as appropriate</i>).....					

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

12 Real Property

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

13 Life insurance policies owned with business as beneficiary:

Name of Insured	Company	Policy No.	Type	Face Amount	Available Loan Value
				Total (<i>enter in item 19</i>).....	

14

a 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, estate, profit-sharing plans, etc.)

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

Description	Current Market Value	Liabilities Balance Due	Equity in Asset	Amount Monthly Payment	Name/Address of Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment
16 Cash on hand							
17 Bank accounts							
18 Accounts/Notes receivable							
19 Life insurance loan value							
20 Real property (from item 12)	a						
	b						
	c						
	d						
21 Vehicles (model, yr, lic #)	a						
	b						
	c						

22 Machinery and equipment (specify)	a							
	b							
	c							
23 Merchandise inventory (specify)	a							
	b							
24 Other assets (specify)	a							
	b							
25 Other liabilities (including notes and judgments)	a							
	b							
	c							
	d							
	e							
	f							
	g							
	h							
26	Federal taxes owed							
27	TOTALS							

(continued on next page)

**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 _____) 35 Net wages and salaries	
30 Interest		36 Rent	
31 Dividends		37 Supplies	
32 Other income (<i>specify</i>)		38 Utilities/telephone	
		39 Gasoline/oil	
		40 Repairs/maintenance	
		41 Insurance	
		42 Current taxes	
		43 Other (<i>specify</i>)	
33 Total income.....		44 Total expenses.....	

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.

45 Signature

46 Date

If you do not digitally sign this document you may email it and postal mail a signed copy



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