



ALABAMA DEPARTMENT OF REVENUE  
COLLECTION SERVICES DIVISION  
Affidavit

OFFICE USE ONLY  
Case No. \_\_\_\_\_

Under penalties of perjury, I declare that I have examined the information given in this financial statement and, to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement. I agree to give written notice to the Alabama Department of Revenue of material changes in this information as it occurs.

\_\_\_\_\_  
INITIAL

I understand that my failure to maintain current tax liabilities will void any payment agreement

\_\_\_\_\_  
INITIAL

I also understand I must include proof of all income, expenses, etc. (see page 4 for examples) for this collection information statement to be considered as complete. Failure to do so will result in this application not being processed.

\_\_\_\_\_  
INITIAL

I also understand that my failure to list all assets and document expenditures will void any payment agreement.

\_\_\_\_\_  
INITIAL

I am proposing to make a down payment of \$\_\_\_\_\_, along with monthly/weekly payments of \$\_\_\_\_\_.

\_\_\_\_\_  
INITIAL

★★★ A DOWN PAYMENT MUST BE RETURNED WITH THIS FORM ★★★

I understand that an installment payment agreement, if approved, may require full payment of the remaining balance at the end of the payment agreement.

\_\_\_\_\_  
INITIAL

★★★ INCOMPLETE/INACCURATE FORMS WILL NOT BE PROCESSED, AND THE DEPARTMENT WILL PROCEED WITH COLLECTION ACTION. ★★★

\_\_\_\_\_  
OFFICER SIGNATURE

\_\_\_\_\_  
OFFICER TITLE

\_\_\_\_\_  
PRINT OFFICER NAME

\_\_\_\_\_  
DATE

**All forms must be signed and include all proofs/documents required. Return the collection information packet to:**

Alabama Department of Revenue  
Collection Services Division  
P.O. Box 327820  
Montgomery, AL 36132-7820

Telephone: (334) 353-8096  
Fax: (334) 242-8342

# Business Collection Information Statement

PLEASE TYPE OR PRINT – COMPLETE ALL INFORMATION

Partnership     Limited Liability Company (LLC)     Corporation    Other \_\_\_\_\_  
**Is the business currently operating?**     YES     NO

**Note: Complete all entry spaces with the current data available or "N/A" (not applicable). Failure to complete all entry spaces may result in rejection of your request or significant delay in account resolution. Include attachments if additional space is needed to respond completely to any question.**

Business Name:	Employer Identification No. (EIN):
Business Street Address:	Date Incorporated/Established:
City:                      State:                      ZIP:	Date Business Closed:
Business Telephone No:	Number of Employees:
Business Website (web address):	Monthly Gross Payroll:

PARTNERS, OFFICERS, LLC MEMBERS, MAJOR SHAREHOLDERS, ETC.	
Full Name:	Social Security No.
Title:	Date of ownership:
Home Address:	Work/Cell No:
City:                      State:                      ZIP:	Ownership Percentage and # of Shares/Interest:
Responsible for Filing/Paying Payroll Taxes: <input type="checkbox"/> YES <input type="checkbox"/> NO	Responsible for Filing and/or Paying Applicable Taxes: <input type="checkbox"/> YES <input type="checkbox"/> NO

PARTNERS, OFFICERS, LLC MEMBERS, MAJOR SHAREHOLDERS, ETC.	
Full Name:	Social Security No:
Title:	Date of ownership:
Home Address:	Work/Cell No:
City:                      State:                      ZIP:	Ownership Percentage and # of Shares/Interest:
Responsible for Filing/Paying Payroll Taxes: <input type="checkbox"/> YES <input type="checkbox"/> NO	Responsible for Filing and/or Paying Applicable Taxes: <input type="checkbox"/> YES <input type="checkbox"/> NO

**PLEASE ATTACH ADDITIONAL OFFICERS OR MEMBERS INFORMATION ON SEPARATE SHEETS AND INCLUDE WITH THIS FORM.**

**Power of Attorney Form 2848A located on the Alabama Department of Revenue website at: [www.revenue.alabama.gov](http://www.revenue.alabama.gov)**

Business Financial Information
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Does the business use a Payroll Service Provider or Reporting Agent? (If yes, answer the following):     NO     YES

Name and Address (Street, City, State, ZIP Code):

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Has the business ever filed bankruptcy? (If yes, answer the following):  NO  YES    Date Filed: \_\_\_\_\_    Date Dismissed: \_\_\_\_\_

Does the business have other business affiliations? (e.g., subsidiary or parent companies):     NO     YES, please list below

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Is the business a State/Federal Government Contractor? (Include Government contracts in Accounts/Notes Receivable):  NO     YES

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### Business Bank Accounts:

TOTAL CASH ON HAND (Includes petty cash that is not in the bank): \$ \_\_\_\_\_

Is there a safe on the business premises?     YES     NO

**BUSINESS BANK ACCOUNTS** – Include online and mobile accounts (e.g., PayPal), money market accounts, savings accounts, checking accounts and value cards (e.g., payroll cards, government benefit cards, etc.). List safe deposit boxes including location, box number, and value of contents. Attach list of contents.

Type of Account	Full Name and Address (Street, City, State, ZIP code) of Bank Savings & Loan, Credit Union, or Financial Institution	Account Number	Account Balance as of _____ MM/DD/YYYY

### Credit Cards:

Full Name and Address (Street, City, State, ZIP code)	Minimum Monthly Payment	Credit Limit	Balance Owed

### Payment Processors:

Full Name and Address (Street, City, State, ZIP code)	Minimum Monthly Payment	Credit Limit	Balance Owed

### Investment/Real Property:

Full Name and Address (Street, City, State, ZIP code)	County and State	Date Purchased	Purchase Price	Paid To: Name of Person or Bank	Balance Owed

### Business Property (Boats, Motor vehicles, Recreational Vehicles, Utility Trailers, etc.):

Description (Year, Make, Model, and Tag Number)	Purchase Price	Balance Owed
_____ Lease _____ Own		
_____ Lease _____ Own		
_____ Lease _____ Own		

### Accounts Receivable:

Name of Person/Business	Full Name/Address (Street, City, State, ZIP code)	Amount Loaned	Balance Owed	Monthly Payment

## Business Income/Expenses

To determine your typical business income and expenses use the prior 3-to-6-month periods:

Income and Expenses during the period (MM/DD/YYYY) \_\_\_\_\_ to (MM/DD/YYYY) \_\_\_\_\_

Provide a breakdown below of your average monthly income and expenses based on the periods used above:

Monthly Income:		
Gross Receipts from Sales/Services		
Gross Rental Income		
Interest Income		
Cash Receipts (not included in Lines 1-4)		
Other income (Specify below)		
<b>TOTAL INCOME</b>		

Monthly Business Expenses:		
Materials Purchased <sup>1</sup>		
Inventory Purchased <sup>2</sup>		
Gross Wages & Salaries		
Rent		
Supplies <sup>3</sup>		
Utilities/Telephone <sup>4</sup>		
Vehicle Gasoline/Oil		
Repairs & Maintenance		
Insurance		
Current Taxes <sup>5</sup>		
Accounting Fees		
Advertising		
Interest Expense		
Bank Service Fees		
Bank & Credit Card Fees		
Other Expenses		
IRS Use Only-Allowable Installment Payments		
<b>TOTAL EXPENSES</b>		

**In order to substantiate business income and expenses, the following documentation must be included:**

- A current profit and loss statement
- Copies of the most recent three (3) months of bank statements
- Copies of the most recent outstanding accounts receivable
- Copies of the most recent statements from lenders on loans, mortgages, etc.
- Copies of accountant's depreciation schedules
- Copies of statements from the payment processors and credit card vendors
- Attach Form 2848A, Power of Attorney, if you would like your attorney, CPA, or other party to represent you. Form 2848A can be found on the ALABAMA DEPARTMENT OF REVENUE website: [www.revenue.alabama.gov](http://www.revenue.alabama.gov)

<sup>1</sup>**Materials Purchased:** Materials are items related to the production of product or service.

<sup>2</sup>**Inventory Purchased:** Goods bought for resale.

<sup>3</sup>**Supplies:** Supplies are used to conduct business and are consumed or used up within 1 year. This could be the costs of books, office supplies, professional equipment, etc.

<sup>4</sup>**Utilities/Telephone:** Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business internet.

<sup>5</sup>**Current Taxes:** Real Estate, state and local income tax, excise, franchise, occupational, personal property, sales, and the employer's portion of employment taxes.

**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 of Office, Partner or LLC Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

After we review the completed Collection Information Statement, you may be asked to provide verification for the assets, encumbrances, income, and expenses reported. Documentation may include previously filed income tax returns, profit and loss statements, bank and investment statements, loan statements, financing statements, bills, or statements for recurring expenses, etc.