

Note: Complete all blocks. Write N/A (not applicable) in those blocks that do not apply.

1. Taxpayer Information		
Name and address of business:	Contact Phone Number:	Website:
	Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify)	
Name and title of person submitting offer:	Employer Identification Number (EIN):	Locality (City/County):
Trade name and description of business:	Number of Employees:	Average Gross Monthly Payroll:

2. Information about owner, partners, officers, majority shareholders, etc.						
Name and Title	Effective Date	Home Address	Phone Number	Social Security Number	Annual Salary	Total Shares of Interest

Is this business a member of an affiliated group? If Yes, list the Name(s) and Employer Identification Numbers(s):		
Name	Relationship	EIN

3. General Financial Information				
a. Bank accounts (include savings and loans, credit unions, IRA and retirement plans, certificates of deposit, etc.)				
Name of Financial Institution	Address	Type of Account	Account Number	Balance

b. Bank credit available (lines of credit, credit cards, etc.)					
Name of Financial Institution	Address	Credit Limit	Amount Owed	Credit Available	Monthly Payment

c. Real Property (brief description and address)	Owner of Record	Used as Collateral	Value	Amount Owed
1. Locality (City/County)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Locality (City/County)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Locality (City/County)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Locality (City/County)		<input type="checkbox"/> Yes <input type="checkbox"/> No		

d. Life insurance policies owned with business as beneficiary

Name of Insured	Company	Policy Number	Type (Whole/Term)	Face Amount	Available Loan Value

e. Vehicle Information (enter information about any cars, boats, motorcycles, RV's, etc., owned or leased by the business)

Vehicle Description	City/State of Registration	Registered Owner	Value	Amount Owed
1.				
2.				
3.				

f. Machinery and Equipment

Description	Value	Amount Owed
1.		
2.		
3.		

g. Other Assets (include any investments in pass-through entities)

Description	Value	Amount Owed
1.		
2.		
3.		

4. Other information relating to your financial condition. If you check the "Yes" box, please give dates and explain in comments box below

Court Proceedings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bankruptcies: <input type="checkbox"/> Yes <input type="checkbox"/> No
Repossessions/Foreclosures: <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent sale or other transfer of assets for less than full value: <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated increase in income: <input type="checkbox"/> Yes <input type="checkbox"/> No	Participant or beneficiary to trust, estate, profit sharing, etc.: <input type="checkbox"/> Yes <input type="checkbox"/> No
Delinquent Federal Taxes: <input type="checkbox"/> Yes If Yes, outstanding balance: _____ <input type="checkbox"/> No	

Comments:

5. Asset and Liability Analysis

Description		Current Market Value	Liabilities Balance Due	Equity in Asset	Amount of Payment	Name/Address of Lien Holder	Date of Final Payment
Cash on Hand							
Bank Accounts							
Accounts/Notes Receivable							
Life Insurance Loan Value							
Real Property (from Item 3 c.)	1.						
	2.						
	3.						
	4.						
Vehicles (from Item 3 e.)	1.						
	2.						
	3.						
Machinery and Equipment (from Item 3 f.)	1.						
	2.						
	3.						
Other Assets (from Item 3 g.)	1.						
	2.						
	3.						
Merchandise Inventory							
Other Liabilities (including Notes and Judgments)							
Federal Taxes Owed							
State Taxes Owed							
Local Taxes Owed							
Total							

6. Income and Expense Analysis

Indicate whether reporting: Annually Quarterly Monthly
 Period Beginning _____ Period Ending _____

Accounting method used: Cash Accrual

Income		Expenses	
Gross receipts from sales, services, etc.		Materials Purchased	
Gross rental income		Net Wages and Salaries	
Interest		Mortgage	
Dividends		Rent	
Other income (specify)		Installment Payments	
		Supplies	
		Utilities/Telephone	
		Gasoline/Oil	
		Repairs and Maintenance	
		Insurance	
		Current Taxes	
		Other (specify)	
Total Income		Total Expenses	
Net Difference (total income minus total expenses)			

7. Supplemental Questions

Are you involved in any lawsuits?

No (Skip to Certification) Yes (Answer the questions in this section and provide a brief explanation)

Are you the plaintiff or defendant?

Plaintiff Defendant

Lawsuit Information: Docket Number: _____ Attorney Name: _____ Defendant Name: _____

Date Initiated: _____ Estimated Settlement Date: _____ Expected Award/Penalty: _____

Comments:

Certification:

- Under penalties of law, I/we declare that to the best of my/our knowledge and belief, this statement of assets, liabilities, and other information is true, correct, and complete.
- I/We grant authorization to verify any financial data by use of a credit report.

Taxpayer Signature _____ Title _____

Printed Name _____ Date _____

Authorized Representative Signature _____

Printed Name _____ Date _____

Recommended documentation. Attach all that are applicable:

- Letter of circumstance, explaining your situation.
- A current profit and loss statement covering at least the most recent 12 month period.
- If an asset is used as collateral on a loan, include copies of the most recent statements from lender(s) on loans, monthly payments, loan payoffs, and balances.
- Copies of the most recent statements of outstanding notes receivable.
- Copies of the most recent statements from lenders on loans, mortgages (including second mortgages), monthly payments, loan payoffs, and balances.