

Business Information Statement

The information you provide on this form will be used to evaluate your ability to pay the taxes you owe and to determine acceptable payment terms, if a payment agreement is found appropriate. The information may also be used for collection purposes. Other than the Social Security numbers, which are required under 42 USC 405 (c)(2)(C)(i), you are not legally required to provide the information requested. However, if the information is incomplete or inaccurate, your request for a payment agreement may be denied.

Section 1—General information

General information

1 Name of business Business address City, state and zip code	2 Federal ID number Minnesota ID number 3 Type of organization (check one box) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Other (specify) <input type="checkbox"/> Partnership		
4 Type of business	5 Business telephone number		
6 Name and title of person submitting information			
7 List all owners, general partners, or officers (attach a separate sheet, if needed)			
Name (last name, first, MI)	Title	Effective dates	Annual compensation \$
Home address (street, city, state, zip code)	Home telephone ()	Social Security no.	Date of birth
Name (last name, first, MI)	Title	Effective dates	Annual compensation \$
Home address (street, city, state, zip code)	Home telephone ()	Social Security no.	Date of birth
Name (last name, first, MI)	Title	Effective dates	Annual compensation \$
Home address (street, city, state, zip code)	Home telephone ()	Social Security no.	Date of birth

Licenses

8 Licenses. Provide the requested information for each license that is issued to the business, partner, officer or owner by the state of Minnesota or any other unit of government to conduct a profession, occupation, trade or business. Fill in the exact title of the license as it appears on the form or certificate issued by the state or political subdivision. Attach a separate sheet, if needed.

Issued to	License title	Issuing authority	Renewal date

Parent/subsidiary

9 Parent/subsidiary information.

Is this business a subsidiary, division or branch of an existing corporation? Yes No

If yes, check appropriate box and complete the following: Subsidiary Division Parent Affiliated with another corporation

Name of parent corporation	Federal ID number	Minnesota ID number
Address		
City	State	Zip code

Life insurance policies

12 Life insurance policies. List all policies owned with the business as beneficiary.

Name of insured	Company	Policy number	Type	Face amount	Loan value
Total. Enter on line 19, column d . .					

Real property

13 Real property

Brief description and type of ownership	Address, including county and state
a	
b	
c	
d	

Available credit

14 Bank credit available — include lines of credit, etc.

Name and address of institution	Credit limit	Amount owed	Credit available	Monthly payments
Total. Enter on line 25a, column c . .				
Total. Enter on line 24a, column d . .				

Security interests

15 Security interests. Attach a copy of all currently recorded UCC-1 financing statements on which the business is either a creditor or debtor.

Section 3—Asset and liability analysis

A Description	B Current market value	C Liabilities balance due	D Equity in asset	E Amount of monthly payment	F Name and address of lien/note holder	G Date pledged	H Date final payment
16 Cash on hand							
17 Bank accounts							
18 Accounts/notes receivable							
19 Life insurance loan value							
20 Real property (list in the same order as in Section 2, number 13)	a.						
	b.						
	c.						
	d.						
21 Vehicles (model, year, and license)	a.						
	b.						
	c.						
	d.						
22 Machinery and equipment (specify)	a.						
	b.						
	c.						
23 Merchandise in inventory (specify)	a.						
	b.						
	c.						
24 Other assets (specify)	a. Bank credit available						
	b.						
	c.						
25 Other liabilities (include delinquent taxes, notes, judgments, etc.)	a. Bank credit owed						
	b.						
	c.						
	d.						
	e.						

Section 4—Revenue and expense analysis

The following information applies to income and expenses during the period _____ to _____.

26 Gross receipts from sales, services, etc. _____	32 Materials purchased _____
27 Gross rental income _____	33 Wages and salaries _____
28 Interest _____	34 Rent/mortgage _____
29 Dividends _____	35 Installment payments _____
30 Other income (specify) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	36 Supplies _____
	37 Utilities/phone _____
	38 Gasoline/oil _____
	39 Repairs and maintenance _____
	40 Insurance _____
	41 Current taxes _____
	42 Other (specify) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
31 Total _____	43 Total _____
	44 Net difference _____

45 Additional information. 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, estates, profitsharing plans, etc. If you need more space, attach a separate sheet with your name and tax ID number.

Section 5—Conditions and payment and terms

Conditions

Conditions

1. Copies of the most recent business financial statement (including but not limited to balance sheets and income statements) should be submitted with this form.
2. Personal Collection Information Statement forms must be submitted with this form for each owner, partner, or officer.
3. Each owner, partner, or officer must disclose the name and address and the nature of any involvement or interest in other businesses. Enter in Section 4, item 45.

Payment terms you are requesting

Total tax, penalty, interest, and other amounts (such as lien fees, collection costs, underestimated non-interest bearing penalties, and judgment costs) owing: _____

I am requesting to pay the total liability plus accrued penalties and interest in the following manner:

Initial payment remitted with this completed statement of \$ _____ and \$ _____ payable on or before the _____ day of each (circle one) weekly/bi-weekly/monthly period, beginning _____, 20____

I declare that the information I have provided in this statement is true and correct to the best of my knowledge and belief. I understand material misrepresentation on this form may be grounds for denial of an agreement. I authorize the Department of Revenue to verify any information on this form. I understand and am aware that:

- the Commissioner of Revenue or delegated representative will evaluate the information I have provided and the terms I have requested;
- the Commissioner of Revenue or a delegated representative shall have the sole authority to accept or reject my terms;
- the information provided will be used to collect my liability if my terms are not accepted or if I default on acceptable payment terms;
- I may be required to provided documentation to substantiate any information included on this form; and
- the completion and submission of this form with a first payment does not constitute acceptance of my terms by the Commissioner of Revenue.

Payment terms

Signature

Title

Date

All information you provide on this form is confidential. Under state law, the Department of Revenue may give the information you provide us on this statement only to the Internal Revenue Service, other states, Minnesota municipalities, the Minnesota Collection Enterprise, the Minnesota Attorney General in the administration of tax laws, the Minnesota Department of Human Services if there is any evidence you have deserted your children or are delinquent in child support payments, or another person who must list some or all of your income or expenses on his or her tax return.

To be completed by the Minnesota Department of Revenue: