

STATE OF DELAWARE
 DEPARTMENT OF FINANCE
 DIVISION OF REVENUE
 820 N. FRENCH STREET
 WILMINGTON, DE 19801

BUSINESS COLLECTION INFORMATION STATEMENT

[If you need additional space, please attach a separate sheet with your Business Name & Federal Employer Identification No. or Social Security No., if applicable]

1) NAME & ADDRESS OF BUSINESS:	2) BUSINESS PHONE NUMBER:
	3) CHECK APPROPRIATE BOX: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER (SPECIFY): <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION
4) NAME & TITLE OF PERSON COMPLETING THIS FORM:	5) FEDERAL EMPLOYER ID NO. OR SOCIAL SECURITY NO. [IF APPLICABLE]
	6) TYPE OF BUSINESS:

7) INFORMATION ABOUT OWNER, PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.:

NAME & TITLE	EFFECTIVE DATE	HOME ADDRESS	PHONE NUMBER	SOCIAL SECURITY NUMBER	TOTAL SHARES OF INTEREST

SECTION 1. GENERAL FINANCIAL INFORMATION

8) LATEST FILED INCOME TAX RETURN	▶	FROM:	TAX YEAR ENDED:	NET INCOME BEFORE TAXES:
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9) BANK ACCOUNTS: (List all types of accounts, including Payroll and General, Savings, Certificates of Deposits, etc.)

NAME OF INSTITUTION	ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

10) BANK CREDIT AVAILABLE: (Lines of Credit, etc.)

NAME OF INSTITUTION	ADDRESS	CREDIT LIMIT	AMOUNT OWED	CREDIT AVAILABLE	MONTHLY PAYMENTS

11) LOCATION, BOX NUMBER AND CONTENTS OF ALL SAFE DEPOSIT BOXES RENTED OR ACCESSED:

SECTION 1 (CONT'D)

GENERAL FINANCIAL INFORMATION

12) REAL PROPERTY

BRIEF DESCRIPTION & TYPE OF OWNERSHIP	ADDRESS (INCLUDE COUNTY & STATE)
A.	
B.	
C.	
D.	

13) LIFE INSURANCE POLICIES OWNED WITH BUSINESS AS BENEFICIARY:

NAME INSURED	COMPANY	POLICY NUMBER	TYPE	FACE AMOUNT	AVAILABLE LOAN VALUE
TOTAL (Enter in Item 19)				▶ ▶	

14) 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, ESTATES, PROFIT-SHARING PLANS, ETC.)

15) ACCOUNTS/NOTES RECEIVABLE (Include Loans to Stockholders, Officers, Partners, Etc.):

NAME	ADDRESS	AMOUNT DUE	DUE DATE	STATUS
		\$		
TOTAL (Enter in Item 18)		▶ ▶	\$	

SECTION II.

ASSETS & LIABILITY ANALYSIS

DESCRIPTION (a)	CURRENT MKT. VALUE (b)	LIABILITIES BALANCE DUE (c)	EQUITY IN ASSET (d)	AMOUNT OF NO. PYMT (e)	NAME & ADDRESS OF LEIN/NOTE HOLDER/OBLIGEE (f)	DATE PLEDGED (g)	DATE OF FINAL PYMT (h)
16) CASH ON HAND							
17) BANK ACCOUNTS							
18) ACCOUNTS/NOTES RECEIVABLE							
19) LIFE INSURANCE LOAN VALUE							
20) REAL PROPERTY	a.						
	b.						
	c.						
	d.						
21) VEHICLES MODEL, YEAR, & LICENSE)	a.						
	b.						
	c.						
22) MACHINERY & EQUIPMENT (SPECIFY)	a.						
	b.						
	c.						
23) MERCHANISE IVENTORY (SPECIFY)	a.						
	b.						
	c.						
24) OTHER ASSETS (SPECIFY)	a.						
	b.						
25) OTHER LIABILITIES [INCLUDE NOTES & JUDGMENTS	a.						
	b.						
	c.						
	d.						
	e.						
	f.						
	g.						
	h.						
26) TAXES OWED							
27) TOTAL							

