

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

**EXAMPLE
COLLECTION INFORMATION STATEMENT**

[If you need additional space, please attach a separate sheet with your name(s) and social security number(s).]

YOUR NAME & ADDRESS [INCLUDING COUNTY]:

JAMES A. & MARY APPLIGATE
820 N. FRENCH STREET
WILMINGTON, DE 19801

PHONE NUMBERS: [CIRCLE BEST DAYTIME NUMBER]

HOME: 302-555-1212

YOUR WORK: 301-398 -0000

YOUR SPOUSE'S WORK: _____

SOCIAL SECURITY NUMBER[S]:

YOURS: 123-45-6789 YOUR SPOUSE'S: 987-65-4321

DATES OF BIRTH: YOURS: 10/31/55 YOUR SPOUSE'S: 9/9/56

YOUR EMPLOYER OR BUSINESS [NAME & ADDRESS]:

FIRST NATIONAL BANK
P.O. BOX 1
ELKTON, MD 21308

YOUR SPOUSE'S EMPLOYER OR BUSINESS [NAME & ADDRESS]:

CHRYSLER CORPORATION
123 MAIN STREET
NEWARK, DE 19711

AGE & RELATIONSHIP OF PEOPLE WHO LIVE WITH YOU [DEPENDENTS ONLY]:

JOHN APPLIGATE, 10 YRS., SON; JOAN APPLIGATE, 70 YRS., HUSBAND'S MOTHER

BANK ACCOUNTS [INCLUDE SAVINGS & LOANS, CREDIT UNIONS, CERTIFICATES OF DEPOSIT, INDIVIDUAL RETIREMENT ACCOUNTS]:

NAME OF INSTITUTION	ADDRESS	TYPE OF ACCOUNT [CHECKING, SAVINGS]	ACCOUNT NO.	BALANCE
FIRST NAT'L BANK	PO BOX 1, ELKTON, MD	SAVINGS	12-3456	25.75
DELAWARE TRUST CO.	9TH & MARKET ST., WILM., DE	CHECKING	16-3457	25.00
CHRYSLER CREDIT UNION	123 MAIN ST., NEWARK, DE	SAVINGS	25-2137	70.00

CREDIT CARDS, CHECKING OVERDRAFT PROTECTION, LINE OF CREDIT:

NAME OF CREDIT CARD, BANK, ETC.	MIN. MONTHLY PAYMENT	CREDIT LIMIT	AMOUNT OWED	DATE OF FINAL PAYMENT
DELAWARE TRUST VISA	35.00	1000.00	1000.00	JAN. 1993
CHEVY CHASE FSB VISA	30.00	2500.00	2000.00	OCT. 1993
CHEVY CHASE FSB M/C	55.00	2000.00	2000.00	OCT. 1993

LIFE INSURANCE: NAME OF COMPANY POLICY NUMBER AMOUNT YOU CAN BORROW ON THE POLICY

NAME OF COMPANY	POLICY NUMBER	AMOUNT YOU CAN BORROW ON THE POLICY
METROPOLITAN LIFE	07-382-16	150.00
METROPOLITAN LIFE	01-321-68	-0-

REAL ESTATE: ADDRESS [INCLUDING COUNTY] CURRENT VALUE MORTGAGE BALANCE PAID TO [NAME OF PERSON OR BANK]

ADDRESS [INCLUDING COUNTY]	CURRENT VALUE	MORTGAGE BALANCE	PAID TO [NAME OF PERSON OR BANK]
820 N. FRENCH ST., WILM., DE (NEW CASTLE)	65,000.00	52,000.00	FIRST NAT'L BA NK
1617 BEACH DR., REHOBOTH, DE (SUSSEX)	45,000.00	-0-	N/A

MOTOR VEHICLES: YEAR, MAKE & LICENSE NO. CURRENT VALUE LOAN BALANCE DATE LOAN WILL BE PAID OFF

YEAR, MAKE & LICENSE NO.	CURRENT VALUE	LOAN BALANCE	DATE LOAN WILL BE PAID OFF
1989 FORD FESTIVA, DE 51998	7,500.00	6,290.00	OCT. 1992

OTHER THINGS YOU OWN OR ARE CURRENTLY BUYING [STOCKS, BONDS, BOAT, ETC]:

DESCRIPTION	CURRENT VALUE	LOAN BALANCE	DATE LOAN WILL BE PAID OFF

INCOME AND EXPENSES

MONTHLY INCOME:

Your net pay [attach 3 recent paystubs].....	2100.00
Your spouse's net pay [attach 3 recent paystubs].....	1453.00
Rents paid to you.....	
Pensions.....	700.00
Social Security.....	
Profit from your business [attach statements].....	
Commissions.....	
Other Income [source] _____	4253.00

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MONTHLY EXPENSES: [Expenses must be reasonable for the size of your family, location, and unique circumstances]

Rent.....	0.00
Mortgage.....	625.00
Alimony/Child Support.....	1000.00
Groceries.....	300.00
Utilities:	
▶ Electricity.....	
▶ Heating Oil/Natural Gas.....	25.00
▶ Water.....	30.00
▶ Telephone.....	10.00
Transportation [Gas, Bus Fares, Etc.].....	30.00
Medical [Doctors & Medicine not paid by Insurance].....	75.00
Insurance:	
▶ Auto.....	50.00
▶ Health.....	85.00
▶ Life.....	42.00
▶ Homeowners/Renters.....	
Estimated Tax Payments.....	
Auto Loans [Name of Financing Company, Bank, Etc.]: <u>Delaware Trust Co.</u>	192.00
Installment Payments [Name of Store, Bank, Credit Card, Amount of Payment & Date of final payment]	
<u>Delaware Trust Co.</u> <u>Visa</u> <u>1/93</u>	35.00
<u>Chevy Chase FSB</u> <u>Visa</u> <u>10/93</u>	73.00
<u>Chevy Chase FSB</u> <u>M/C</u> <u>10/93</u>	58.00
<u>Sears Roebuck</u> <u>Revolving</u> <u>5/93</u>	60.00
<u>Fidelity Fin. Group</u> <u>Time Share</u> <u>5/95</u>	125.00
Other: <u>Vacation Charters Ltd.</u> <u>Time Share</u> <u>5/95</u>	160.00
Total Allowable Monthly Expenses.....	
Minimum Installment Payment.....	

ALLOWABLE PAYMENTS
[for DOR USE ONLY]

\$
\$

CONDITIONS

- ▶ I agree to file returns and pay, when due, all other state taxes for which I may become liable during the term of this agreement.
- ▶ I understand that until the amount owed is paid in full, any refunds due me will be applied against the balance I owe without affecting the terms of this agreement.
- ▶ I understand that this agreement is based on my current financial circumstances and is subject to revision or cancellation if subsequent financial information reflects a change in my ability to pay.
- ▶ I understand that if I do not meet all of the conditions of the agreement, or it is determined that collection of these taxes is endangered, permission to make installment payments will be withdrawn.

ADDITIONAL INFORMATION [Expected changes to Income, Health, Etc.]:

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. I agree to resolve my tax liability as prescribed by the Division of Revenue.

Your Signature

Spouse's Signature [if joint return was filed]

Date