



# COLLECTION INFORMATION STATEMENT

- Complete all entry spaces with the most current data available.
- **Important!** Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.
- Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

## Section 1

### Personal Information

1a YOUR FULL NAME			1b YOUR SOCIAL SECURITY NO.		1c YOUR DATE OF BIRTH MM/DD/YYYY	
1d SPOUSE'S FULL NAME			1e SPOUSE'S SOCIAL SECURITY NO.		1f SPOUSE'S DATE OF BIRTH MM/DD/YYYY	
2 MARITAL STATUS (check one box): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			3 Check one box: <input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Other (specify, i.e. share rent, live with relative):			
4a STREET ADDRESS				4b CITY		STATE   ZIP
4c COUNTY OF RESIDENCE			4d HOW LONG AT THIS ADDRESS?		5 HOME PHONE (with area code)	
6 List the dependents you can claim on your tax return (attach sheet if more space is needed):						
First Name		Relationship	Age	Does this person live with you?	First Name	
				<input type="checkbox"/> No <input type="checkbox"/> Yes		
				<input type="checkbox"/> No <input type="checkbox"/> Yes		
				<input type="checkbox"/> No <input type="checkbox"/> Yes		
				<input type="checkbox"/> No <input type="checkbox"/> Yes		

Check this box when all spaces in Section 1 are filled in

## Section 2

### Your Business Information

7 Are you or your spouse self-employed or operate a business? Check "Yes" if either applies. <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", provide the following information)	
7a Name of Business _____	7d Employer I.D. No. _____
7b Street Address _____	7e Do you have employees? <input type="checkbox"/> No <input type="checkbox"/> Yes
7c City, State, Zip _____	

**ATTACHMENTS REQUIRED:** You must complete a *Collection Information Statement for Businesses*, ADOR 20-1020.

Check this box when all spaces in Section 2 are filled in



## Section 3

### Employment Information

8a Your Employer _____	9a Spouse's Employer _____
8b Street Address _____	9b Street Address _____
8c City, State, Zip _____	9c City, State, Zip _____
8d Work Phone (with area code) _____	9d Work Phone: (with area code) _____
8e How long with this employer? _____	9e How long with this employer? _____
8f Occupation _____	9f Occupation _____

**ATTACHMENTS REQUIRED:** Please include proof of gross earnings and deductions for the past 3 months from each employer (e.g., pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Check this box when all spaces in Section 3 are filled in



## Section 4

### Other Income Information

10 Do you receive income from sources other than your own business or your employer? Check all that apply: <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Other (Specify, i.e. child support, alimony, rental) _____	
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**ATTACHMENTS REQUIRED:** Please include proof of pension/social security/other income for the past 3 months from each payor including any statements showing deductions. If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Check this box when all spaces in Sections 4 and 5, lines 11 thru 11c, are filled in and attachments are provided



## Section 5

### Banking, Investment, Cash, etc.

11 CHECKING ACCOUNTS. List all checking accounts. (If you need additional space, attach a separate sheet.)				
Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
11a Checking	Name _____	_____	_____	\$ _____
	Street Address _____			
	City, State, Zip _____			
11b Checking	Name _____	_____	_____	\$ _____
	Street Address _____			
	City, State, Zip _____			
11c Total Checking Account Balances .....				11c \$ _____

Check this box when all spaces in Sections 4 and 5, lines 11 thru 11c, are filled in and attachments are provided

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Section 5**  
continued

**Banking,  
Investment,  
Cash, Credit,  
and Life  
Insurance  
Information**

Complete all entry spaces with the most current data available.

**Current Value:**  
Indicate the amount you could sell the asset for today.

**12 OTHER ACCOUNTS.** List all accounts including *brokerage accounts, savings and money market accounts* not listed on line 11.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
12a	Name _____ Street Address _____ City, State, Zip _____	_____	_____	\$ _____
12b	Name _____ Street Address _____ City, State, Zip _____	_____	_____	\$ _____
<b>12c Total Other Account Balances</b> .....				<b>12c \$</b> _____



**ATTACHMENTS REQUIRED:** Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

**13 INVESTMENTS.** List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits, and retirement assets such as IRAs, Keogh, and 401(k) plans. (If you need additional space, attach a separate sheet.)

Company Name	Number of Shares/Units	<input type="checkbox"/> Current Value	Loan Amount	Used as collateral on loan?
13a	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13b	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**14 CASH ON HAND.** Include any money that you have that is not in the bank.

**14a Total Cash on Hand** ..... **14a \$** \_\_\_\_\_

**15 AVAILABLE CREDIT.** List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
15a Name _____ Street Address _____ City, State, Zip _____	\$ _____	\$ _____	\$ _____
15b Name _____ Street Address _____ City, State, Zip _____	\$ _____	\$ _____	\$ _____
<b>15c Total Credit Available</b> .....			<b>15c \$</b> _____

**16 LIFE INSURANCE.** Do you have life insurance with a cash value? (Term life insurance does not have a cash value.)  NO  YES

If "Yes":

16a Name of Insurance Company \_\_\_\_\_

16b Policy Number(s) \_\_\_\_\_

16c Owner of Policy \_\_\_\_\_

16d Current Cash Value \$ \_\_\_\_\_      16e Outstanding Loan Balance \$ \_\_\_\_\_

**16f Total Cash Value:** Subtract line 16e, "Outstanding Loan Balance", from line 16d, "Current Cash Value".. **16f \$** \_\_\_\_\_



**ATTACHMENTS REQUIRED:** Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

**Section 6**

**Federal and  
Other Taxes  
Owed**

**17** Do you owe any federal taxes? .....  NO  YES

If "Yes", how much? \$ \_\_\_\_\_ Amount of payment: \$ \_\_\_\_\_

**17a** Do you owe any other government agency? .....  NO  YES

If "Yes", who? \_\_\_\_\_

How much is owed? \$ \_\_\_\_\_ Amount of payment: \$ \_\_\_\_\_

**Section 7**

**Other  
Information**

Check this box when all spaces in Sections 6 and 7 are filled in

**18 OTHER INFORMATION.** Respond to the following questions related to your financial condition. (Attach a sheet if you need more space).

**18a** Are there any garnishments against your wages? .....  NO  YES

If yes, who is the creditor? \_\_\_\_\_ Date creditor obtained judgement MM/DD/YY \_\_\_\_\_

Amount of debt \$ \_\_\_\_\_

**18b** Are there any judgments against you? .....  NO  YES

If yes, who is the creditor? \_\_\_\_\_ Date creditor obtained judgement MM/DD/YY \_\_\_\_\_

Amount of debt \$ \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Section 7**

continued

**Other Information**

<b>18c</b>	Are you a party in a lawsuit? .....	<b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/>
	If yes, amount of suit \$ _____ Possible completion date <u>MM/DD/YY</u>	
	Subject matter of suit _____	
<b>18d</b>	Have you ever filed bankruptcy? .....	<input type="checkbox"/> <input type="checkbox"/>
	If yes, date filed <u>MM/DD/YY</u> Date discharged <u>MM/DD/YY</u>	
<b>18e</b>	In the past 10 years, have you transferred any assets out of your name for less than their actual value? .....	<input type="checkbox"/> <input type="checkbox"/>
	If yes, what asset? _____ Value of asset at time of transfer \$ _____	
	When was it transferred? <u>MM/DD/YY</u> To whom or where was it transferred? _____	
<b>18f</b>	Do you anticipate any increase in household income in the next two years? .....	<input type="checkbox"/> <input type="checkbox"/>
	If yes, why will the income increase? (Attach sheet if you need additional space) _____	
	How much will it increase? \$ _____	
<b>18g</b>	Are you a beneficiary of a trust, an estate? .....	<input type="checkbox"/> <input type="checkbox"/>
	If yes, name of the trust, estate _____	
	Anticipated amount to be received? \$ _____ When will the amount be received? _____	
<b>18h</b>	Are you a participant in a profit sharing plan? .....	<input type="checkbox"/> <input type="checkbox"/>
	If yes, name of plan _____ Value in plan \$ _____	

Check this box when all spaces in Section 7 are filled in

**Section 8**

**Assets and Liabilities**

**Current Value:**  
Indicate the amount you could sell the asset for today.

**\*Date of Final Payment:** Enter the date the loan or lease will be fully paid.

**19 PURCHASED AND LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model, Mileage)	<input checked="" type="checkbox"/> Current Value	Loan/Lease Balance	Name of Lender/Lessor	Purchase/Lease Date	Monthly Payment
<b>19a</b> Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____		<u>MM/DD/YY</u>	\$ _____
<b>19b</b> Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____		<u>MM/DD/YY</u>	\$ _____

**20 REAL ESTATE.** List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address City, State, Zip	Date Purchased	Purchase Price	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender or Lien Holder	Monthly Payment	*Date of Final Payment
<b>20a</b> _____ _____			\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>
County _____			\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>
<b>20b</b> _____ _____			\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>
County _____			\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>



**ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

**21 PERSONAL ASSETS.** List all *personal* assets below. (If you need additional space, attach a separate sheet.)

*Furniture/Personal Effects* includes the total current market value of your household such as furniture and appliances.

*Other Personal Assets* includes all artwork, jewelry, collections (coin/gun, etc.), antiques or other assets.

Description	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender	Monthly Payment	*Date of Final Payment
<b>21a Furniture/Personal Effects</b>	\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>
<b>Other: (List below)</b>					
<b>21b Artwork:</b>	\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>
<b>21c Jewelry:</b>	\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>
<b>21d</b>	\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>
<b>21e</b>	\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>
<b>21f</b>	\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>
<b>21g</b>	\$ _____	\$ _____		\$ _____	<u>MM/DD/YY</u>

Check this box when all spaces in Section 8 are filled in and attachments are provided

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Section 9**

**Monthly Income and Expense Analysis**

*If only one spouse has a tax liability, but both have income, list the total household income and expenses.*

**Total Monthly Income**

Source	Gross	Net
22 Wages (Yourself)	\$ _____	\$ _____
23 Wages (Spouse)	_____	_____
24 Interest - Dividends	_____	_____
25 Net Income from Business	_____	_____
26 Net Rental Income	_____	_____
27 Pension/Social Security (Yourself)	_____	_____
28 Pension/Social Security (Spouse)	_____	_____
29 Child Support	_____	_____
30 Alimony	_____	_____
31 Other Income	_____	_____
<b>32 TOTAL INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Total Monthly Expenses**

Expense Items	Actual	DOR Use
33 Rent/Mortgage	\$ _____	_____
34 Groceries (no. of people _____)	_____	_____
35 Installment Payments	_____	_____
36 Utilities:	_____	_____
36a Gas	\$ _____	_____
36b Water	\$ _____	_____
36c Electric	\$ _____	_____
36d Phone	\$ _____	_____
37 Transportation	_____	_____
38 Insurance:	_____	_____
38a Life	\$ _____	_____
38b Health	\$ _____	_____
38c Car	\$ _____	_____
39 Medical expenses	_____	_____
40 Estimated tax payments	_____	_____
41 Court-ordered/Child support payment	_____	_____
42 Child/Dependent care	_____	_____
43 Other Expenses	_____	_____
<b>44 TOTAL LIVING EXPENSES</b>	<b>\$ _____</b>	_____

**45 NET DIFFERENCE:** Subtract Total Living Expenses (line 44) from Total Net Income (line 32). . . . . \$ \_\_\_\_\_

**Wages, salaries, pensions, and social security:** Enter your gross monthly wages and/or salaries. Enter your net income and deduct withholding or allotments you elect to take out of your pay, such as insurance payments, credit union deductions, car payments, etc. To calculate your gross monthly wages and/or salaries:

- If paid weekly: *Multiply weekly gross wages by 4.3.* Example: \$425.89 x 4.3 = \$1,831.33
- If paid bi-weekly (every 2 weeks): *Multiply bi-weekly gross wages by 2.17.* Example: \$972.45 x 2.17 = \$2,110.22
- If paid semi-monthly (twice each month): *Multiply semi-monthly gross wages by 2.* Example: \$856.23 x 2 = \$1,712.46

**Net Income from Business:** Enter your monthly net business income. This is the amount you earn after you pay ordinary and necessary monthly business expenses. If your net business income is a loss, enter "0". Do not enter a negative number.

**Net Rental Income:** Enter your monthly net rental income. This is the amount you earn after you pay ordinary and necessary monthly rental expenses. If your net rental income is a loss, enter "0". Do not enter a negative number.

**Rent/Mortgage:** For your principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, homeowner's or renter's insurance, maintenance, dues, and fees.

**Groceries:** Total of food expenses for one month.

**Transportation:** Total of lease or purchase payments, registration fees, normal maintenance, fuel, public transportation, parking and tolls for one month.

**Medical Expenses:** List medical expenses not covered by insurance.

**ATTACHMENTS REQUIRED.** Please include the following:



- Proof of all current expenses that you paid for the past 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g., car payments, lease payments, fuel, oil, insurance, parking, registration).
- Proof of all payments for health care, including health insurance premiums, co-payments, and other out-of-pocket expenses, for the past 3 months.
- Copies of any court order requiring payment and proof of such payments (e.g., cancelled checks, money orders, earning statements showing such deductions) for the past 3 months.

Check this box when all spaces in Section 9 are filled in and attachments are provided.



**Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.**

*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.*



\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

Check this box when all spaces in all sections are filled in and all attachments are provided.