



# Collection Information Statement for Business

Department of the Treasury  
Internal Revenue Service

www.irs.gov

Form 433-B (Rev. 5-2001)  
Catalog Number 16649P

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 Business Information

Check this box when all spaces in Sect. 1 are filled in.

1a. Business Name \_\_\_\_\_  
Business Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_

1b. Business Telephone (\_\_\_\_\_) \_\_\_\_\_

2a. Employer Identification No. (EIN) \_\_\_\_\_

2b. Type of Entity (Check appropriate box below)  
 Partnership  Corporation  Other \_\_\_\_\_

2c. Type of Business \_\_\_\_\_

3a. Contact Name \_\_\_\_\_

3b. Contact's Business Telephone (\_\_\_\_\_) \_\_\_\_\_  
Extension \_\_\_\_\_  
Best Time To Call \_\_\_\_\_ am \_\_\_\_\_ pm (Enter Hour)

3c. Contact's Home Telephone (\_\_\_\_\_) \_\_\_\_\_  
Best Time To Call \_\_\_\_\_ am \_\_\_\_\_ pm (Enter Hour)

3d. Contact's Other Telephone (\_\_\_\_\_) \_\_\_\_\_  
Telephone Type (i.e. fax, cellular, pager) \_\_\_\_\_

3e. Contact's E-mail Address \_\_\_\_\_

## Section 2 Business Personnel and Contacts

4. PERSON RESPONSIBLE FOR DEPOSITING PAYROLL TAXES

4a. Full Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Home Street Address \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ownership Percentage & Shares or Interest \_\_\_\_\_

5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.

5a. Full Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Home Street Address \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ownership Percentage & Shares or Interest \_\_\_\_\_

5b. Full Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Home Street Address \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ownership Percentage & Shares or Interest \_\_\_\_\_

5c. Full Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Home Street Address \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ownership Percentage & Shares or Interest \_\_\_\_\_

5d. Full Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Home Street Address \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ownership Percentage & Shares or Interest \_\_\_\_\_

Check this box when all spaces in Sect. 2 are filled in.

## Section 3 Accounts / Notes Receivable

See page 6 for additional space, if needed.

6. ACCOUNTS/NOTES RECEIVABLE. List all contracts separately, including contracts awarded, but not started.

Description	Amount Due	Date Due	Age of Account
6a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
<b>6a + 6b = 6c</b>		<b>6c</b>	
		\$ _____	
<b>Amount from Page 6 +</b>		<b>6p</b>	
		_____	
<b>6q. Total Accounts / Notes Receivable =</b>		<b>6c + 6p = 6q</b>	
		\$ _____	

Check this box when all spaces in Sect. 3 are filled in.

Business Name \_\_\_\_\_ EIN \_\_\_\_\_

**Section 4**  
Other Financial Information

**7. OTHER FINANCIAL INFORMATION.** Respond to the following business financial questions.

- 7a. Does this business have other business relationships (e.g. subsidiary or parent, corporation, partnership, etc.)?  No  Yes  
If yes, list related EIN \_\_\_\_\_ Additional EIN \_\_\_\_\_
- 7b. Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan borrowed from the business?  No  Yes  
If yes, amount of loan \$ \_\_\_\_\_ Date of loan \_\_\_\_\_ Current balance \$ \_\_\_\_\_
- 7c. Are there any judgments or liens against your business?  No  Yes  
If yes, who is the creditor? \_\_\_\_\_ Date creditor obtained judgment/lien \_\_\_\_\_ Amount of debt \$ \_\_\_\_\_
- 7d. Is your business a party in a lawsuit?  No  Yes  
If yes, amount of suit \$ \_\_\_\_\_ Possible completion date \_\_\_\_\_ Subject matter of suit \_\_\_\_\_
- 7e. Has your business ever filed bankruptcy?  No  Yes  
If yes, date filed \_\_\_\_\_ Date discharged \_\_\_\_\_ Petition No. \_\_\_\_\_
- 7f. In the past 10 years have you transferred any assets from your business name for less than their actual value?  No  Yes  
If yes, what asset? \_\_\_\_\_ Value of asset at time of transfer \$ \_\_\_\_\_  
When was it transferred? \_\_\_\_\_ To whom or where was it transferred? \_\_\_\_\_
- 7g. Do you anticipate any increase in business income (e.g. contracts bid but not yet awarded)?  No  Yes  
If yes, why will the income increase? \_\_\_\_\_ (Attach sheet if you need additional space.)  
How much will it increase? \_\_\_\_\_ When will the business income increase? \_\_\_\_\_
- 7h. Is your business a beneficiary of a trust, an estate or a life insurance policy?  No  Yes  
If yes, name of the trust, estate or policy? \_\_\_\_\_ Anticipated amount to be received? \_\_\_\_\_  
When will the amount be received? \_\_\_\_\_

Check this box when all spaces in Sect. 4 are filled in.

**Section 5**  
Business Assets

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

**8. PURCHASED 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)	Current Value	Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
8a. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
8b. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
8c. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

**9. 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)	Lease Balance	Name of Lessor	Lease Date	Amount of Monthly Payment
9a. Year _____ Make/Model _____	\$ _____	_____	_____	\$ _____
9b. Year _____ Make/Model _____	\$ _____	_____	_____	\$ _____



**ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

**10. REAL ESTATE.** List all real estate owned by the business. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	Date of Final Payment
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_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
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**11. BUSINESS ASSETS.** List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) Note: If attaching a depreciation schedule, the attachment must include all of the information requested below.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment
<b>11a.</b> _____	\$ _____	\$ _____	_____	\$ _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Assets: (List below)

<b>11b.</b> _____	\$ _____	\$ _____	_____	\$ _____
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<b>11c.</b> _____	_____	_____	_____	_____
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**Section 6**  
continued

Complete all entry spaces with the most current data available.

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

/G7.86 -1.5 TD0.00116be.8 5398.380.2 0 TD0.0036 T4.

**15a. Total Cash on Hand**

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

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
Name _____	_____	_____	_____
Street Address _____			
City/State/Zip _____			
Name _____	_____	_____	_____
Street Address _____			
City/State/Zip _____			

**16c. Total Credit Available**



Business Name \_\_\_\_\_ EIN \_\_\_\_\_

**Section 3**

**Account /  
Number  
Receivable  
continued**

Use only if  
needed.

Check this  
box if this  
page is not  
needed.

**ACCOUNTS/NOTES RECEIVABLE CONTINUATION PAGE.** List all contracts separately, including contracts awarded, but not started. (If you need additional space, copy this page and attach to the 433-B package.)

Description	Amount Due	Date Due	Age of Account
6d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6m. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6n. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6o. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

Check this box  
when all spaces in  
Sect. 3 are filled in.

Add line 6d through 6o = \$ \_\_\_\_\_

(Add this amount to amount  
on line 6c, Section 3, page 1)