



COLLECTION INFORMATION STATEMENT (PERSONAL)

ARIZONA DEPARTMENT OF REVENUE
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Phoenix, AZ 85007
(602) 542-5551
www.azdor.gov

- 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):
 Married Separated
 Unmarried (single, divorced, widowed)

3 Check one box:
 Own Home Rent
 Other (specify, i.e. share rent, live with relative): _____

4a Street Address _____ 4b City _____ State _____ ZIP Code _____

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	Relationship	Age	Does this person live with you?
_____	_____	_____	<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.
 No Yes (If "Yes", provide the following information)

7a Name of Business _____ 7d Employer I.D. No. _____

7b Street Address _____ 7e Do you have employees? No Yes

7c City, State, Zip _____

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

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

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 _____

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

Attachments **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.

Section 4
Other Income Information

10 Do you receive income from sources other than your own business or your employer? Check all that apply:
 Pension Social Security Other (Specify, i.e. child support, alimony, rental) _____

Check this box when all spaces in Section 4 are filled in

Attachments **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.

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 <u>Checking</u>	Name _____ Street Address _____ City, State, Zip _____	_____	_____	\$ _____
11b <u>Checking</u>	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.

Check this box when all spaces in Section 5 are filled in and attachments are provided

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 of Institution _____ Street Address _____ City, State, Zip _____	_____	_____	\$ _____
12b	Name of Institution _____ Street Address _____ City, State, Zip _____	_____	_____	\$ _____
12c	Subtotal from supplemental page			12c \$ _____
12d	Total Other Account Balances			12d \$ _____



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 supplemental page.)

Company Name	Number of Shares/Units	<input checked="" type="checkbox"/> Current Value ^(a)	Used as collateral on loan?	Loan Amount ^(b)	Net Value (a - b)
13a	_____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
13b	_____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	\$ _____
13c	Subtotal from supplemental page			13c \$ _____	
13d	Total Net Investments			13d \$ _____	

14 CASH ON HAND. Enter the total of any cash you have that is not currently in a bank **14 \$** _____

15 AVAILABLE CREDIT. List all lines of credit, including credit cards. (If you need additional space, attach supplemental page.)

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 _____	\$ _____	\$ _____	\$ _____
15c	Subtotal from supplemental page		15c \$ _____
15d	Total Credit Available		15d \$ _____

16 LIFE INSURANCE. Do you have life insurance with a cash value? No Yes
(Term life insurance does not have a cash value.) If "Yes":

16a Name of Insurance Company: _____
 16b Policy Number(s): _____
 16c Owner of Policy: _____
 16d Current Cash Value **16d \$** _____
 16e Outstanding Loan Balance **16e \$** _____
 16f **Total Cash Value:** Subtract line 16e from line 16d; enter the difference **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

18c	Are you a party in a lawsuit?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
	If yes, amount of suit \$ _____ Possible completion date <u>MM/DD/YY</u>				
	Subject matter of suit _____				
18d	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>				
18e	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? _____				
18f	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? \$ _____ <input type="checkbox"/> per month, <input type="checkbox"/> per year				
18g	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? <u>MM/YYYY</u>				
18h	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)	Current Value	Loan/Lease Balance	Name of Lender/Lessor	Purchase/Lease Date	Monthly Payment
19a	Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____		<u>MM/DD/YY</u>	\$ _____
19b	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	Current Value	Loan Balance	Name of Lender or Lien Holder	Monthly Payment	*Date of Final Payment
20a	_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	<u>MM/DD/YY</u>
	County _____	<u>MM/DD/YY</u>						
20b	_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	<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.

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

Total Monthly Income

Total Monthly Expenses

Monthly Income and Expense Analysis

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

Source	Gross	Net	Expense Items	Actual	DOR Use
22 Wages (Yourself)	\$ _____	\$ _____	33 Rent/Mortgage	\$ _____	
23 Wages (Spouse)	_____	_____	34 Groceries (no. of people _____)	_____	
24 Interest - Dividends	_____	_____	35 Installment Payments	_____	
25 Net Income from Business	_____	_____	36 Utilities:		
26 Net Rental Income	_____	_____	36a Gas \$	_____	
27 Pension/Social Security (Yourself)	_____	_____	36b Water \$	_____	
28 Pension/Social Security (Spouse)	_____	_____	36c Electric \$	_____	
29 Child Support	_____	_____	36d Phone \$	_____	
30 Alimony	_____	_____	36e Total Utilities Expense	_____	
31 Other Income	_____	_____	37 Transportation	_____	
32 TOTAL INCOME	\$ _____	\$ _____	38 Insurance:		
			38a Life \$	_____	
			38b Health \$	_____	
			38c Car \$	_____	
			38d Total Insurance Expense	_____	
			39 Medical expenses	_____	
			40 Estimated tax payments	_____	
			41 Court-ordered/Child support payment	_____	
			42 Child/Dependent care	_____	
			43 Other Expenses	_____	
			44 TOTAL LIVING EXPENSES \$	_____	
			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 _____