Acrobat Reader 8 and 9 users: You may fill in and save this form with the data. Once you save the form, you cannot edit your data.

ARIZONA DEPARTMENT OF REVENUE
1600 West Monroe
Phoenix, AZ 85007
(602) 542-5551
www.azdor.gov

COLLECTION INFORMATION STATEMENT (PERSONAL)

- *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.

YELLOW fields are Read-Only. You cannot enter data in yellow fields; they are calculated as you fill in the form.

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?
			☐ No ☐ Yes				☐ No ☐ Yes
			☐ No ☐ Yes				☐ No ☐ 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 _____

Attachments

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

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:*
☐ Pension ☐ Social Security ☐ Other *(Specify, i.e. child support, alimony, rental)* _____

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	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

Section 5 continues on page 2 →

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 of Institution Street Address City, State, Zip			$
12b		Name of Institution Street Address City, State, Zip			$

12c Subtotal *from supplemental page* ..... You must calculate and enter line 12c amount. **12c** $

12d Total Other Account Balances ..... **12d** $

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

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	Current Value (a)	Used as collateral on loan?	Loan Amount (b)	Net Value (a - b)
13a			$	☐ No ☐ Yes	$	$
13b			$	☐ No ☐ Yes	$	$

13c Subtotal *from supplemental page* ..... You must calculate and enter line 13c amount. **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* ..... You must calculate and enter line 15c amount. **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": You must click the Yes checkbox to enter insurance information.

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 **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.

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

Section 6

Federal and Other Taxes Owed

You must click the Yes checkbox to enter detailed information.

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

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

You must click the Yes checkbox to enter detailed information.

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 $_____

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

Section 7 continues on page 3 →

Name _____ **SSN** _____

Section 7 continued

Other Information

You must click the Yes checkbox to enter detailed information.

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

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 _____	$_____	$_____	_____	MM/DD/YY	$_____
19b	Year _____ Make/Model _____ Mileage _____	$_____	$_____	_____	MM/DD/YY	$_____

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

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	_____ _____ _____ County _____	MM/DD/YY	$_____	$_____	$_____	_____	$_____	MM/DD/YY
20b	_____ _____ _____ County _____	MM/DD/YY	$_____	$_____	$_____	_____	$_____	MM/DD/YY

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

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

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

A Some fields on this page are Read-Only. You cannot enter data in these fields; they are calculated as you fill in the form.

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		
32 TOTAL INCOME	$	$

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 $		
36e Total Utilities Expense		
37 Transportation		
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).* . . . . . $ 0

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

Calculate Print Form Reset Form

Name _____ **SSN** _____

SUPPLEMENTAL PAGE: Investment, Bank, Credit, Other Accounts

List additional accounts not listed on page 2.

Show the full name of the investment company, bank, savings and loan, credit, or other financial institution.

A

Company Name	Street Address	City, State, Zip Code

Select only one account type below; enter information for that account.

Indicate type of account:	No. Shares/Units	Current Value [a]	Used as collateral on loan?	Loan Amount [b]	Net Value *(a - b)*
☐ Investment Account		$	☐ No ☐ Yes	$	

Other Account Type:	Bank Routing No.	Bank Account No.	Current Balance
			$

	Credit Limit	Amount Owed	Available Credit
☐ Credit Account	$	$	$

B

Company Name	Street Address	City, State, Zip Code

Select only one account type below; enter information for that account.

Indicate type of account:	No. Shares/Units	Current Value [a]	Used as collateral on loan?	Loan Amount [b]	Net Value *(a - b)*
☐ Investment Account		$	☐ No ☐ Yes	$	

Other Account Type:	Bank Routing No.	Bank Account No.	Current Balance
			$

	Credit Limit	Amount Owed	Available Credit
☐ Credit Account	$	$	$

C

Company Name	Street Address	City, State, Zip Code

Select only one account type below; enter information for that account.

Indicate type of account:	No. Shares/Units	Current Value [a]	Used as collateral on loan?	Loan Amount [b]	Net Value *(a - b)*
☐ Investment Account		$	☐ No ☐ Yes	$	

Other Account Type:	Bank Routing No.	Bank Account No.	Current Balance
			$

	Credit Limit	Amount Owed	Available Credit
☐ Credit Account	$	$	$

D

Company Name	Street Address	City, State, Zip Code

Select only one account type below; enter information for that account.

Indicate type of account:	No. Shares/Units	Current Value [a]	Used as collateral on loan?	Loan Amount [b]	Net Value *(a - b)*
☐ Investment Account		$	☐ No ☐ Yes	$	

Other Account Type:	Bank Routing No.	Bank Account No.	Current Balance
			$

	Credit Limit	Amount Owed	Available Credit
☐ Credit Account	$	$	$

a) Subtotal Investment Account Net Values: *List here and on page 2, line 13c* ..... **a)** $ _____

b) Subtotal Other Account Current Balances: *List here and on page 2, line 12c* ..... **b)** $ _____

c) Subtotal Credit Available: *List here and on page 2, line 15c* ..... **c)** $ _____

Page 2

Calculate Print Page Reset Page