

Collection Information Statement for Businesses

Note: Complete all entry spaces with the current data available or "N/A" (not applicable). Failure to complete all entry spaces may result in rejection of your request or significant delay in account resolution. Include attachments if additional space is needed to respond completely to any question.

Section 1: Business Information

1a Business Name _____ 1b Business Street Address _____ Mailing Address _____ City _____ State _____ ZIP _____ 1c County _____ 1d Business Telephone () _____ 1e Type of Business _____ 1f Business Website (web address) _____	2a Employer Identification No. (EIN) _____ 2b Type of entity (Check appropriate box below) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ <input type="checkbox"/> Limited Liability Company (LLC) classified as a corporation <input type="checkbox"/> Other LLC - Include number of members _____ 2c Date Incorporated/Established _____ mmddyyyy 3a Number of Employees _____ 3b Monthly Gross Payroll _____ 3c Frequency of Tax Deposits _____ 3d Is the business enrolled in Electronic Federal Tax Payment System (EFTPS) <input type="checkbox"/> Yes <input type="checkbox"/> No
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4 Does the business engage in e-Commerce (Internet sales) If yes, complete 5a and 5b. Yes No

PAYMENT PROCESSOR (e.g., PayPal, Authorize.net, Google Checkout, etc.) Name and Address (Street, City, State, ZIP code)	Payment Processor Account Number
5a _____	_____
5b _____	_____

CREDIT CARDS ACCEPTED BY THE BUSINESS

Type of Credit Card (e.g., Visa, Mastercard, etc.)	Merchant Account Number	Issuing Bank Name and Address (Street, City, State, ZIP code)
6a _____	_____	Phone _____
6b _____	_____	Phone _____
6c _____	_____	Phone _____

Section 2: Business Personnel and Contacts

PARTNERS, OFFICERS, LLC MEMBERS, MAJOR SHAREHOLDERS, ETC.

7a Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number _____ Home Telephone () _____ Work/Cell Phone () _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____
7b Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number _____ Home Telephone () _____ Work/Cell Phone () _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____
7c Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number _____ Home Telephone () _____ Work/Cell Phone () _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____
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