

Complete each section of the financial statement. We use this information to determine your ability to pay. If you do not complete the financial statement we may deny your request.

The information you provide on this form is confidential. You are not legally required to provide this information, but we are legally allowed to request it.

If a question does not apply to your situation, write "N/A" in the provided field.

Who is filling out this form?		
Your Full Name and Title	Work Phone	Your Email Address

Business Information		
Business Name	Business Phone	Business Web Address
Physical Address of the Business	Mailing Address of the Business (if different)	
Minnesota Tax Identification Number	Federal Employer Identification Number (FEIN)	
Type of Business (include a brief description)		

Licenses (List all active licenses held by this business, partners, officers, or owners to conduct a profession, occupation, trade, or business.)			
Issued To	License Title	Issuing Authority	Renewal Date

Business Bank Accounts (List all active checking, savings, money market accounts, etc.)			
Account Type	Financial Institution Name and Address	Account Number	Current Balance
Total Cash on Hand			\$

Individuals of Authority (Include all owners, officers, and partners for this business. Attach additional paper if needed.)

Name (first and last)	Home Phone	Cell Phone	
Home Address	Social Security Number		
	Position Held Within the Business		
	From	To	Total Shares/Interest

Name (first and last)	Home Phone	Cell Phone	
Home Address	Social Security Number		
	Position Held Within the Business		
	From	To	Total Shares/Interest

Name (first and last)	Home Phone	Cell Phone	
Home Address	Social Security Number		
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	From	To	Total Shares/Interest

Which payment processors and credit cards do you accept?

Payment Processor Name (First Data, PayPal, Google Checkout, etc.)	Payment Processor Account Number	Payment Processor Address

Credit Card Name (Visa, MasterCard, American Express, etc.)	Merchant Account Number	Merchant Account Provider, Name, and Address

Credit Available List all credit cards, open lines of credit, etc.				
Account or Card Type	Credit Institution Name and Address	Credit Limit	Current Balance	Available Credit
Total Available Credit				\$

Accounts Receivable and Loans Owed to the Business Include all other businesses and individuals that owe this business money.			
Business or Individual Name and Address	Phone	Due Date	Amount Due
Total Amount Due			\$

Investments stocks, bonds, mutual funds, etc.				
Investment Company Name and Address	Used as Collateral? (circle one)	Current Value	Loan Balance	Cash-in Value
	Yes No			
	Yes No			
	Yes No			
	Yes No			
Total Cash-in Value				\$

Real Estate Owned by the Business (commercial, residential, vacant land, etc.)			
Property Address	Fair Market Value	Current Loan Balance	Monthly Payment
Total Monthly Real Estate Payments			\$

Motor Vehicles (cars, boats, RVs, motorcycles, snowmobiles, ATVs, etc.)				
Year	Make and Model	Outstanding Loan Balance	Finance Company	Monthly Payment
Total Monthly Motor Vehicle Payments				\$

Business Equipment (machinery, inventory, merchandise, etc.)				
Year	Make and Model	Outstanding Loan Balance	Finance Company	Monthly Payment
Total Monthly Business Equipment Payments				\$

If there is other information you want us to consider, use this section to tell us.
 Attach additional paper if needed.

Income Statement (12-Month Period)

If this income statement does not fully reflect your business' financial operations, you may include additional financial documents.

Date Range From: _____ To: _____

Income		Expenses	
Gross Receipts	\$	Materials Purchased ¹	\$
Gross Rental Income		Inventory Purchased ²	
Interest		Gross Wages & Salaries	
Dividends		Rent	
Cash		Supplies ³	
Other Income (specify below)		Utilities/Telephone ⁴	
		Vehicle Gasoline/Oil	
		Repairs and Maintenance	
		Insurance	
		Current Taxes ⁵	
		Notes or Loan Payments	
		Other (specify below)	
Total Income	\$	Total Expenses	\$

Total Income	\$
– Total Expenses	\$
= Net Profit/Loss	\$

¹ **Materials Purchased.** Includes items directly related to the production of a product or service.

² **Inventory Purchased.** Includes goods bought for resale.

³ **Supplies.** Includes items used to conduct business and consumed or used up within one year (books, office supplies, professional equipment, etc.).

⁴ **Utilities/Telephone.** Includes gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone, and business internet.

⁵ **Current Taxes.** Do not include past-due taxes not paid, such as those included in this pay plan application.

Authorization

The information I provided in this financial statement is accurate to the best of my knowledge and belief. I authorize the Minnesota Department of Revenue to verify any information on this form. I understand the department:

- Will review the information I have provided
- has the authority to approve or deny my request
- may ask me to provide additional documentation
- may use this information to collect my debt

Signature	Print your name
Title	Date

If you are requesting a payment agreement, you must complete this section and provide your bank information or we cannot complete your request.

If we accept the payment amount you are proposing, we will send you a letter explaining the terms of the payment agreement.

We will withdraw payments directly from your bank account on or after the scheduled payment date using an electronic funds transfer (EFT).

We add a nonrefundable \$50 fee to payment agreements that include tax debt. Penalty and interest will accrue on all tax debt and some other types of debt until the balance is paid in full.

Payment Terms You Are Requesting

I am requesting to pay the total debt as follows:

Payment amount proposed \$ _____ Date of 1st payment _____

Payment frequency (circle one): Monthly Biweekly Weekly

Bank Information

Withdraw my payments as specified above from the following bank account:

Bank name _____ **Account #** _____

Name on account _____ **Routing #** _____

Account type (circle one): Checking Savings **Account holder's phone #** _____

Will these payments be sent from a financial institution outside of the United States? (circle one)
Yes No

By providing a signature and Social Security number or FEIN for an authorized user of the account below, you authorize the Minnesota Department of Revenue to withdraw the payments as specified.

Authorized signer name	Social Security Number or FEIN
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