



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**COLLECTION INFORMATION STATEMENT
FOR BUSINESSES**

Complete this form if your business is:

- ▶ Corporation
- ▶ Partnership
- ▶ Limited Liability Corporation (LLC) classified as a corporation
- ▶ Other multi-owner/multi-member LLC

Note: If your business is a sole proprietorship or a disregarded single-member LLC taxed as a sole proprietor (filing Schedule C, D, E, F, etc.), do not use this form. Instead, use Form SC656A, Collection Information Statement for Wage Earners and Self -Employed Individuals.

Section 1: Business Information

Business name _____ FEIN _____

Physical address _____ Business address (if different than physical or PO Box) _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Business website address _____ DBA or Trade name _____

Business name _____ County of business location _____

Description of business _____ Primary phone number _____ Secondary phone number _____

Does this business outsource its payroll processing and tax return preparation for a fee? Yes No
If yes, list provider name and address below:
Business name _____

Frequency of tax deposits _____

Number of employees _____ Physical address _____

Average gross monthly payroll _____

Federal contractor? Yes No
City _____ State _____ ZIP _____

Provide information about all partners, officers, LLC members, or major shareholders (foreign and domestic) associated with the business. Include attachments if additional space is needed.

Last name _____ First name _____ Title _____ Social Security Number _____

Physical address _____ Primary phone number _____ Secondary phone number _____

City _____ State _____ ZIP _____ Percentage of ownership _____

Annual salary \$ _____

Last name _____ First name _____ Title _____ Social Security Number _____

Physical address _____ Primary phone number _____ Secondary phone number _____

City _____ State _____ ZIP _____ Percentage of ownership _____

Annual salary \$ _____

Last name	First name	Title	Social Security Number
Physical address		Primary phone number	Secondary phone number
City	State	ZIP	Percent of ownership
			Annual salary \$

Section 2: Business Asset Information

Gather the most current statement from banks, lenders on loans, mortgages (including second mortgages), monthly payments, loan balances, and accountant's depreciation schedules, if applicable. Also, include the make, model, year, and mileage of vehicles and current value of business assets. To estimate the current value, you may consult resources like Kelley Blue Book (www.kbb.com), NADA (www.nada.com), local real estate postings of properties similar to yours, and any other websites or publications that show what the business assets would be worth if you were to sell them. Asset value is subject to adjustment by the SCDOR. Enter the total amount available for each of the following. If additional space is needed, please include attachments.

Cash (domestic and foreign)

Bank Name:			
Account type	Account number	Routing number	Account Balance
Checking			
Saving			
Money market			
Digital currency			
Total Cash Balance \$			

Investments (domestic and foreign)

Investment type	Account number	Investment type	Account number
Stocks		Stocks	
Bonds		Bonds	
Other (specify)		Other (specify)	
1. Current Market Value	1. \$	1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$	2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$	3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$	4. Total amount (subtract line 3 from line 2)	4. \$

Total Investment Balance (add both lines 4 above) \$

Notes Receivable

Do you have notes receivable? Yes No

If yes, attach current listing that includes names, age, and amounts of notes receivable.

Accounts Receivable

Do you have any accounts receivable, including e-payment, factoring companies, and any bartering or online auctions accounts?

Yes No

If yes, you may be asked to provide a list of names, age, and amounts of accounts receivable.

Real Estate (Home, condo, co-op, time share, etc)

Property Address _____			Property description _____	Date purchased _____
City _____	State _____	ZIP _____	Name of Creditor _____	Date of final payment _____
County _____			Country _____	

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Property Address _____			Property description _____	Date purchased _____
City _____	State _____	ZIP _____	Name of Creditor _____	Date of final payment _____
County _____			Country _____	

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Total Real Estate Balance (add both lines 4 above) \$

Business vehicles (Non-leased cars, boats, motorcycles, etc.)

Vehicle make and model	Year	Date purchased	Mileage
Loan	Name of creditor	Date of final payment	Monthly loan amount

Vehicle make and model	Year	Date purchased	Mileage
Loan	Name of creditor	Date of final payment	Monthly loan amount

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

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1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Total Vehicle Balance (add all lines 4 above)

\$

Other Business Equipment

If you have more than one piece of equipment, please list on a separate attachment and put the total of all equipment in the box labeled "Total Other Equipment Balance."

Type of equipment

Type of equipment

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

1. Current Market Value	1. \$
2. Quick Sale Value (multiply line 1 by .8)	2. \$
3. Loan balance	3. \$
4. Total amount (subtract line 3 from line 2)	4. \$

Total Other Equipment Balance (add both lines 4 above) \$

**BOX A
Available
Equity in Assets**

Add total of assets listed in Section 2 and enter the amount in Box A =

\$

Section 3: Business Income Information

Enter the average gross monthly income of your business. To determine your gross monthly income, use the most recent 6-12 months documentation of commissions, invoices, gross receipts from sales and services, your most recent 6-12 months earnings statements from every other source of income (such as rental income, interest and dividends, or subsidies). Alternatively, you may use the most recent 6-12 months Profit and Loss (P&L) to provide the information of income and expenses.

Note: If you provide a current profit and loss statement for the information below, enter the total gross monthly income in Box B below. Total business income should also include income that is considered as not taxable and may not be included on your tax return.

Gross receipts	1. \$ <input type="text"/>
Gross rental income	2. \$ <input type="text"/>
Interest income	3. \$ <input type="text"/>
Dividends	4. \$ <input type="text"/>
Other income	5. \$ <input type="text"/>

**BOX B
Total
Business Income**

Add total of Lines 1 through 5 and enter the amount in Box B = \$

Section 4: Business Expense Information

Enter the average gross monthly expenses for your business using your most recent 6-12 months statements, bills, receipts, or other documents. **Note: If you provide a current profit and loss statement for the information below, enter the total monthly expenses in Box C below. Do not complete lines 6-15.**

Material purchased (items directly related to the production of a product or service)	6. \$ <input type="text"/>
Inventory purchased (goods bought for resale)	7. \$ <input type="text"/>
Gross wages and salaries	8. \$ <input type="text"/>
Rent	9. \$ <input type="text"/>
Supplies (items used to conduct business and used within one year, including books, office supplies, professional equipment, etc.)	10. \$ <input type="text"/>
Utilities (including telephone and internet)	11. \$ <input type="text"/>
Vehicle costs (including gas, oil, repairs, and maintenance)	12. \$ <input type="text"/>
Insurance (other than life)	13. \$ <input type="text"/>
Current business taxes (including real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes)	14. \$ <input type="text"/>
Other expenses (Specify secured debt payments on an attached list. Do not include credit card payments.)	15. \$ <input type="text"/>

**BOX C
Total
Business Expenses**

Add total of Lines 6 through 15 and enter the amount in Box C = \$

**BOX D
Remaining
Monthly Income**

Subtract Box C from Box B and enter the amount in Box D = \$

Section 5: Other Information

Additional information the SCDOR needs to consider settlement of your tax debt.

1. Is this business currently in bankruptcy? Yes No

2. Has this business ever filed for bankruptcy? Yes No

If yes, provide: Date filed (mm/dd/yyyy) _____ Date dismissed or discharged (mm/dd/yyyy) _____
Petition number _____ Location filed _____

3. Does this business have other business affiliations (including subsidiary or parent companies)? Yes No

If yes, list the name and FEIN:

4. Do any related parties (including partners, officers, employees) owe money to the business? Yes No

5. Has the business ever been a party to a lawsuit? Yes No

If yes, please give the name of the opposing party, the date each lawsuit was filed, and if the lawsuit has been resolved:

6. Are you or have you been a party to any lawsuits involving the IRS or SCDOR? (including any suits regarding tax matters) Yes No

7. In the past 10 years, has the business transferred any assets for less than their full value? Yes No

8. In the past 3 years, have you transferred any real property (land, house, etc)? Yes No

If yes, list the type of property, value, and date of transfer:

9. Do you have any assets or own any real property outside the U.S.? Yes No

If yes, please provide description, location and value:

10. Does the business have any funds being held in a trust by a third party? Yes No

If yes, how much \$ _____ Where: _____

11. Does the business have any lines of credit? Yes No

If yes, credit limit? \$ _____ Amount owed: \$ _____

What property secures the line of credit? _____

Signatures

Under penalties of perjury, I declare that I have examined this offer, including accompanying documents, and to the best of my knowledge, it is true, correct, and complete.

Signature of Taxpayer

Title:

Date (mm/dd/yyyy)

▶ _____