

**STATE OF DELAWARE  
DEPARTMENT OF FINANCE  
DIVISION OF REVENUE  
820 N. FRENCH STREET  
WILMINGTON, DE 19801**

**COLLECTION INFORMATION STATEMENT**

[If you need additional space, please attach a separate sheet with your name(s) and social security number(s).]

YOUR NAME & ADDRESS [INCLUDING COUNTY]:

PHONE NUMBERS: [CIRCLE BEST DAYTIME NUMBER]

HOME: \_\_\_\_\_

YOUR WORK: \_\_\_\_\_

YOUR SPOUSE'S WORK: \_\_\_\_\_

SOCIAL SECURITY NUMBER[S]:

YOURS: \_\_\_\_\_ YOUR SPOUSE'S: \_\_\_\_\_

DATES OF BIRTH: YOURS: \_\_\_\_\_ YOUR SPOUSE'S: \_\_\_\_\_

YOUR EMPLOYER OR BUSINESS [NAME & ADDRESS]:

YOUR SPOUSE'S EMPLOYER OR BUSINESS [NAME & ADDRESS]:

AGE & RELATIONSHIP OF PEOPLE WHO LIVE WITH YOU [DEPENDENTS ONLY]:

**BANK ACCOUNTS [INCLUDE SAVINGS & LOANS, CREDIT UNIONS, CERTIFICATES OF DEPOSIT, INDIVIDUAL RETIREMENT ACCOUNTS]:**

NAME OF INSTITUTION	ADDRESS	TYPE OF ACCOUNT [CHECKING, SAVINGS]	ACCOUNT NO.	BALANCE

**CREDIT CARDS, CHECKING OVERDRAFT PROTECTION, LINE OF CREDIT:**

NAME OF CREDIT CARD, BANK, ETC.	MIN. MONTHLY PAYMENT	CREDIT LIMIT	AMOUNT OWED	DATE OF FINAL PAYMENT

<b>LIFE INSURANCE:</b> NAME OF COMPANY	POLICY NUMBER	AMOUNT YOU CAN BORROW ON THE POLICY

<b>REAL ESTATE:</b> ADDRESS [INCLUDING COUNTY]	CURRENT VALUE	MORTGAGE BALANCE	PAID TO [NAME OF PERSON OR BANK]

<b>MOTOR VEHICLES:</b> YEAR, MAKE & LICENSE NO.	CURRENT VALUE	LOAN BALANCE	DATE LOAN WILL BE PAID OFF

**OTHER THINGS YOU OWN OR ARE CURRENTLY BUYING [STOCKS, BONDS, BOAT, ETC]:**

DESCRIPTION	CURRENT VALUE	LOAN BALANCE	DATE LOAN WILL BE PAID OFF

**INCOME AND EXPENSES**

\$

**FOR DOR USE ONLY**

**MONTHLY INCOME:**

Your net pay [attach 3 recent paystubs].....	
Your spouse's net pay [attach 3 recent paystubs].....	
Rents paid to you.....	
Pensions.....	
Social Security.....	
Profit from your business [attach statements].....	
Commissions.....	
Other Income [source] _____ .....	

**MONTHLY EXPENSES:** [Expenses must be reasonable for the size of your family, location, and unique circumstances]

\$

**ALLOWABLE PAYMENTS  
[for DOR USE ONLY]**

Rent.....	
Mortgage.....	
Alimony/Child Support.....	
Groceries.....	
Utilities:	
▶ Electricity.....	
▶ Heating Oil/Natural Gas.....	
▶ Water.....	
▶ Telephone.....	
Transportation [Gas, Bus Fares, Etc.].....	
Medical [Doctors & Medicine not paid by Insurance].....	
Insurance:	
▶ Auto.....	
▶ Health.....	
▶ Life.....	
▶ Homeowners/Renters.....	
Estimated Tax Payments.....	
Auto Loans [Name of Financing Company, Bank, Etc.]:	
_____	
_____	
Installment Payments [Name of Store, Bank, Credit Card, Amount of Payment & Date of final payment]	
_____	
_____	
_____	
_____	
Other: _____	
Total Allowable Monthly Expenses.....	
Minimum Installment Payment.....	

\$

\$

**CONDITIONS**

- ▶ I agree to file returns and pay, when due, all other state taxes for which I may become liable during the term of this agreement.
- ▶ I understand that until the amount owed is paid in full, any refunds due me will be applied against the balance I owe without affecting the terms of this agreement.
- ▶ I understand that this agreement is based on my current financial circumstances and is subject to revision or cancellation if subsequent financial information reflects a change in my ability to pay.
- ▶ I understand that if I do not meet all of the conditions of the agreement, or it is determined that collection of these taxes is endangered, permission to make installment payments will be withdrawn.

**ADDITIONAL INFORMATION [Expected changes to Income, Health, Etc.]:**

**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. I agree to resolve my tax liability as prescribed by the Division of Revenue.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Spouse's Signature [if joint return was filed]

\_\_\_\_\_  
Date