

Posted

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

FEDERAL TRADE COMMISSION,

Plaintiff,

v.

9125-8954 QUEBEC INC., D.B.A. GLOBAL
MANAGEMENT SOLUTIONS, a Canadian
corporation;
9125-8947 QUEBEC INC., D.B.A.
COMMUTEL MARKETING, a Canadian
corporation;
6050808 CANADA INC., D.B.A.
AMERICAN BUSINESS SOLUTIONS, a
Canadian corporation;
TY NGUYEN, individually and as a director or
officer of Global Management Solutions and
Commutel Marketing;
CORY KORNELSON, individually and as a
director or officer of Global Management
Solutions;
BYRON STECZKO, individually and as a
director or officer of Commutel Marketing;
KELLY NGUYEN, individually and as a
director or officer of American Business
Solutions; and
MINH TAM VO, individually and as a director
or officer of American Business Solutions,

Defendants.

Case No. C 05-0265 T52

FILED UNDER SEAL

(PROPOSED)
TEMPORARY RESTRAINING
ORDER WITH ASSET FREEZE,
WITHHOLDING MAIL SENT TO
COMMERCIAL MAIL RECEIVING
AGENCIES, PERMITTING
EXPEDITED DISCOVERY, AND
ORDER TO SHOW CAUSE WHY
PRELIMINARY INJUNCTION
SHOULD NOT ISSUE

Plaintiff Federal Trade Commission ("Commission" or "FTC"), pursuant to Section 13(b) of the Federal Trade Commission Act ("FTC Act"), 15 U.S.C. § 53(b), has filed a Complaint for Injunction and Other Equitable Relief, including consumer redress, and applied *ex parte* for a Temporary Restraining Order with Asset Freeze, Withholding Mail Sent to Commercial Mail

1 Receiving Agencies, Permitting Expedited Discovery, and for an Order to Show Cause Why a
2 Preliminary Injunction Should Not Issue pursuant to Rule 65 of the Federal Rules of Civil
3 Procedure.

4 FINDINGS OF FACT

5 This Court has considered plaintiff's Complaint, Application for Ex Parte Temporary
6 Restraining Order, Memorandum of Points and Authorities, Declarations and Exhibits, and all
7 other papers filed herein. It appears to the satisfaction of the Court that:

8 1. This Court has jurisdiction over the subject matter of this case, and there is good
9 cause to believe that the Court will have jurisdiction over the parties;

10 2. Venue lies properly with this Court;

11 3. There is good cause to believe that the above-named defendants have engaged in,
12 and are likely to engage in, acts and practices that violate Section 5(a) of the FTC Act, 15 U.S.C.
13 § 45(a), and that the Commission is likely to prevail on the merits of this action;

14 4. There is good cause to believe that immediate and irreparable harm will result
15 from defendants' ongoing violations of Section 5(a) of the FTC Act, 15 U.S.C. § 45(a), absent the
16 entry of this Temporary Restraining Order ("Order");

17 5. There is good cause to believe that immediate and irreparable damage to the
18 Court's ability to grant effective final relief for consumers in the form of monetary restitution
19 will occur from the sale, transfer, assignment, or other disposition or concealment by defendants
20 of their assets or records unless defendants are immediately restrained and enjoined by order of
21 this Court. Therefore, there is good cause for the entry of the ancillary relief contained in this
22 Order, including freezing defendants' assets and prohibiting defendants from destroying records;

23 6. There is good cause for issuing this Order pursuant to Federal Rule of Civil
24 Procedure 65(b);

25 7. Weighing the equities and considering plaintiff's likelihood of ultimate success, a
26 TRO with asset freeze and other equitable relief is in the public interest; and

27 8. No security is required of any agency of the United States for the issuance of a
28 temporary restraining order. See Fed. R. Civ. P. 65(c).

DEFINITIONS

1
2 1. **“Asset”** means any legal or equitable interest in, right to, or claim to, any real and
3 personal property including, but not limited to, chattels, goods, instruments, equipment, fixtures,
4 general intangibles, effects, leaseholds, mail or other deliveries, inventory, checks, notes,
5 accounts, credits, receivables, funds, monies, and all cash, wherever located, and shall include
6 both existing assets and assets acquired after the date of entry of this Order.

7 2. **“Customer”** means any person who has paid, or may be required to pay, for
8 goods or services offered for sale or sold by defendants.

9 3. **“Customer Mail Receiving Agency” (“CMRA”)** means any private facility
10 where defendants have an account that is responsible for accepting defendants’ mail.

11 4. **“Defendant” or “Defendants”** means 9125-8954 Quebec Inc., d.b.a. Global
12 Management Solutions (“Global”); 9125-8947 Quebec Inc., d.b.a. Commutel Marketing
13 (“Commutel”); 6050808 Canada Inc., d.b.a. American Business Solutions (“ABS”); and Ty
14 Nguyen, a.k.a. Hiep Manh Nguyen; Cory Kornelson; Byron Steczko; Kelly Nguyen, a.k.a. Phu
15 Minh Huy Nguyen; and Minh Tam Vo.

16 5. **“Document”** is synonymous in meaning and equal in scope to the usage of the
17 term in Federal Rule of Civil Procedure 34(a), and includes writings, drawings, graphs, charts,
18 photographs, audio and video recordings, computer records, and other data compilations from
19 which information can be obtained and translated, if necessary, through detection devices into
20 reasonably usable form. A draft or non-identical copy is a separate document within the meaning
21 of the term.

22 6. **“Financial institution”** means any bank, savings and loan institution, credit
23 union, or any financial depository of any kind including, but not limited to, any brokerage house,
24 trustee, broker-dealer, escrow agent, title company, commodity trading company or precious
25 metal dealer.

26 7. **“Material”** means likely to affect a person’s choice of, or conduct regarding,
27 goods or services.

28 8. **“Person”** means a natural person, an organization or other legal entity, including

1 a corporation, partnership, sole proprietorship, limited liability company, association,
2 cooperative, or any other group or combination acting as an entity.

3 ORDER

4 I. PROHIBITED BUSINESS ACTIVITIES

5 **IT IS THEREFORE ORDERED** that defendants, and their officers, agents, directors,
6 servants, employees, salespersons, independent contractors, attorneys, corporations, subsidiaries,
7 affiliates, successors, and assigns, and all other persons or entities in active concert or
8 participation with them who receive actual notice of this Order by personal service or otherwise,
9 whether acting directly or through any trust, corporation, subsidiary, division, or other device, or
10 any of them, in connection with the advertising, promotion, offering for sale or sale of
11 defendants' business directories and listings in the directories are:

12 A. Temporarily restrained and enjoined from:

- 13 1. Misrepresenting, expressly or by implication, that consumers have
14 previously authorized the purchase of defendants' business directory and/or listing
15 in the directory;
- 16 2. Misrepresenting, expressly or by implication, that consumers have agreed
17 to purchase the business directory and/or listing in the directory;
- 18 3. Misrepresenting, expressly or by implication, that consumers can review
19 defendants' business directory on a trial basis without incurring financial
20 obligation; and
- 21 4. Misrepresenting, expressly or by implication, that consumers owe money
22 to any of the defendants for their business directory and/or listing in the directory;
23 and

24 B. Required to disclose in outbound telephone calls to consumers, promptly and in a
25 clear and conspicuous manner: (1) the identity of the seller; (2) that the purpose of the call is to
26 sell goods or services; and (3) the nature of the goods or services.

1 **II. ASSET FREEZE**

2 **IT IS FURTHER ORDERED** that defendants, and their officers, agents, directors,
3 servants, employees, salespersons, independent contractors, attorneys, corporations, subsidiaries,
4 affiliates, successors, and assigns, and all other persons or entities in active concert or
5 participation with them who receive actual notice of this Order by personal service or otherwise,
6 whether acting directly or through any trust, corporation, subsidiary, division, or other device, or
7 any of them, except as stipulated by the parties or as directed by further order of the Court, are
8 temporarily restrained and enjoined from:

9 A. Selling, liquidating, assigning, transferring, converting, loaning, encumbering,
10 pledging, concealing, dissipating, spending, disbursing, withdrawing, or otherwise disposing of
11 any assets wherever located, including any assets outside the territorial United States, that are:

- 12 1. In the actual or constructive possession of any defendant;
- 13 2. Owned or controlled by, or held, in whole or in part for the benefit of, or
14 subject to access by, or belonging to, any defendant; or
- 15 3. In the actual or constructive possession of, owned or controlled by,
16 subject to access by, or belonging to any corporation, partnership, trust or
17 any other entity directly or indirectly owned, managed or controlled by, or
18 under common control with, any defendant including, but not limited to,
19 any assets held by or for any defendant at any bank or savings and loan
20 institution, credit union, independent service organization, independent
21 credit card processing company, or with any broker-dealer, escrow agent,
22 title company, commodity trading company, precious metal dealer,
23 common carrier, credit card processing agent, customs broker, commercial
24 mail receiving and/or forwarding agency, commercial freight holding
25 and/or forwarding agency, or other financial institution or depository of
26 any kind including, but not limited to, assets at the following financial
27 institutions or any branches thereof:

- 28 a. Moneris Solutions;

1 [pdf/f433b.pdf](#); and

2 B. Access to defendants' records and documents pertaining to the defendants that are
3 held by financial institutions or other entities outside the territorial United States, by signing and
4 delivering to plaintiff's counsel the Consent to Release of Financial Records, which is attached to
5 this Order as Attachment C.

6 **V. DUTIES OF THIRD PARTIES HOLDING DEFENDANTS' ASSETS**

7 **IT IS FURTHER ORDERED** that, pending determination of the FTC's request for a
8 preliminary injunction, any financial institution, or any person or other entity served with a copy
9 of this Order shall:

10 A. Hold and retain within such entity's or person's control, and prohibit the
11 withdrawal, removal, assignment, transfer, pledge, hypothecation, encumbrance, disbursement,
12 dissipation, conversion, sale, liquidation, or other disposal of any assets held by or under such
13 entity's or person's control:

- 14 1. On behalf of, or for the benefit of, any defendant;
- 15 2. In any account maintained in the name of, or subject to withdrawal by, any
16 defendant; or
- 17 3. That are subject to access or use by, or under the signatory power of, any
18 defendant;

19 B. Deny access to any safe deposit boxes that are either:

- 20 1. Titled in the name, individually or jointly, of any defendant; or
- 21 2. Subject to access by any defendant;

22 C. Provide to counsel for the Commission, within three (3) business days, by
23 facsimile or by overnight delivery, a sworn statement setting forth:

- 24 1. The identification of each account or asset titled in the name, individually
25 or jointly, or held on behalf of, or for the benefit of, any defendant, whether in
26 whole or in part;
- 27 2. The balance of each such account, or a description of the nature and value
28 of such asset;

1 3. The identification of any safe deposit box that is either titled in the name
2 of, individually or jointly, or is otherwise subject to access or control by, any
3 defendant, whether in whole or in part; and

4 4. If the account, safe deposit box or other asset has been closed or removed,
5 the date closed or removed and the balance on said date;

6 D. The accounts and assets subject to this Section include existing accounts and
7 assets, and assets deposited or accounts created after the effective date of this Order. This
8 Section shall not prohibit transfers in accordance with any provision of this Order, or any further
9 order of the Court; and

10 E. The FTC is granted leave, pursuant to Fed. R. Civ. P. 45, to subpoena documents
11 immediately from any such financial institution, account custodian or other entity concerning the
12 nature, location, status, and extent of defendants' assets, and compliance with this Order, and
13 such financial institution, account custodian or other entity shall respond to such subpoena within
14 five (5) business days after service.

15 **VI. RECORD KEEPING/MAINTAINING BUSINESS RECORDS**

16 **IT IS FURTHER ORDERED** that defendants, and their officers, agents, directors,
17 servants, employees, salespersons, independent contractors, attorneys, corporations, subsidiaries,
18 affiliates, successors, and assigns, and all other persons or entities in active concert or
19 participation with them who receive actual notice of this Order by personal service or otherwise,
20 whether acting directly or through any trust, corporation, subsidiary, division, or other device, or
21 any of them, are temporarily restrained and enjoined from:

22 A. Failing to make and keep books, records, accounts, bank statements, current
23 accountants' reports, general ledgers, general journals, cash receipts ledgers, cash disbursements
24 ledgers and source documents, documents indicating title to real or personal property, and any
25 other data which, in reasonable detail, accurately and fairly reflect the transactions and
26 dispositions of the assets of defendants; and

27 B. Destroying, erasing, mutilating, concealing, altering, transferring or otherwise
28 disposing of, in any manner, directly or indirectly, contracts, agreements, customer files,

1 customer lists, customer addresses and telephone numbers, correspondence, advertisements,
2 brochures, sales material, training material, sales presentations, documents evidencing or
3 referring to defendants' products or services, data, computer tapes, disks, or other computerized
4 records, books, written or printed records, handwritten notes, telephone logs, "verification" or
5 "compliance" tapes or other audio or video tape recordings, receipt books, invoices, postal
6 receipts, ledgers, personal and business canceled checks (fronts and backs) and check registers,
7 bank statements, appointment books, copies of federal, state or local business or personal income
8 or property tax returns, and other documents or records of any kind, including electronically
9 stored materials, that relate to the business practices or business or personal finances of
10 defendants or other entities directly or indirectly under the control of defendants.

11 **VII. DISTRIBUTION OF ORDER BY DEFENDANTS**

12 **IT IS FURTHER ORDERED** that defendants shall immediately provide a copy of this
13 Order to each affiliate, partner, division, sales entity, successor, assign, officer, director,
14 employee, independent contractor, agent, attorney, and/or representative of any defendant.
15 Within five (5) calendar days following service of this Order by plaintiff, defendants shall serve
16 on plaintiff an affidavit identifying the name, title, address, telephone number, date of service,
17 and manner of service of each person or entity defendants served with a copy of this Order in
18 compliance with this provision.

19 **VIII. SERVICE OF ORDER**

20 **IT IS FURTHER ORDERED** that copies of this Order may be served by facsimile
21 transmission, personal or overnight delivery, or by first class mail, by agents and employees of
22 the Commission or any state, federal or foreign law enforcement agency, or by private process
23 server, on: (1) defendants; (2) any financial institution, entity or person that holds, controls or
24 maintains custody of any documents or assets of any defendant, or that held, controlled or
25 maintained custody of any documents or assets of any defendant; or (3) any other person or entity
26 that may be subject to any provision of this Order. Service upon any branch or office of any
27 financial institution or entity shall effect service upon the entire financial institution or entity.

1 **IX. CONSUMER REPORTS**

2 **IT IS FURTHER ORDERED** that pursuant to Section 604(a)(1) of the Fair Credit
3 Reporting Act, 15 U.S.C. § 1681b(a)(1), any consumer reporting agency may furnish a consumer
4 report concerning any defendant to the Commission.

5 **X. EXPEDITED DISCOVERY**

6 **IT IS FURTHER ORDERED** that, notwithstanding the provisions of Federal Rules of
7 Civil Procedure 26(d) and (f) and 30(a)(2)(c), and pursuant to Federal Rules of Civil Procedure
8 30(a), 34, and 45, the parties are granted leave, at any time after service of this Order, to:

9 A. Take the deposition, on three (3) calendar days' notice, of any person, whether or
10 not a party, for the purpose of discovering the nature, location, status, and extent of the assets of
11 the defendants, or their affiliates or subsidiaries; the nature and location of documents reflecting
12 the defendants' business transactions, or the business transactions of the defendants' affiliates or
13 subsidiaries; the location of any premises where defendants, directly or through any third party,
14 conduct business operations; the defendants' whereabouts; and/or the applicability of any
15 evidentiary privileges to this action. The limitations and conditions set forth in Fed. R. Civ. P.
16 30(a)(2)(B) and 31(a)(2)(B) regarding subsequent depositions of an individual shall not apply to
17 depositions taken pursuant to this Section. Any such depositions taken pursuant to this Section
18 shall not be counted toward the ten (10) deposition limit set forth in Fed. R. Civ. P. 30(a)(2)(A)
19 and 31(a)(2)(A). Service of discovery upon a party, taken pursuant to this Section, shall be
20 sufficient if made by facsimile or by overnight delivery; and

21 B. Demand the production of documents, on five (5) calendar days' notice, from any
22 person, whether or not a party, relating to the nature, status or extent of defendants' assets, or of
23 their affiliates or subsidiaries; the location of documents reflecting the business transactions of
24 defendants, or of their affiliates or subsidiaries; the location of any premises where defendants,
25 directly or through any third party, conduct business operations; the defendants' whereabouts;
26 and/or the applicability of any evidentiary privileges to this action, provided that twenty-four (24)
27 hours' notice shall be deemed sufficient for the production of any such documents that are
28 maintained or stored only as electronic data.

1 **XI. DURATION OF TEMPORARY RESTRAINING ORDER**

2 **IT IS FURTHER ORDERED** that this Order shall expire on MARCH 2, 2005,
3 2005, unless within such time, the Order, for good cause shown, is extended for an additional
4 period not to exceed ten (10) days, or unless it is further extended by the Court for good cause
5 shown or with the consent of the parties.

6 **XII. ORDER TO SHOW CAUSE**

7 **IT IS FURTHER ORDERED** pursuant to Federal Rule of Civil Procedure 65(b), that
8 defendants shall appear before this Court, on the 1st day of MARCH, 2005, at
9 12 o'clock p.m. (PST), to show cause, if there is any, why this Court should not enter
10 a preliminary injunction, pending final ruling on the Complaint against defendants, enjoining
11 them from further violations of Section 5(a) of the FTC Act, 15 U.S.C. § 45(a), and imposing
12 such additional relief as may be appropriate.

13 **XIII. EXAMINATION OF WITNESSES**

14 **IT IS FURTHER ORDERED** that there will be no direct examination of witnesses at
15 the preliminary injunction hearing in this matter, unless specifically ordered by this Court. In the
16 event this Court permits direct examination of witnesses at the preliminary injunction hearing in
17 this matter, the parties shall exchange and file with the Court the names of those witnesses to
18 testify at the hearing and a summary of the substance of the witnesses' testimony to be proffered
19 at the hearing no later than four (4) business days prior to the scheduled hearing.

20 **XIV. SERVICE OF DOCUMENTS AND EVIDENCE**

21 **IT IS FURTHER ORDERED** that defendants, in responding to this Court's Order to
22 Show Cause, shall serve all memoranda, affidavits, and other evidence on which they intend to
23 rely no later than 4:00 p.m. (PST) of the fourth day prior to the preliminary injunction hearing set
24 in this matter. Service on the Commission shall be performed by personal delivery or confirmed
25 facsimile delivery to Kathryn C. Decker at the following address: Federal Trade Commission,
26 915 Second Ave., Suite 2896, Seattle, WA 98174, 206-220-6366 (fax). The Commission may
27 serve and file a supplemental memorandum of points and authorities based on evidence
28 discovered subsequent to the filing of its Complaint no later than 4:00 p.m. (PST) of the fourth

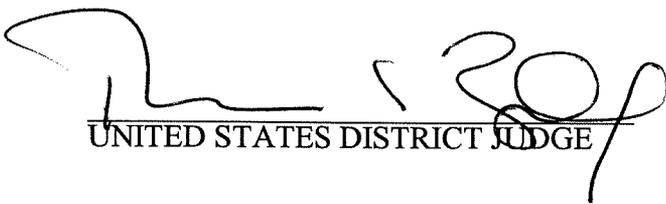
1 day prior to the preliminary injunction hearing, and may serve and file a reply to defendants'
2 opposition by no later than 4:00 p.m. (PST) on the day prior to the preliminary injunction
3 hearing.

4 **XV. RETENTION OF JURISDICTION**

5 **IT IS FURTHER ORDERED** that this Court shall retain jurisdiction of this matter for
6 all purposes.

7 No security is required of any agency of the United States for the issuance of a restraining
8 order. Federal Rule of Civil Procedure 65(c).

9
10 Dated this 15th day of Feb, 2005.

11
12 
13 UNITED STATES DISTRICT JUDGE

14 Presented by:

15
16 s/
17 KATHRYN C. DECKER, WSBA #12389
18 JULIE K. BROF, WSBA #34638
19 915 Second Avenue, Suite 2896
20 Seattle, Washington 98174
21 206-220-4486 (Decker)
22 206-220-4475 (Brof)
23 206-220-6366 (fax)
24 kdecker@ftc.gov
25 jbrof@ftc.gov

26
27 Attorneys for Plaintiff
28 Federal Trade Commission



Collection Information Statement for Wage Earners and Self-Employed Individuals

Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-A (Rev. 5-2001)
Catalog Number 20312N

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.

Section 1 Personal Information

1. Full Name(s) _____
 Street Address _____
 City _____ State _____ Zip _____
 County of Residence _____
 How long at this address? _____

1a. Home Telephone (____) _____
 Best Time To Call: _____ am _____ pm
 (Enter Hour)

2. Marital Status:
 Married Separated
 Unmarried (single, divorced, widowed)

3. Your Social Security No. (SSN) _____
 3a. Your Date of Birth (mm/dd/yyyy) _____
 4. Spouse's Social Security No. _____
 4a. Spouse's Date of Birth (mm/dd/yyyy) _____

5. Own Home Rent Other (specify, i.e. share rent, live with relative) _____

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?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Check this box when all spaces in Sect. 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 _____
 7b. Street Address _____
 City _____ State _____ Zip _____

7c. Employer Identification No., if available: _____
 7d. Do you have employees? No Yes
 7e. Do you have accounts/notes receivable? No Yes
 If yes, please complete Section 8 on page 5.

Check this box when all spaces in Sect. 2 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please include proof of self-employment income for the prior 3 months (e.g., invoices, commissions, sales records, income statement).

Section 3 Employment Information

8. Your Employer _____
 Street Address _____
 City _____ State _____ Zip _____
 Work telephone no. (____) _____
 May we contact you at work? No Yes

8a. How long with this employer? _____
 8b. Occupation _____

9. Spouse's Employer _____
 Street Address _____
 City _____ State _____ Zip _____
 Work telephone no. (____) _____
 May we contact you at work? No Yes

9a. How long with this employer? _____
 9b. Occupation _____

Check this box when all spaces in Sect. 3 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please provide 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.

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) _____

Check this box when all spaces in Sect. 4 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please provide 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.

Name _____ SSN _____

Section 5
Banking,
Investment,
Cash, Credit,
and Life
Insurance
Information

Complete all
entry spaces
with the most
current data
available.

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				\$ _____

12. OTHER ACCOUNTS. List all accounts, including brokerage, savings, and money market, 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 _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12b. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12c. Total Other Account Balances				\$ _____



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

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 a separate sheet.)

Name of Company	Number of Shares / Units	<input checked="" type="checkbox"/> Current Value	Loan Amount	Used as collateral on loan?
13a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13c. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13d. Total Investments			\$ _____	

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

14. CASH ON HAND. Include any money that you have that is not in the bank.

14a. Total Cash on Hand \$ _____

15. AVAILABLE CREDIT. List all lines of credit, including credit cards.

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. Total Credit Available			\$ _____

Name _____ SSN _____

Section 5
continued

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:

16a. Name of Insurance Company _____

16b. Policy Number(s) _____

16c. Owner of Policy _____

16d. Current Cash Value \$ _____

16e. Outstanding Loan Balance \$ _____

Subtract "Outstanding Loan Balance" line 16e from "Current Cash Value" line 16d = 16f \$ _____

Check this box when all spaces in Sect. 5 are filled in and attachments provided.



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.

Section 6
Other Information

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

17a. Are there any garnishments against your wages? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgement _____ Amount of debt \$ _____

17b. Are there any judgments against you? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgement _____ Amount of debt \$ _____

17c. Are you a party in a lawsuit? No Yes
If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____

17d. Did you ever file bankruptcy? No Yes
If yes, date filed _____ Date discharged _____

17e. In the past 10 years did you transfer any assets out of your name for less than their actual value? No Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom was it transferred? _____

17f. Do you anticipate any increase in household income in the next two years? No Yes
If yes, why will the income increase? _____ (Attach sheet if you need more space.)
How much will it increase? \$ _____

17g. Are you a beneficiary of a trust or an estate? No Yes
If yes, name of the trust or estate _____ Anticipated amount to be received \$ _____
When will the amount be received? _____

17h. Are you a participant in a profit sharing plan? No Yes
If yes, name of plan _____ Value in plan \$ _____

Check this box when all spaces in Sect. 6 are filled in.

Section 7
Assets and Liabilities

18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

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

Description (Year, Make, Model, Mileage)	<input checked="" type="checkbox"/> Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
18a. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
18b. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
18c. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

Name _____

SSN _____

Section 7
continued

19. 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)	Lease Balance	Name and Address of Lessor	Lease Date	Amount of Monthly Payment
------------------------------------	------------------	----------------------------------	---------------	---------------------------------

19a. Year _____
Make/Model _____ \$ _____ \$ _____

19b. Year _____
Make/Model _____ \$ _____ \$ _____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

20. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	<input type="checkbox"/> Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
---	-------------------	-------------------	---	-----------------	----------------------------------	---------------------------------	------------------------------

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

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

20a. _____
_____ \$ _____ \$ _____ \$ _____

20b. _____
_____ \$ _____ \$ _____ \$ _____



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 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	<input type="checkbox"/> Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
-------------	---	-----------------	----------------	---------------------------------	------------------------------

21a. Furniture/Personal Effects \$ _____ \$ _____ \$ _____

Other: (List below)

21b. Artwork \$ _____ \$ _____ \$ _____

21c. Jewelry _____ \$ _____

21d. _____

21e. _____

22. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes any other machinery, equipment, inventory or other assets.

Description	<input type="checkbox"/> Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
-------------	---	-----------------	----------------	---------------------------------	------------------------------

22a. Tools used in Trade/Business \$ _____ \$ _____ \$ _____

Other: (List below)

22b. Machinery \$ _____ \$ _____ \$ _____

22c. Equipment _____ \$ _____

22d. _____

22e. _____

Check this box when all spaces in Sect. 7 are filled in and attachments provided.

Name _____ SSN _____

Section 8
Accounts/
Notes
Receivable

23. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

Use only if needed.

Check this box if Section 8 not needed.

Description	Amount Due	Date Due	Age of Account
23a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23c. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

Check this box when all spaces in Sect. 8 are filled in.

Add "Amount Due" from lines 23a through 23l = 23m \$ _____

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 Income

Source	Gross Monthly
24. Wages (Yourself) ¹	\$ _____
25. Wages (Spouse) ¹	_____
26. Interest - Dividends	_____
27. Net Income from Business ²	_____
28. Net Rental Income ³	_____
29. Pension/Social Security (Yourself)	_____
30. Pension/Social Security (Spouse)	_____
31. Child Support	_____
32. Alimony	_____
33. Other	_____
34. Total Income	\$ _____

Total Living Expenses

Expense Items ⁴	Actual Monthly
35. Food, Clothing and Misc. ⁵	\$ _____
36. Housing and Utilities ⁶	_____
37. Transportation ⁷	_____
38. Health Care	_____
39. Taxes (Income and FICA)	_____
40. Court ordered payments	_____
41. Child/dependent care	_____
42. Life insurance	_____
43. Other secured debt	_____
44. Other expenses	_____
45. Total Living Expenses	\$ _____

1 Wages, salaries, pensions, and social security: Enter your gross monthly wages and/or salaries. Do not 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

2 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. This figure should relate to the yearly net profit from your Form 1040 Schedule C. If it is more or less than the previous year, you should attach an explanation. If your net business income is a loss, enter "0". Do not enter a negative number.

3 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.

4 Expenses not generally allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family or for the production of income.

5 Food, Clothing and Misc.: Total of clothing, food, housekeeping supplies and personal care products for one month.

6 Housing and Utilities: For your principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.

7 Transportation: Total of lease or purchase payments, vehicle insurance, registration fees, normal maintenance, fuel, public transportation, parking and tolls for one month.

ATTACHMENTS REQUIRED: Please include:

- A copy of your last Form 1040 with all Schedules.
- 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 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 Sect. 9 are filled in and attachments provided.

Check this box when all spaces in all sections are filled in and all attachments 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

Spouse's Signature

Date



Collection Information Statement for Businesses

Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-B (Rev. 5-2001)
Catalog Number 16649P

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.

Section 1 Business Information

1a. Business Name _____
Business Street Address _____
City _____ State _____ Zip _____
County _____

1b. Business Telephone (_____) _____

2a. Employer Identification No. (EIN) _____

2b. Type of Entity (Check appropriate box below)
 Partnership Corporation Other _____

2c. Type of Business _____

3a. Contact Name _____
3b. Contact's Business Telephone (_____) _____
Extension _____
Best Time To Call _____ am _____ pm (Enter Hour)

3c. Contact's Home Telephone (_____) _____
Best Time To Call _____ am _____ pm (Enter Hour)

3d. Contact's Other Telephone (_____) _____
Telephone Type (i.e. fax, cellular, pager) _____

3e. Contact's E-mail Address _____

Check this box when all spaces in Sect. 1 are filled in.

Section 2 Business Personnel and Contacts

4. PERSON RESPONSIBLE FOR DEPOSITING PAYROLL TAXES

4a. Full Name _____ Title _____ Social Security Number _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.

5a. Full Name _____ Title _____ Social Security Number _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5b. Full Name _____ Title _____ Social Security Number _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5c. Full Name _____ Title _____ Social Security Number _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5d. Full Name _____ Title _____ Social Security Number _____
Home Street Address _____ Home Telephone (_____) _____
City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

Check this box when all spaces in Sect. 2 are filled in.

Section 3 Accounts/Notes Receivable

6. ACCOUNTS/NOTES RECEIVABLE. List all contracts separately, including contracts awarded, but not started.

Description	Amount Due	Date Due	Age of Account
6a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6a + 6b = 6c		\$ _____	
Amount from Page 6 +		6p _____	
6q. Total Accounts/Notes Receivable =		6c + 6p = 6q	\$ _____

Check this box when all spaces in Sect. 3 are filled in.

Business Name _____ EIN _____

Section 4
Other
Financial
Information

- 7. OTHER FINANCIAL INFORMATION.** Respond to the following business financial questions.
- 7a. Does this business have other business relationships (e.g. subsidiary or parent, corporation, partnership, etc.)? No Yes
If yes, list related EIN _____ Additional EIN _____
- 7b. Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan borrowed from the business? No Yes
If yes, amount of loan \$ _____ Date of loan _____ Current balance \$ _____
- 7c. Are there any judgments or liens against your business? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgment/lien _____ Amount of debt \$ _____
- 7d. Is your business a party in a lawsuit? No Yes
If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____
- 7e. Has your business ever filed bankruptcy? No Yes
If yes, date filed _____ Date discharged _____ Petition No. _____
- 7f. In the past 10 years have you transferred any assets from your business name for less than their actual value? No Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom or where was it transferred? _____
- 7g. Do you anticipate any increase in business income (e.g. contracts bid but not yet awarded)? No Yes
If yes, why will the income increase? _____ (Attach sheet if you need additional space.)
How much will it increase? _____ When will the business income increase? _____
- 7h. Is your business a beneficiary of a trust, an estate or a life insurance policy? No Yes
If yes, name of the trust, estate or policy? _____ Anticipated amount to be received? _____
When will the amount be received? _____

Check this box when all spaces in Sect. 4 are filled in.

Section 5
Business
Assets

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

8. PURCHASED 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)	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
8a. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
8b. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
8c. Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

9. 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)	Lease Balance	Name of Lessor	Lease Date	Amount of Monthly Payment
9a. Year _____ Make/Model _____	\$ _____	_____	_____	\$ _____
9b. Year _____ Make/Model _____	\$ _____	_____	_____	\$ _____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

Business Name _____ EIN _____

Section 5
continued

10. REAL ESTATE. List all real estate owned by the business. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
--	----------------	----------------	---	--------------	-------------------------------	---------------------------	------------------------

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

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

10a. _____

 \$ _____ \$ _____ \$ _____ \$ _____

10b. _____

 \$ _____ \$ _____ \$ _____ \$ _____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

Check this box if you are attaching a depreciation schedule for machinery/equipment in lieu of completing line 11.

11. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) Note: If attaching a depreciation schedule, the attachment must include all of the information requested below.

Description	<input checked="" type="checkbox"/> Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
-------------	---	--------------	----------------	---------------------------	------------------------

11a. Machinery \$ _____ \$ _____ \$ _____

Equipment _____

Merchandise _____

Other Assets: (List below)

11b. \$ _____ \$ _____ \$ _____

11c. _____

Check this box when all spaces in Sect. 5 are filled in and attachments provided.



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current loan balance for assets listed which have an encumbrance.

Section 6
Investment, Banking and Cash Information

12. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options and certificates of deposits.

Name of Company	Number of Shares / Units	<input checked="" type="checkbox"/> Current Value	Loan Amount	Used as collateral on loan?
-----------------	--------------------------	---	-------------	-----------------------------

12a. _____ \$ _____ \$ _____ No Yes

12b. _____ No Yes

12c. Total Investments \$ _____

Business Name _____ EIN _____

Section 6
continued

Complete all entry spaces with the most current data available.

13. BANK ACCOUNTS. List all checking and savings 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
13a. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13b. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13c. Savings	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13d. Total Bank Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking and savings) for the past three months for all accounts.

14. OTHER ACCOUNTS. List all accounts including brokerage accounts, money market, additional checking and savings accounts not listed on line #13 and any other accounts not listed in this section.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
14a. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
14b. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
14c. Total Other Account Balances				\$ _____



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

15. CASH ON HAND. Include any money that you have that is not in the bank.

15a. Total Cash on Hand \$ _____

16. AVAILABLE CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
16a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16c. Total Credit Available			\$ _____

Check this box when all spaces in Sect. 6 are filled in and attachments provided.

Business Name _____

EIN _____

Section 7
Monthly
Income and
Expenses

Complete all entry spaces with the most current data available.

17. The following information applies to income and expenses from your most recently filed Form 1120 or Form 1065.
Fiscal Year Period _____ to _____
18. Accounting Method Used: Cash Accrual

The information included on lines 19 through 39 should reconcile to your business federal tax return.

Total Income		Total Expenses	
Source	Gross Monthly	Expense Items	Actual Monthly
19. Gross Receipts	\$ _____	27. Materials Purchased ¹	\$ _____
20. Gross Rental Income	_____	28. Inventory Purchased ²	_____
21. Interest	_____	29. Gross Wages & Salaries	_____
22. Dividends	_____	30. Rent	_____
Other Income (specify in lines 23-25)	_____	31. Supplies ³	_____
23. _____	_____	32. Utilities / Telephone ⁴	_____
24. _____	_____	33. Vehicle Gasoline / Oil	_____
25. _____	_____	34. Repairs & Maintenance	_____
(Add lines 19 through 25)	_____	35. Insurance	_____
26. TOTAL INCOME	\$ _____	36. Current Taxes ⁵	_____
		Other Expenses (include installment payments, specify in lines 37-38)	
		37. _____	_____
		38. _____	_____
		(Add lines 27 through 38)	
		39. TOTAL EXPENSES	\$ _____

- ¹ **Materials Purchased:** Materials are items directly related to the production of a product or service.
- ² **Inventory Purchased:** Goods bought for resale.
- ³ **Supplies:** Supplies are items used in your business that are consumed or used up within one year, this could be the cost of books, office supplies, professional instruments, etc.
- ⁴ **Utilities:** Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.
- ⁵ **Current Taxes:** Real estate, state and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.

Check this box when all spaces in Sect. 7 are filled in.

Check this box when all spaces in all sections are filled in and all attachments 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.

Print Name

Title



Your Signature

Date

Business Name _____

EIN _____

Section 3
Accounts/
Notes
Receivable
continued

Use only if
needed.

Check this
box if this
page is not
needed.

ACCOUNTS/NOTES RECEIVABLE CONTINUATION PAGE. List all contracts separately, including contracts awarded, but not started. (If you need additional space, copy this page and attach to the 433-B package.)

Description	Amount Due	Date Due	Age of Account
6d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6m. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6n. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6o. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

Check this box
when all spaces in
Sect. 3 are filled in.

Add lines 6d through 6o = 6p \$ _____

(Add this amount to amount
on line 6c, Section 3, page 1)

ATTACHMENT C

CONSENT TO RELEASE OF FINANCIAL RECORDS

I, _____, of _____ Canada, do hereby direct any bank, savings and loan association, credit union, depository institution, finance company, commercial lending company, credit card processor, credit card processing entity, automated clearing house, network transaction processor, bank debit processing entity, brokerage house, escrow agent, money market or mutual fund, title company, commodity trading company, trustee, or person that holds, controls or maintains custody of assets, wherever located, that are owned or controlled by me or at which there is an account of any kind upon which I am authorized to draw, and its officers, employees and agents, to disclose all information and deliver copies of all documents of every nature in your possession or control which relate to the said accounts to any attorney of the Federal Trade Commission, and to give evidence relevant thereto, in the matter of Federal Trade Commission v. 9125-8954 Quebec Inc., d.b.a Global Management Solutions, et al., now pending in the United States District Court for the Western District of Washington, at Seattle, and this shall be irrevocable authority for so doing. This direction is intended to apply to the laws of countries other than the United States which restrict or prohibit the disclosure of bank information without the consent of the holder of the account, and shall be construed as consent with respect thereto, and the same shall apply to any of the accounts for which I may be the relevant principal.

Date: _____, 2005

Signature: _____

Print name: _____