



COLLECTION INFORMATION STATEMENT

Taxpayer _____ Baldwin County Taxpayer Id _____

DBA _____ FEIN _____

Mailing Address _____
City State Zip

Physical Address _____
City State Zip

Email Address _____

Phone (____) ____ - ____ Cell (____) ____ - ____ Fax (____) ____ - ____

State Tax Account Number(s): Sales _____ Consumer Use _____

Legal Counsel's Name _____ Phone (____) ____ - ____

Accountant's Name _____ Phone (____) ____ - ____

Type of Organization:	Classification of Customers	Sales Method
<input type="checkbox"/> Corporation	<input type="checkbox"/> Ultimate Consumers	<input type="checkbox"/> Store Front
<input type="checkbox"/> LLC**	<input type="checkbox"/> Manufacturers	<input type="checkbox"/> Salesmen in taxing jurisdiction
<input type="checkbox"/> LLP**	<input type="checkbox"/> Wholesalers	<input type="checkbox"/> Salesmen outside taxing jurisdiction
<input type="checkbox"/> Partnership**	<input type="checkbox"/> Retailers	<input type="checkbox"/> Internet
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Contractors	<input type="checkbox"/> Mail Order
	<input type="checkbox"/> Owner/Consumer	<input type="checkbox"/> Other _____

***Requires a copy of Articles of Incorporation, Organization of LLC or Partnership documentation be attached and the following section completed:*

Name _____

Title _____ SSN _____

Physical Address _____
City State Zip

Name _____

Title _____ SSN _____

Physical Address _____
City State Zip

Name _____

Title _____ SSN _____

Physical Address _____
City State Zip



COLLECTION INFORMATION STATEMENT

Nature of Business _____

Date started business operation in Baldwin County _____

Gross Assets \$ _____ Gross Sales \$ _____ Other \$ _____

Location of Accounting Records _____

Does your business have a physical building (or Nexus) within this taxing authority? _____

Does your Legal Entity own property in the State of Alabama?

If yes, type of property: () Real () Personal

Do you lease tangible property for use in your business?

If yes, type of property: () Real () Personal

If yes, indicate nature of property _____

Name of lessor _____

Method of Accounting:

- () Cash
- () Accrual
- () Other _____

Accounting Period:

- () Calendar
- () Fiscal-List Dates below

Has taxpayer been audited by

*if yes indicate period covered

- () IRS _____
- () State of ____ - _____
- () City of _____ - _____

Name and addresses of all banks in which you have deposited funds from the past six years.

Bank Name	Address	Account Number	Type
_____	_____ City State Zip	_____	_____
_____	_____ City State Zip	_____	_____
_____	_____ City State Zip	_____	_____

Have you issued annual financial statements for the period under audit? () Yes () No

If yes, attach a copy.