



Utah State Tax Commission
Collection Information for Businesses

TC-803

Rev. 1/96

tax.utah.gov

1. Name and Address of Business	2. Business Telephone Number	
	3. (Check appropriate box) ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other (specify) _____	
4. Name and Title of Person Interviewed	5. Account Number: Sales _____ Withholding _____ Other _____	6. Type of Business

7. Information about Owner, Partners, Officers, etc.

Name and Title	Effective Date	Home Address	Telephone Number	Social Security Number	Total Shares

Section One: General Financial Information

8. Latest Filed Income Tax Return	Form	Tax Year Ended	Net Income Before Taxes
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Bank Accounts (List all types of accounts including payroll and general, savings, certificates of deposit, etc.)

Name of Institution	Address	Type of Account	Account Number	Balance
				\$
9. Total (Enter in item 16)				

Bank Credit Available (Lines of credit, etc.)

Name of Institution	Address	Credit Limit	Amount Owed	Credit Available	Monthly Payment
		\$	\$	\$	\$
10. Totals (Enter in Items 23 or 24 as appropriate)					

11. Real Estate: (Enter values, balance due, equity in asset, and monthly payment in item 19.)

Brief Description and Type of Ownership	Address (Include County and State)
a.	
b.	
c.	

Name Insured	Company	Policy Number	Type	Face Amount	Accumulative Cash Value
				\$	\$
			12. Total (Enter in Item 18)		

13. Additional Information Regarding Financial Condition (court proceedings, bankruptcies filed or anticipated, transfers of assets for less than full value, changes in market conditions, etc.; including information regarding company participation in trusts, estates, profit-sharing plans, etc.)

[illegible]

Section Two: Asset and Liability Analysis

Description		Current Market Value	Liabilities Balance Due	Equity in Asset	Amount of Monthly Payment	Name and Address of Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment
(a)		(b)	(c)	(d)	(e)	(f)	(g)	(h)
15. Cash				\$				
16. Bank Accounts (from item 9)								
17. Accounts/Notes Receivable (from item 14)								
18. Life Insurance Loan Value (from item 12)								
19. Real Property	a	\$	\$		\$			
	b							
	c							
	d							
20. Vehicles Model, Year, License								
21. Machines and Equipment (Specify)								
22. Merchan- dise Inventory (Specify)								
23. Other Assets (Specify) (from item 10)								
24. Other Liabili- ties (included notes and judg- ments) (from item 10)								
25. Federal Taxes Owed								
26. State Taxes Owed								
27. Total								

Section Three: Monthly Income and Expense Analysis

The following information applies to income and expenses
during the period _____ to _____

Accounting method used: (cash or accrual)

Income		Expenses	
28. Gross receipts from sales, services, etc.	\$	34. Materials purchased	\$
29. Gross rental income		35. Net wages and salaries	
30. Interest		36. Rent	
31. Dividends		37. Installment payments	
32. Other income (specify)		38. Supplies	
		39. Utilities/Telephone	
		40. Gasoline/Oil	
		41. Repairs and maintenance	
		42. Insurance	
		43. Current taxes	
		44. Other (specify)	
33. TOTAL	\$	45. TOTAL	\$
		46. NET DIFFERENCE	\$

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.

Signature:

Date: