

Form 433-B

(June 2026)

Department of the Treasury
Internal Revenue Service

Collection Information Statement for Businesses



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Department of the Treasury **Internal Revenue Service** www.irs.gov



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Collection Information Statement for Businesses

Note: Complete all entry spaces with the current data available or "N/A" (not applicable). Failure to complete all entry spaces may result in rejection of your request or significant delay in account resolution. **Include attachments if additional space is needed to respond completely to any question.**

Section 1: Business Information

1a Business Name	2a Employer Identification No. (EIN) _____
1b Business Street Address	2b Type of entity (<i>Check appropriate box below</i>)
Mailing Address _____	☐ Partnership ☐ Corporation ☐ Other _____
City _____ State _____ ZIP _____	☐ Limited Liability Company (LLC) classified as a corporation
1c County _____	☐ Other LLC - Include number of members _____
1d Business Telephone (_____) _____	2c Date Incorporated/Established _____ mmddyyyy
1e Type of Business	3a Number of Employees _____
1f Business Website (web address)	3b Monthly Gross Payroll _____
	3c Frequency of Tax Deposits _____
	3d Is the business enrolled in Electronic Federal Tax Payment System (EFTPS) ☐ Yes ☐ No
4 Does the business engage in e-Commerce (<i>Internet sales</i>) If yes, complete 5a and 5b.	☐ Yes ☐ No

PAYMENT PROCESSOR (e.g., PayPal, Authorize.net, Google Checkout, etc.)

Name and Address (<i>Street, City, State, ZIP code</i>)	Payment Processor Account Number
5a	
5b	

CREDIT CARDS ACCEPTED BY THE BUSINESS

Type of Credit Card (e.g., Visa, Mastercard, etc.)	Merchant Account Number	Issuing Bank Name and Address (Street, City, State, ZIP code)
6a		Phone
6b		Phone
6c		Phone

Section 2: Business Personnel and Contacts**PARTNERS, OFFICERS, LLC MEMBERS, MAJOR SHAREHOLDERS (Foreign and Domestic), ETC.**

7a Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes ☐ Yes ☐ No	Taxpayer Identification Number _____ Home Telephone (_____) _____ Work/Cell Phone (_____) _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____
7b Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes ☐ Yes ☐ No	Taxpayer Identification Number _____ Home Telephone (_____) _____ Work/Cell Phone (_____) _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____
7c Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes ☐ Yes ☐ No	Taxpayer Identification Number _____ Home Telephone (_____) _____ Work/Cell Phone (_____) _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____
7d Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes ☐ Yes ☐ No	Taxpayer Identification Number _____ Home Telephone (_____) _____ Work/Cell Phone (_____) _____ Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____

Section 3: Other Financial Information *(Attach copies of all applicable documents)*

8 Does the business use a Payroll Service Provider or Reporting Agent *(If yes, answer the following)* ☐ **Yes** ☐ **No**

Name and Address <i>(Street, City, State, ZIP code)</i>	Effective dates <i>(mmddyyyy)</i>
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9 Is the business a party to a lawsuit *(If yes, answer the following)* ☐ **Yes** ☐ **No**

☐ Plaintiff ☐ Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date <i>(mmddyyyy)</i>	Subject of Suit	

10 Has the business ever filed bankruptcy *(If yes, answer the following)* ☐ **Yes** ☐ **No**

Date Filed <i>(mmddyyyy)</i>	Date Dismissed <i>(mmddyyyy)</i>	Date Discharged <i>(mmddyyyy)</i>	Petition No.	District of Filing
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11 Do any related parties (e.g., officers, partners, employees) have outstanding amounts owed to the business *(If yes, answer the following)* ☐ **Yes** ☐ **No**

Name and Address <i>(Street, City, State, ZIP code)</i>	Date of Loan	Current Balance As of <i>mmddyyyy</i>	Payment Date	Payment Amount
		\$		\$

12 Have any assets been transferred, in the last 10 years, from this business for less than full value *(If yes, answer the following)* ☐ **Yes** ☐ **No**

List Asset	Value at Time of Transfer \$	Date Transferred <i>(mmddyyyy)</i>	To Whom or Where Transferred
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13 Does this business have other business affiliations (e.g., subsidiary or parent companies) (If yes, answer the following) ☐ Yes ☐ No

Related Business Name and Address (Street, City, State, ZIP code)	Related Business EIN:
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14 Any increase/decrease in income anticipated (If yes, answer the following) ☐ Yes ☐ No

Explain (Use attachment if needed)	How much will it increase/decrease \$	When will it increase/decrease
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15 Is the business a Federal Government Contractor (Include Federal Government contracts in #18, Accounts/Notes Receivable) ☐ Yes ☐ No

Section 4: Business Asset and Liability Information (Foreign and Domestic)

Include assets located in foreign countries or jurisdictions and add attachment(s) if additional space is needed to respond.

16a CASH ON HAND Include cash that is not in the bank	Total Cash on Hand	\$
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16b Is there a safe on the business premises ☐ Yes ☐ No	Contents
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BUSINESS BANK ACCOUNTS Include online and mobile accounts (e.g., PayPal), money market accounts, savings accounts, checking accounts and stored value cards (e.g., payroll cards, government benefit cards, etc.)
List safe deposit boxes including location, box number and value of contents. Attach list of contents.

Type of Account	Full Name and Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution	Account Number	Account Balance As of _____ mmddyyyy
17a			\$
17b			\$
17c			\$
17d Total Cash in Banks (Add lines 17a through 17c and amounts from any attachments)			\$

ACCOUNTS/NOTES RECEIVABLE Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (List all contracts separately including contracts awarded, but not started). Include Federal, state and local government grants and contracts.				
Name & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mmddyyy)	Invoice Number or Government Grant or Contract Number	Amount Due
18a Contact Name Phone				\$
18b Contact Name Phone				\$
18c Contact Name Phone				\$
18d Contact Name Phone				\$
18e Contact Name Phone				\$
18f Outstanding Balance (Add lines 18a through 18e and amounts from any attachments)				\$

INVESTMENTS List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposit, commodities (e.g., gold, silver, copper, etc.).

Name of Company & Address (Street, City, State, ZIP code)	Used as collateral on loan	Current Value	Loan Balance	Equity Value Minus Loan
19a	☐ Yes ☐ No			
Phone		\$	\$	\$
19b	☐ Yes ☐ No			
Phone		\$	\$	\$
19c Total Investments (Add lines 19a, 19b, and amounts from any attachments)				\$

DIGITAL ASSETS List all digital assets such as virtual currency (cryptocurrency), non-fungible token (NFT), and smart contracts the business owns or in which the business has a financial interest have a financial interest (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.) If applicable, attach a statement with each virtual currency's public key. Include attachments if needed.

20a List the name(s) of individuals who have access to the private key(s) and/or digital wallets

Digital asset, number of units, and digital asset address for self-hosted digital assets	Location of digital asset (exchange account, self- hosted wallet)	Account number for assets held by a custodian or broker	Used as collateral on loan	Current value US dollar equivalent as of <u>mmddyyyy</u>	Loan Balance	Equity Value minus Loan
20b			☐ Yes ☐ No	\$	\$	\$
20c			☐ Yes ☐ No	\$	\$	\$
20e Total Equity of Digital Assets (Add lines 20b, 20c, and amounts from any attachments)					\$	

AVAILABLE CREDIT Include all lines of credit and credit cards.

Full Name & Address (Street, City, State, ZIP code)	Credit Limit	Amount Owed As of <u>mmddyyyy</u>	Available Credit As of <u>mmddyyyy</u>
21a			
Account No.	\$	\$	\$
21b			
Account No.	\$	\$	\$

REAL PROPERTY Include all real property and land contracts the business owns/leases/rents.

	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
22a Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone			
			Phone			
22b Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone			
			Phone			
22c Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone			
			Phone			
22d Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone			
			Phone			
22e Total Equity (Add lines 22a through 22d and amounts from any attachments)					\$	

VEHICLES, LEASED AND PURCHASED Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, mobile homes, etc.

		Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
23a	Year	Make/Model		\$	\$		\$
	Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
	Vehicle Identification Number (VIN)						
			Phone				
23b	Year	Make/Model		\$	\$		\$
	Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
	Vehicle Identification Number (VIN)						
			Phone				
23c	Year	Make/Model		\$	\$		\$
	Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
	Vehicle Identification Number (VIN)						
			Phone				
23d	Year	Make/Model		\$	\$		\$
	Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
	Vehicle Identification Number (VIN)						
			Phone				
23e Total Equity (Add lines 23a through 23d and amounts from any attachments)						\$	

BUSINESS EQUIPMENT AND INTANGIBLE ASSETS Include all machinery, equipment, merchandise inventory, and other assets in 24a through 24d. List intangible assets in 24e through 24g (<i>licenses, patents, logos, domain names, trademarks, copyrights, software, mining claims, goodwill and trade secrets.</i>)						
	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
24a Asset Description		\$	\$	\$		\$
Location of asset (<i>Street, City, State, ZIP code</i>) and County			Lender/Lessor Name, Address, (<i>Street, City, State, ZIP code</i>) and Phone			
			Phone			
24b Asset Description		\$	\$	\$		\$
Location of asset (<i>Street, City, State, ZIP code</i>) and County			Lender/Lessor Name, Address, (<i>Street, City, State, ZIP code</i>) and Phone			
			Phone			
24c Asset Description		\$	\$	\$		\$
Location of asset (<i>Street, City, State, ZIP code</i>) and County			Lender/Lessor Name, Address, (<i>Street, City, State, ZIP code</i>) and Phone			
			Phone			

24d	Asset Description		\$		\$		\$		\$
Location of asset (Street, City, State, ZIP code) and County				Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
				Phone					
24e	Intangible Asset Description								\$
24f	Intangible Asset Description								\$
24g	Intangible Asset Description								\$
24h Total Equity (Add lines 24a through 24g and amounts from any attachments)								\$	
BUSINESS LIABILITIES Include notes and judgements not listed previously on this form.									
Business Liabilities		Secured/ Unsecured	Date Pledged (mmddyyyy)	Balance Owed	Date of Final Payment (mmddyyyy)	Payment Amount			
25a	Description:	☐ Secured ☐ Unsecured		\$		\$			
Name _____									
Street Address _____									
City/State/ZIP code _____				Phone _____					
25b	Description:	☐ Secured ☐ Unsecured		\$		\$			
Name _____									
Street Address _____									
City/State/ZIP code _____				Phone _____					
25c Total Payments (Add lines 25a and 25b and amounts from any attachments)								\$	

Section 5: Monthly Income/Expenses Statement for Business

Accounting Method Used: ☐ Cash ☐ Accrual

Use the prior 3, 6, 9 or 12 month period to determine your typical business income and expenses.

Income and Expenses during the period (mmddyyyy) to (mmddyyyy)

Provide a breakdown below of your average monthly income and expenses, based on the period of time used above.

Total Monthly Business Income		Total Monthly Business Expenses	
Income Source	Gross Monthly	Expense items	Actual Monthly
26 Gross Receipts from Sales/Services	\$	37 Materials Purchased ¹	\$
27 Gross Rental Income	\$	38 Inventory Purchased ²	\$
28 Interest Income	\$	39 Gross Wages & Salaries	\$
29 Dividends	\$	40 Rent	\$
30 Cash Receipts (Not included in lines 26-29)	\$	41 Supplies ³	\$
Other Income (Specify below)		42 Utilities/Telephone ⁴	\$
31	\$	43 Vehicle Gasoline/Oil	\$
32	\$	44 Repairs & Maintenance	\$
33	\$	45 Insurance	\$
34	\$	46 Current Taxes ⁵	\$
35	\$	47 Other Expenses (Specify)	\$
36 Total Income (Add lines 26 through 35)	\$	48 IRS Use Only-Allowable Installment Payments	\$
		49 Total Expenses (Add lines 37 through 48)	\$
		50 Net Income (Line 36 minus Line 49)	\$

- 1
Materials Purchased: Materials are items directly related to the production of a product or service.

4
Utilities/Telephone: Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business internet.
- 2
Inventory Purchased: Goods bought for resale.

5
Current Taxes: Real estate, state, and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.
- 3
Supplies: Supplies are items used to conduct business and are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, 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.

Signature	Title	Date
Print Name of Officer, Partner or LLC Member		

After we review the completed Form 433-B, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, profit and loss statements, bank and investment statements, loan statements, financing statements, bills or statements for recurring expenses, etc.

IRS USE ONLY *(Notes)*