



Form C58B, Business Financial Statement

Complete each section of this form. We use this information to determine your ability to pay.

The information you provide is confidential and you are not required to provide it. However, if you do not complete the financial statement, we may deny your request.

If a question does not apply to your situation, write "N/A" in the provided field.

Who is filling out this form?			
Full Name and Title		Work Phone	Email Address
Business Information			
Business Name		Business Phone	Business Website Address
Physical Address of the Business		Mailing Address of the Business (if different)	
Minnesota Tax Identification Number		Federal Employer Identification Number (FEIN)	
Type of Business (include a brief description)			
Licenses (List all active licenses held by this business, partners, officers, or owners to conduct a profession, occupation, trade, or business.)			
Issued To	License Title	Issuing Authority	Renewal Date
Business Bank Accounts (List all active checking, savings, money market accounts, etc.)			
Account Type	Financial Institution Name and Address	Account Number	Current Balance
Total Cash on Hand			\$

Virtual Currency (Cryptocurrency) (Include Bitcoin, Ethereum, Litecoin, Ripple, etc.)				
Type of Virtual Currency	Name of Virtual Currency Wallet, Exchange, or Digital Currency Exchange (DCE)	Email Address Used to Set up with the Virtual Currency Exchange or DCE	Locations (Mobile Wallet, Online, External Hardware Storage)	Virtual Currency Amount and Value in US Dollars
Total Value of Virtual Currency				\$

Individuals of Authority (Include all owners, officers, and partners for this business. Attach additional paper if needed.)			
First and Last Name	Home Phone		Cell Phone
Home Address			Social Security Number
Position Held Within the Business	From	To	Total Shares/Interest
First and Last Name	Home Phone		Cell Phone
Home Address			Social Security Number
Position Held Within the Business	From	To	Total Shares/Interest
First and Last Name	Home Phone		Cell Phone
Home Address			Social Security Number
Position Held Within the Business	From	To	Total Shares/Interest
Which payment processors and credit cards do you accept?			
Payment Processor (First Data, PayPal, Google Checkout, etc.)	Account Number	Payment Processor Address	

Credit Card Type (Visa, MasterCard, American Express, etc.)	Account Number	Account Provider Address

Credit Available (List all credit cards, open lines of credit, etc.)				
Account or Card Type	Credit Institution Name and Address	Credit Limit	Current Balance	Available Credit
Total Available Credit				\$

Accounts Receivable and Loans Owed to the Business (Include all other businesses and individuals that owe this business money.)			
Business or Individual Name and Address	Phone	Due Date	Amount Due
Total Amount Due			\$

Investments (List all stocks, bonds, mutual funds, etc.)				
Investment Company Name and Address	Used as Collateral? (circle one)	Current Value	Loan Balance	Cash-in Value
	Yes No			
	Yes No			
	Yes No			
	Yes No			
Total Cash-in Value				\$

Real Estate Owned by the Business (List commercial, residential, vacant land, etc.)			
Property Address	Fair Market Value	Current Loan Balance	Monthly Payment
Total Monthly Real Estate Payments			\$

Motor Vehicles (List cars, boats, RVs, motorcycles, snowmobiles, ATVs, etc.)				
Year	Make and Model	Outstanding Loan Balance	Finance Company	Monthly Payment
Total Monthly Motor Vehicle Payments				\$

Business Equipment (List machinery, inventory, merchandise, etc.)				
Year	Make and Model	Outstanding Loan Balance	Finance Company	Monthly Payment
Total Monthly Business Equipment Payments				\$

Other Information (List other information you want us to consider. Attach additional paper if needed.)

Income Statement (12-month period)

If this income statement does not fully reflect your business' financial operations, you may include additional financial documents.

Date Range From: _____ To: _____

Income		Expenses	
Gross Receipts	\$	Materials Purchased ¹	\$
Gross Rental Income		Inventory Purchased	
Interest		Gross Wages and Salaries	
Dividends		Rent	
Cash		Supplies ²	
Other Income (specify below)		Utilities and Telephone ³	
		Vehicle Gasoline and Oil	
		Repairs and Maintenance	
		Insurance	
		Current Taxes ⁴	
		Notes or Loan Payments	
		Other (specify below)	
Total Income	\$	Total Expenses	\$

Total Income	\$
– Total Expenses	\$
= Net Profit/Loss	\$

¹ **Materials Purchased** includes items directly related to the production of a product or service.

² **Supplies** includes items used to conduct business and consumed or used up within one year (books, office supplies, professional equipment, etc.).

³ **Utilities/Telephone** includes gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone, and business internet.

⁴ **Current Taxes.** Do not include past-due taxes not paid, such as those included in this pay plan application.

Authorization

The information I provided in this financial statement is accurate to the best of my knowledge and belief. I authorize the Minnesota Department of Revenue to verify any information on this form. I understand the department:

- Will review the information I provided
- Has the authority to approve or deny my request
- May ask me to provide more documentation
- May use this information to collect my debt

Signature _____

Print Your Name _____

Title _____

Date _____

If you are requesting a payment agreement, you must complete this section and provide your bank information or we cannot complete your request.

If we accept your proposed payment amount, we will send you a letter explaining the terms of the payment agreement.

We will withdraw payments directly from your bank account on or after the scheduled payment date using an electronic funds transfer.

We add a nonrefundable \$50 fee to payment agreements that include tax debt. Penalty and interest will accrue on all tax debt and some other types of debt until the balance is paid in full.

Payment Terms You Are Requesting

I am requesting to pay the total debt as follows:

Payment amount proposed \$ _____ Date of first payment _____

Payment frequency (circle one): Monthly Biweekly Weekly

Bank Information

Withdraw my payments as specified above from the following bank account:

Bank Name _____ Account Number _____

Name on Account _____ Routing Number _____

Account Type (circle one): Checking Savings Account Holder Phone _____

Will these payments be sent from a financial institution outside of the United States? (circle one) Yes No

By providing a signature and Social Security Number or Federal Employer Identification Number (FEIN) for an authorized user of the account below, you authorize the Minnesota Department of Revenue to withdraw the payments as specified.

Signature _____

Social Security Number or FEIN _____