



Massachusetts Department of Revenue

Form M-433B

Statement of Financial Condition for Businesses
Financial Statement for Payment Agreement

Fill out this application completely by following instructions provided. If additional information is needed to accurately process your application an examiner may contact you. The Department of Revenue (DOR) retains the right to require documentation verifying the information provided below. If you have any questions, contact the Collections Bureau at 617-887-6400 for assistance.

Payment Proposal

Proposed payment: Preferred date of first payment

Fill in one of the following: Weekly Bi-Weekly Monthly

Note: A Notice of Tax Lien may still be filed against your property. Penalty and interest will continue to accrue until paid in full.

Fill out and attach the Electronic Funds Transfer Authorization Form (EFT) included in this application. If you are unable to complete the EFT form, see instructions.

Business Identification

Legal business name Federal Identification number E-mail address

Website address Phone number

Mailing address Fill in if business is operated from your primary residence City/town State Zip

Power of attorney name Phone number E-mail address

Business Description

Nature of business Number of employees

Type of entity: Sole-proprietorship Partnership Corporation Other (specify):

Business Owners, Leadership, and Management

Name(s) of owners, partners, officers, major shareholders, managers, etc. Social Security number Title Start/End date Monthly income



**Related Businesses** List the name and Federal Identification number of any additional businesses owned and/or operated by the taxpayer or any person listed in the previous section. Use additional sheets if necessary.

Name	Federal Identification number	Fill in if business is active	
		<input type="radio"/>	
Address	City/town	State	Zip
Name	Federal Identification number	Fill in if business is active	
		<input type="radio"/>	
Address	City/town	State	Zip
Name	Federal Identification number	Fill in if business is active	
		<input type="radio"/>	
Address	City/town	State	Zip
Name	Federal Identification number	Fill in if business is active	
		<input type="radio"/>	
Address	City/town	State	Zip

**Business Assets**

**Business Locations** List any real estate owned or rented by the business. Use additional sheets if necessary

Address	City/town	State	Zip	Fill in if:	Mortgage balance
				<input type="radio"/> Own <input type="radio"/> Rent/Lease	
Address	City/town	State	Zip	Fill in if:	Mortgage balance
				<input type="radio"/> Own <input type="radio"/> Rent/Lease	
Address	City/town	State	Zip	Fill in if:	Mortgage balance
				<input type="radio"/> Own <input type="radio"/> Rent/Lease	
Address	City/town	State	Zip	Fill in if:	Mortgage balance
				<input type="radio"/> Own <input type="radio"/> Rent/Lease	

**Bank and Financial Accounts** List all accounts owned or used by the business

Institution name	Name on account	Account number	Current balance
Institution name	Name on account	Account number	Current balance
Institution name	Name on account	Account number	Current balance
Institution name	Name on account	Account number	Current balance

**Lines of Credit** (A preset borrowing limit that a borrower can draw on at any time that the line of credit is open.)

Name of lender	Total line of credit	Monthly payment	Available credit
Name of lender	Total line of credit	Monthly payment	Available credit
Name of lender	Total line of credit	Monthly payment	Available credit
Name of lender	Total line of credit	Monthly payment	Available credit



**Merchant Processors** List all credit card and electronic payment processors used by the business.

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Vehicles** Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, mobile homes, etc.

Year	Make	Registration number	Monthly payment	Loan balance	Lease expiration (mm/dd/yyyy)

**Machinery and Equipment**

Description of machinery and equipment	Own/Lease	Make	Model	Year	Current balance due on any loan/lease

**Other Assets**

<b>1</b> Notes/Loans receivables. . . . .	<b>1</b>	
<b>2</b> Timber, mineral, or drilling rights. . . . .	<b>2</b>	
<b>3</b> Collectibles, antiques, or artwork . . . . .	<b>3</b>	
<b>4</b> Judgements or settlements receivable . . . . .	<b>4</b>	
<b>5</b> Patents and copyrights . . . . .	<b>5</b>	
<b>6</b> Accounts receivable . . . . .	<b>6</b>	
<b>7</b> Cash on hand . . . . .	<b>7</b>	
<b>8</b> Inventory . . . . .	<b>8</b>	
<b>9</b> Other . . . . .	<b>9</b>	
<b>10</b> Total. Add lines 1 through 9. . . . .	<b>10</b>	

**Secured Creditors** List all creditors, including UCC, IRS liens, Pledge against a liquor or lottery license, DUA lien, etc.

Name	Mortgage or lien file date (mm/dd/yyyy)	Collateral	Current balance



**Other Information (fill in all that apply)**

- 1 Fill in if this business is currently in filing compliance with all Massachusetts taxes . . . . .   
If not in compliance, identify tax type(s) and period(s) \_\_\_\_\_
- 2 Fill in if this business has disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 36 months . . . . .   
If filled in, identify receiving party \_\_\_\_\_
- 3 Fill in if there is a foreclosure proceeding pending on any real estate, equipment, or other property that this business owns or has an interest in. . .
- 4 Fill in if another party is holding any assets on behalf of this business . . . . .   
If filled in, identify holding party \_\_\_\_\_
- 5 Fill in if this business is a party to any pending lawsuit(s) . . . . .
- 6 Fill in if this business is currently under bankruptcy court jurisdiction. . . . .   
If filled in, enter bankruptcy case number \_\_\_\_\_
- 7 Fill in if your landlord has started the eviction process . . . . .
- 8 Fill in if you expect the business to be sold, acquired, or merged. . . . .

**Under penalties of perjury, I declare that the statement of business income, assets, liabilities, expenses, and other information in this document, or attached hereto, are true and correct to the best of my knowledge and belief. I authorize the Massachusetts Department of Revenue to verify any and all information included in this document. I understand that any deceptive or intentionally inaccurate entries will result in the rejection of my application.**

Signature of taxpayer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print name of taxpayer \_\_\_\_\_

Signature of power-of-attorney (attach Form M-2848) \_\_\_\_\_ Date \_\_\_\_\_

# Form M-433B Instructions

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## When to Use This Form

Use this form when requesting a Payment Agreement from the Massachusetts Department of Revenue. Call the Collections Bureau at 617-887-6400 with any questions. You must complete all pages of this application.

## Payment Proposal

Use this section to indicate a proposed payment. Enter your preferred date of payment. Designate payment frequency by filling in the appropriate oval. Attach the Electronic Funds Transfer Authorization Form (EFT Form) included in this application. If you do not have a bank account call the Collections Bureau at 617-887-6400 to discuss your payment options.

## Business Identification

Enter your business name, federal identification number, current mailing address, telephone number and email address.

## Business Description

Briefly describe the nature of your business. Enter the total number of employees currently in your employ. Fill in the oval that identifies the tax filing type of entity for your business.

## Business Owners, Leadership, and Management

List all owners, partners, officers, major shareholders, managers, etc. associated with this business. Enter the Social Security number, title, start/end date and salary/monthly income for everyone named in this section.

## Related Businesses

List the name, address, and federal identification number of any additional businesses you own/operate. Be sure to indicate if business is active by filling in oval.

## Business Locations

Enter the primary physical location of your business and any additional operating locations. Fill in the oval to indicate if you own or rent/lease the real estate listed. If owned, provide the remaining mortgage balance owed.

## Bank and Financial Accounts

List all bank accounts owned or used by the business. Provide the name of the financial institution, name on the account, account number and current balance.

## Lines of Credit

List all lenders who extend you a line of credit. Enter the loan amount and your monthly payment, if applicable, and the total line of credit available.

## Merchant Processors

List all credit card and electronic payment processors used by the business.

## Vehicles

List the year, make and registration numbers of any vehicles owned by the business. Enter monthly payments due on the vehicle and any loan balance/lease expiration date. Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, mobile homes, etc.

## Machinery and Equipment

Enter a description of machinery and equipment owned/leased by the business. List the make, model, and year of each entry. List the current balance due on any loaned/leased piece of machinery or equipment.

## Right to Require Documentation

The Massachusetts Department of Revenue and its examiners may require you to provide verification of the information in this application.

## Required Documents

Your payment plan application will be reviewed for completeness and accuracy. The taxpayer/business must provide the following information to verify the need for an approved payment agreement.

### Payment proposal letter

- An explanation of how you proposed this total

### Financial documentation

Taxpayers/Businesses must provide:

- Latest year-to-date profit/loss statement; and
- Three most recent business bank statements (include all accounts).

## Power of Attorney

If you wish to have a representative act on your behalf, you must complete Form M-2848 and attach it to this application.

## Signatures

If submitting electronically you must e-sign and date by typing your name where applicable. If submitting by mail you must sign the application.

## Where to Submit This Form

Mail this application to Massachusetts Department of Revenue, Collections Bureau, PO Box 7021, Boston, MA 02204 or fax to 617-660-3995. If applicable, submit this form to your assigned DOR tax examiner.

## Use Our Website to Manage Your Account

You can manage your Payment Agreement online through MassTaxConnect at [mass.gov/masstaxconnect](http://mass.gov/masstaxconnect).