

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 425/1 et. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**TRUST ACCOUNT FINANCIAL REPORT
COLLECTION AGENCY**

MAINTENANCE DOCUMENT

TR-COL

NOTE: *This form should show the information and financial balance as of March 31 of the current year and must be submitted along with initial application and /or renewal to the Department of Financial and Professional Regulation, Division of Financial Institutions. (Debt Buyers are exempt from the TR-COL per Section 8.6 of the Collection Agency Act.)*

PART I: Collection Agency Identifying Information

A. COLLECTION AGENCY NAME (As it is to appear on Certificate of Registration)

B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER OR ITIN

C. COLLECTION AGENCY MAIN ADDRESS (Include Street Address, City, State, and ZIP Code)

D. ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER

017-

E. TELEPHONE NUMBER (Include Area Code)

F. COUNTY

G. MANAGER/ADMINISTRATOR-IN-CHARGE

H. TYPE OF OWNERSHIP
 Corporation Partnership
 Sole Proprietorship Limited Liability Company

I. E-Mail

PART II: Trust Account Financial Report - *It will be necessary to complete Part III on the reverse side of this form prior to completing this portion of the form.*

1. Total Amount(s) in Trust Account(s)

a. Bank balance as of March 31, _____ \$ _____
 (Total of 1a, 2a, and (Current Year) 3a of Part III of reverse side)

b. Add deposits in transit \$ _____
 (Total of 1b, 2b, and 3b of Part III on reverse side)

c. Total (a + b) \$ _____

d. Less checks outstanding \$ _____
 (Total of 1d, 2d, and 3d of Part III of reverse side)

e. Book balance (c - d) \$ _____

2. Money Due Claimants as of March 31, _____ \$ _____
 (Current Year)

Enter the total amount owed to clients and not yet paid as of 3/31/(current year).

All checks mailed before 3/31/(current year), but not cleared on the March (or earlier) bank statement, must be included in Box 1, line d as outstanding checks.

Note: Items 1e should equal or exceed 2 in amount.

PART III: Identifying Information for Trust Accounts - Itemize each account maintained. If additional space is needed, you may photocopy this form.

Name of Collection Agency:

1.	ACCOUNT NAME	ACCOUNT NUMBER	BANK STATEMENT
	NAME AND ADDRESS OF BANK (Include Street, City, State, and ZIP Code)		a. Bank Balance as of March 31, _____ \$ _____
			b. Add deposits in transit (on books and not shown on bank statement) \$ _____
	PLEASE PRINT NAME(S) OF AUTHORIZED SIGNATURE(S) FOR TRUST ACCOUNT		c. Total (a + b) \$ _____
			d. Less checks outstanding \$ _____
			e. Book balance (c - d) \$ _____

2.	ACCOUNT NAME	ACCOUNT NUMBER	BANK STATEMENT
	NAME AND ADDRESS OF BANK (Include Street, City, State, and ZIP Code)		a. Bank Balance as of March 31, _____ \$ _____
			b. Add deposits in transit (on books and not shown on bank statement) \$ _____
	PLEASE PRINT NAME(S) OF AUTHORIZED SIGNATURE(S) FOR TRUST ACCOUNT		c. Total (a + b) \$ _____
			d. Less Checks Outstanding \$ _____
			e. Book Balance (c - d) \$ _____

FEIN or SS# or ITIN:

3.	ACCOUNT NAME	ACCOUNT NUMBER	BANK STATEMENT
	NAME AND ADDRESS OF BANK (Include Street, City, State, and ZIP Code)		a. Bank Balance as of March 31, _____ \$ _____
			b. Add deposits in transit (on books and not shown on bank statement) \$ _____
	PLEASE PRINT NAME(S) OF AUTHORIZED SIGNATURE(S) FOR TRUST ACCOUNT		c. Total (a + b) \$ _____
			d. Less Checks Outstanding \$ _____
			e. Book Balance (c - d) \$ _____

Profession Name:

PART IV: Certifying Statement

Under penalties of perjury, I declare that I have examined this report, that the information appearing hereon is true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency.

_____ Date

_____ Signature of Owner, Partner, or Corporate Officer of Agency

COLLECTION AGENCY