



COLLECTION ACCOUNT ASSIGNMENT

Department of Revenue Use Only
Date Received

- This form must be typed.
- Instructions for completing this form are on the back.

Program Code _____

Name Last	First	M.I.	Suffix	Social Security No.	Telephone ()
1. _____				Social Security No.	Telephone ()
2. _____					
Address Status (check one)		Current Address (include city, state and ZIP code)			
<input type="checkbox"/> Active <input type="checkbox"/> Inactive		_____			
Former Address (include city, state and ZIP code)					


Interest Rate Code	Interest Ending Date	Work Code (circle one)		Agency Account No.	
_____	____/____/____	N W		_____	
Total Principal	Penalties	Interest		Total Due (Principal + Penalties + Interest)	
\$ _____	\$ _____	\$ _____		\$ _____	

- 1. A/S (Account Summary) _____
- 2. D/L (Drivers License) _____
- 3. DOB (Date of Birth) ____/____/____
- 4. DOS (Date of Service) ____/____/____
- 5. DECD (Deceased) _____
- 6. PT (Patient) _____
- 7. PAN (Patient Account Number) _____
- 8. INS/PMNT/DATE (Insurance Co/Payment/Date) _____
- 9. I/R (Insurance Rejected) _____
- 10. W/F# DATE (Welfare #/Date) _____
- 11. J/M (Judgement #/Date) _____
- 12. A/I (Additional Information) _____
- 13. C/N/D (Citation #'s/Date) _____
- 14. AKA (Also Known As) _____
- 15. CO-SIGN/PH# _____
() - _____
- 16. POE (Place of Employment) _____
- 17. B/A (Bank Name/Account #) _____
- 18. P/O (Property Owned) _____
- 19. N/R (Nearest Relative) _____
- 20. R/I (Responsible individual(s) for liability on business or corporation) _____

Certified to be a liquidated debt.

Authorized Signature X	Agency	Date
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Instructions for Collection Account Assignment



**OREGON
DEPARTMENT
OF REVENUE**

COLLECTION ACCOUNT ASSIGNMENT

Department of Revenue Use Only

Date Received

• This form must be typed.
• Instructions for completing this form are on the back.

1 Program Code
722

2 Name Last First M.I. Social Security No. Telephone

5 1. Doe John D. 3 123-45-6789 4 (503) 581-1001

6 Social Security No. 7 Telephone

8 Address Status (check one) Current Address (include city, state and ZIP code)

9 Active Inactive 4040 Anywhere Ct., Salem, OR 97310

9 Former Address (include city, state and ZIP code)

10 Interest Rate Code 11 Interest Ending Date 12 Work Code (circle one) 13 Agency Account No.

14 Total Principal 15 Penalties 16 Interest 17 Total Due (Principal + Penalties + Interest)

\$ 200.00 \$ 0.00 \$ 0.00 \$ 200.00

18

1. A/S (Account Summary) \$500 (original amt) - \$300 (pmnts received) = \$200 (amt referred)

2. DL (Drivers License) 234567 OR

3. DOB (Date of Birth) 04 / 21 / 51

4. DOS (Date of Service) 02 / 16 / 89

5. DECD (Deceased) No

6. PT (Patient) Doe, Nancy

7. PAN (Patient Account Number) 719323

8. INS/PMNT/DATE (Insurance Co/Payment/Date) Blue Cross/\$100.00/04-01-93

9. I/R (Insurance Rejected) Yes

10. W/F# DATE (Welfare #/Date) MLB4510

11. J/M (Judgement #/Date) #55544/03-24-93

12. A/I (Additional Information) Please list any additional information not included above.

13. C/N/D (Citation #/s/Date) 125679/04-27-92

14. AKA (Also Known As) Doe, David Smith, John

15. CO-SIGN/PH# Fawn, Jessica (503) 345-6789

16. POE (Place of Employment) Fred Meyer

17. B/A (Bank Name/Account #) 1st Interstate Portland Acct #31211384

18. P/O (Property Owned) 4040 Anywhere Ct.

19. N/R (Nearest Relative) Deere, John (brother) (614) 929-8000

20. R/I (Responsible individual(s) for liability on business or corporation) John Smith - 456-78-9123 Robert Williams - 234-56-7891

Certified to be a liquidated debt.

Authorized Signature X Agency Date 04-14-93

150-602-022 (Rev. 6-85) Return to: Oregon Department of Revenue 955 Center Street NE Salem OR 97310

The following instructions will help you in filling out the "Collection Account Assignment" form. The form must be typed.

1. Your three digit agency number (for example: 754, 691).
2. Last name, first name, and middle initial, and suffix. Please complete in this order.
3. Social Security number.
4. Phone number, if known. You must include the area code.
5. Last name, first name, middle initial, and suffix (please complete in this order) of joint obligator. You must complete this box if there is a joint obligator.
6. Social Security number of joint obligator.
7. Phone number of joint obligator. You must include the area code.
8. Current address. You must check either "Active" or "Inactive" for the current address status.
Active—current mailing address.
Inactive—last known address.
9. Previous address, if known.
10. You must convert the interest rate to a code. Please use the rate codes listed in the chart below.

11. Date through which interest has been accrued. List month, day, and year. If there is no interest on the account being assigned, leave this space blank.
12. Please circle the work code that applies to the account.
N—collection letter(s) only.
W—collection action in addition to letters (phone calls, skiptracing).
13. The agency identification number for the person on the account (for example: citation number, patient account number).
14. List the principal amount owing—not the original amount of the debt.
15. Total penalty charged by the agency.
16. Interest charged by the agency.
17. Total due. You must complete this box (principal + penalties + interest).
18. Check the appropriate box and complete the information.
19. Date of assignment to the Department of Revenue.
20. Individual(s) responsible for liability on business or corporation.

Other Agency Interest Rate Codes

For additional interest rate codes, see Guidelines.

Annual Interest Rate	Interest Rate Code	Annual Interest Rate	Interest Rate Code	Annual Interest Rate	Interest Rate Code	Annual Interest Rate	Interest Rate Code
0.00	AA	0.04	AZ	0.08	CF	0.12	DL
0.01	AB	0.05	BH	0.09	CN	0.13	DT
0.02	AJ	0.06	BP	0.10	CV	0.14	EB
0.03	AR	0.07	BX	0.11	DD	0.15	EJ