

Financial Information Statement for Businesses

Section 1
Business Information

1a. Business Name _____
 Business Street Address _____
 City _____ State _____ Zip _____
 County _____

1b. Business Telephone () _____

2a. Employer Identification No: (EIN) _____

2b. Type of Entity (Check appropriate box below)
 Partnership Corporation Other _____

2c. Type of Business _____

3a. Contact Name () _____
 3b. Contact's Bus Telephone () _____
 Extension _____
 3c. Contact's Home Telephone () _____
 3d. Contact's other Telephone () _____
 Telephone Type (i.e. fax, cellular, pager) _____
 3e. Contact's E-mail Address _____

Section 2
Business Personnel and Contacts

4. PERSON RESPONSIBLE FOR TAXES

4a. Full Name _____ Social Security Number _____ / ____ / ____
 Home Street Address _____ Home Telephone () _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.

5a. Full Name _____ Social Security Number _____ / ____ / ____
 Home Street Address _____ Home Telephone () _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5b. Full Name _____ Social Security Number _____ / ____ / ____
 Home Street Address _____ Home Telephone () _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5c. Full Name _____ Social Security Number _____ / ____ / ____
 Home Street Address _____ Home Telephone () _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5d. Full Name _____ Social Security Number _____ / ____ / ____
 Home Street Address _____ Home Telephone () _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5e. Full Name _____ Social Security Number _____ / ____ / ____
 Home Street Address _____ Home Telephone () _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5f. Full Name _____ Social Security Number _____ / ____ / ____
 Home Street Address _____ Home Telephone () _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5g. Full Name _____ Social Security Number _____ / ____ / ____
 Home Street Address _____ Home Telephone () _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

Additional Comments: _____

Name: _____ EIN: _____ TID: _____ Permit/Lic # _____

Section 3
Investment,
Banking and
Cash
Information

6. BANK ACCOUNTS. List all checking accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Balance
6a. <u>Checking</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
6b. <u>Checking</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
Total Bank Account Balances				\$ _____

ATTACHMENTS REQUIRED: Please include current bank statements (checking, savings) for the past two months for all accounts.

7. OTHER ACCOUNTS. List all accounts, including brokerage, savings and money markets not listed on line 11.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Balance
7a. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
7b. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
Total Other Account Balances				\$ _____

ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past two months for all accounts

8. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits and retirement assets such as IRAs, Keogh and 401(k) plans. (Attach a separate sheet if you need additional space.)

Name of Company	Number of Shares/Units	Current Value	Loan Amount	Used as collateral on loan?
8a. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
8b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
8c. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
8d. Total Investments			\$ _____	

9. Cash on Hand. Include any money that you have that is not in the bank.

	9a. Total Cash on Hand	\$ _____
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10. Available Credit. List all lines of credit, including credit cards.

Full name of Credit Institution	Credit Limit	Amount Owed	Available Credit
10a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	_____
10b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	_____
10c. Total Credit Available			\$ _____

Section 4
Other Financial Information

11. OTHER INFORMATION. Respond to the following questions related to your financial condition: (If you need more space, attach additional sheet.)

11a. Does this business have other business relationships (e.g. subsidiary or parent, corporation, partnership, etc)? No Yes
 If yes, list related EIN _____ Additional EIN _____

Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan borrowed from the business? No Yes
 If yes, amount of loan \$ _____ Date of Loan _____ Current balance \$ _____

11b. Are there any judgments or liens against your business? No Yes
 Date creditor obtained judgment/lien _____ If yes, who is the creditor _____
 Amount of debt \$ _____

11c. Is your business a party in a lawsuit? No Yes
 Possible completion date _____ Subject matter of suit _____
 If yes, amount of suit \$ _____

11d. Has your business ever filed Bankruptcy? No Yes
 If yes, date filed _____ Date discharged _____

11e. In the past 10 years did you transfer any assets from your business name for less than their actual value? No Yes
 If yes, what asset? _____ Value of asset at time of transfer \$ _____
 When was it transferred? _____ To whom or where was it transferred? _____

11f. Do you anticipate any increase in business income (e.g. contracts bid but not yet awarded)? No Yes
 If yes, why will the income increase? (Attach sheet of paper if more space needed)

 How much will it increase \$ _____ When will the business income increase? _____

11g. Is your business a beneficiary of a trust, an estate or a life insurance policy? No Yes
 If yes, name of the trust, estate or policy? _____ Anticipated amount to be received \$ _____
 When will the amount be received _____

Section 5
Business Assets

12. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (Attach a separate sheet if you need additional space)

12a.

Description	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amt of Monthly Payment
Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

Section 5 continued

13. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (Attach a separate sheet if you need additional space)

Description	Lease Balance	Name and Address of Lessor	Lease Date	Amt of monthly Payment
13a. Year _____				
Make/Model _____	\$ _____			\$ _____
13b. Year _____				
Make/Model _____	\$ _____			\$ _____

ATTACHMENTS REQUIRED: Please include a current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased.

*** Current Value:**
Indicate the Amount you Could sell the asset for today

14. REAL ESTATE. List all real estate owned by the business. (Use a separate sheet if you need additional space)

Street Address, City, State, Zip & County	Date Purchased	Purchase Price	*Current Value	Loan Balance	Name of Lender or lien holder	Amt of Monthly Payment	* Date of Final Payment
14a. _____							

_____		\$ _____	\$ _____	\$ _____		\$ _____	

*** Date of Final Payment:**
Enter the day the loan Or lease will be fully paid.

14b. _____							

_____		\$ _____	\$ _____	\$ _____		\$ _____	

ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

15. BUSINESS ASSETS. List all business assets and encumbrances below. Include Uniform Commercial Code (UCC) filings. (Attach a separate sheet if you need additional space) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes any other machinery, equipment, inventory or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
15b. Tools Used in Trade/Business	\$ _____	\$ _____		\$ _____	
15c. Machinery				\$ _____	
15d. Equipment				\$ _____	
Merchandise				\$ _____	
15e. Other				\$ _____	

ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current loan balance for assets listed which have an encumbrance.

Section 6

16. ACCOUNTS/NOTES RECEIVABLE CONTINUATION PAGE. List all accounts separately, including contracts awarded, but not started. (Attach a separate sheet if you need additional space)

**Accounts/
Notes
Receivable**
 Check this
Box if Section
6 not needed.

Description	Amount Due	Date Due	Age of Account
16a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
16b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
16c. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
16d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
16e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
16f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
16g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
16h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
16i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
16j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days

Add "Amount Due" from lines 16a through 16j = 16k

\$ _____

**Section 7
Monthly
Income and
Expenses**

17. Fiscal Year Period _____ to _____

18. Accounting Method Used Cash Accrual

The information included on lines 19 through 40 should reconcile to your business federal tax return.

<i>Total Income Source</i>	<i>Gross Monthly</i>	<i>Total Expenses Expense Items</i>	<i>Actual Monthly</i>
19. Gross Receipts	\$ _____	27. Materials Purchased ¹	\$ _____
20. Gross Rental Income	_____	28. Inventory Purchased ²	_____
21. Interest	_____	29. Gross Wages & Salaries	_____
22. Dividends	_____	30. Rent	_____
Other Income (specify in lines 23-25)	_____	31. Supplies ³	_____
23. _____	_____	32. Utilities/Telephone ⁴	_____
24. _____	_____	33. Vehicle Gasoline/Oil	_____
25. _____	_____	34. Repairs & Maintenance	_____
(Add lines 19 through 25)	_____	35. Insurance	_____
26. TOTAL INCOME	\$ _____	36. Current Taxes ⁵	_____
		37. Other Expenses <small>(include installment payments, specify in lines 38-39)</small>	_____
		38. _____	_____
		39. _____	_____
		(Add lines 27 through 39)	_____
		40. TOTAL EXPENSES	\$ _____

Complete all entry spaces with the most current data available.

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

² **Inventory Purchased:** Goods bought for resale.

³ **Supplies:** Supplies are items used in your business that are consumed or used up within one year, this could be the cost of books, office supplies, professional instruments, etc.

⁴ **Utilities:** Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.

⁵ **Current Taxes.:** Real Estate, state and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.

! Failure to complete all entry spaces may result in rejection or significant delay.

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.

Print Name _____ Title _____

Your Signature _____ Date _____