

Instructions for Business Financials

Step-by-Step Instructions

Note: This form may be completed and/or downloaded online. https://tax.nv.gov/tax-types/tax-forms/#Financial_Forms

****Adobe Reader is required****

Step 1: Business Information

Complete all requested information.

Line 1 Please enter the physical address of your business (no P.O. boxes or mail drops).

Line 6 Please enter the name of the person responsible for collecting and remitting tax payments on behalf of the business.

Line 7 Please enter complete information about the ownership of the business. If the business is owned by another entity, please include the information of the individual officers, partners, managers etc. Attach additional sheets with all of the requested information, if necessary.

Step 2: Bank Accounts and Receivables

Line 8 Tell us about all bank accounts, and accounts held by other financial institutions for which the entity owns. Attach an additional sheet, if necessary.

Line 8a Add all account balances and enter the total on line 8a. Enter the total from line 8a to line 21, column A.

Line 9 Please provide the name and address of the company that processes credit card transactions for the business. Please enter the amount of current *credit card* receivables.

Line 10 Enter information on all accounts receivables. You may attach additional sheets in the same format, if necessary. You may submit an A/R aging report in lieu of completing this section; however all requested information must be provided.

Line 10(cont.) Uncollectable amounts that are ready to be written/charged off may be reported on line 22 column B.

Note: Please indicate if the business is factoring receivables.

Step 3: Real Property

Line 11a List all real estate owned by the business. Transfer the current value total to line 25 column A, loan balance total to line 25 column B, and monthly payment totals to line 25 column D.

Step 4: Other Financial Information

Line 12 Tell us about all lines of credit. List available credit from credit cards, home equity lines of credit (HELOC), business equity line of credit, etc. Please attach an additional sheet, if necessary.

Line 15 Tell us whether or not you have filed bankruptcy in the past. Please indicate when you filed and in which state you filed for bankruptcy protection.



Tell us if you are currently in bankruptcy. If you or your business is currently under bankruptcy protection, **STOP!** We will need additional information. Please contact your Revenue Officer before proceeding.

Line 16 Indicate if you owe any Federal Taxes (personal & business income tax, 940, 941, etc.). If yes, please enter the information on line 28.

Line 17 Indicate if you owe any other governmental agency (unemployment insurance, DMV, etc.). If yes, please enter the information on line 30.

Line 18 List all business assets. Please indicate if the assets are encumbered by UCC filings, security agreements, etc.

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(continued)

Line 18a & 18b Add the totals of these lines and transfer to line 24 columns A, B, & D.

Line 18c List the type of merchandise inventory on hand. Please indicate if the inventory is encumbered by UCC filings, security agreements, etc.

Line 18d List any other assets (e.g., intellectual property, patents, copyrights, trademarks). Please indicate if the assets are encumbered by UCC filings, security agreements, etc.

Line 19 List all purchased assets that require licensing. Transfer the totals to line 26a columns A, B, & D.

Line 20 List all leased assets that require licensing. Transfer the totals to line 26b columns A, B, & D.

Step 5: Assets and Liabilities

Note: Complete financial statements (Balance Sheet, Income Statement, and Cash flow statement) may be submitted in lieu of completing this section.

Line 21 Transfer figures from line 8a.

Line 22 Transfer figures from line 10a.

Line 23 Transfer figures from line 18c.

Line 24 Transfer the sum of lines 18a & 18b.

Line 25 Transfer figures from line 11a.

Line 26a Transfer figures from line 19a.

Line 26b Transfer figures from line 20a.

Line 26d Transfer figures from line 20b.

Line 27 Transfer figures from line 18d.

Line 28 Enter the amount of federal taxes owed to column B and the amount of the monthly payment in column D.

Line 29 Enter the total amount of accounts payable in column B (liability).

Step 6: Monthly Income & Expense

Line 32 Enter the amount of monthly net receipts for sales, services, etc. for the business.

Line 34 Enter amounts for *other income* earned and reported on 1099-Misc, 1099-G, 1099-K, 1099-DIV, 1099-INT, 1099-R, and 1099-S. Enter the specifics of the income you are reporting in the space provided for additional information.

Line 44 Enter the amount of monthly insurance payments. You may include vehicle, general liability, product liability, professional liability, commercial property, and home-based business insurance payments.

Line 46 Enter the amount of any other type of expenses you would like the Department to consider. Please specify the type of expense you are reporting in the space provided for additional information.

Step 7: Read the statement and sign below

A corporate officer, partner, or member, must sign the statement. If you do not, processing of your request will be delayed and we may take collection action to collect the unpaid debt.

Need More Help?

Contact our Call Center for questions regarding general tax inquiries, Sales Tax, Use Tax, Modified Business Tax, or for information on establishing a new business or location.

Please call: **1-866-962-3707**, Monday through Friday.



NEVADA DEPARTMENT OF TAXATION

Financial and Other Information Statement for Businesses

Note: We may require support for amounts shown on this form.

Step 1: Tell us about your business

3 Type of Entity (Check appropriate box below):

☐ Partnership ☐ Corporation ☐ Other

1 Business Name

Business Street Address

City State Zip Code

4 Type of Business

5 Federal Employer ID No. (FEIN)

2 Business Phone (with area code)

6 Person responsible for remitting payments

Full Name Title

Home Street Address

City State Zip

Social Security No.

Home Phone

Ownership Percentage & Shares or Interest

Full Name Title

Home Street Address

City State Zip

Social Security No.

Home Phone

Ownership Percentage & Shares or Interest

Full Name Title

Home Street Address

City State Zip

Social Security No.

Home Phone

Ownership Percentage & Shares or Interest

Full Name Title

Home Street Address

City State Zip

Social Security No.

Home Phone

Ownership Percentage & Shares or Interest

Step 2: Tell us about your bank accounts and credit card receivables

8 BANK ACCOUNTS List all checking and savings accounts.

Attach additional sheets in the same format, if necessary.

Account Type	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing Number	Bank Account Number	Current Account
	Name			
	Street Address			
	City, State, Zip			
	Name			
	Street Address			
	City, State, Zip			
	Name			
	Street Address			
	City, State, Zip			
	Name			
	Street Address			
	City, State, Zip			
	8a Total of Account Balances			

Current credit card processor and associated receivables

Name of credit card processor

Address

Current receivables

9

Continue to next page.

Step 2: Tell us about your accounts receivables*continued... (If you need additional space, attach a separate sheet).***10 ACCOUNTS / NOTES RECEIVABLE.**

Description	Amount Due	Date Due	Age of Account
Name _____	\$ _____	_____	<input type="checkbox"/> 0-days
Street Address _____			<input type="checkbox"/> 30-60 days
City, State, Zip _____			<input type="checkbox"/> 60-90 days
			<input type="checkbox"/> 90+ days
Name _____	\$ _____	_____	<input type="checkbox"/> 0-days
Street Address _____			<input type="checkbox"/> 30-60 days
City, State, Zip _____			<input type="checkbox"/> 60-90 days
			<input type="checkbox"/> 90+ days
Name _____	\$ _____	_____	<input type="checkbox"/> 0-days
Street Address _____			<input type="checkbox"/> 30-60 days
City, State, Zip _____			<input type="checkbox"/> 60-90 days
			<input type="checkbox"/> 90+ days
Name _____	\$ _____	_____	<input type="checkbox"/> 0-days
Street Address _____			<input type="checkbox"/> 30-60 days
City, State, Zip _____			<input type="checkbox"/> 60-90 days
			<input type="checkbox"/> 90+ days
Name _____	\$ _____	_____	<input type="checkbox"/> 0-days
Street Address _____			<input type="checkbox"/> 30-60 days
City, State, Zip _____			<input type="checkbox"/> 60-90 days
			<input type="checkbox"/> 90+ days

Total 10a \$ _____

Step 3: Tell us about your real property.**11 REAL ESTATE.** List all real estate owned by the business. *(If you need additional space, attach a separate sheet).*


Street Address City, State, Zip	Date Purchased	Purchase Price	Current Value	Loan Balance	Name of Lender or Lien Holder	Monthly Payment	Date of Final Payment
County							
County							
County							
11a Totals							

Step 4: Tell us about other financial information.**12 AVAILABLE CREDIT.** List all lines of credit, including credit cards. *(If you need additional space, attach a separate sheet.)*

Account Type	Full Name of Credit Institution	Credit Limit	Available Credit	Current Balance
	Name			
	Street Address			
	City, State, Zip			
	Name			
	Street Address			
	City, State, Zip			
	Name			
	Street Address			
	City, State, Zip			
	12a Total Account Balances			

Continue to next page.

No Yes

- 13 Are there any judgments or liens against your business? ☐ ☐
 If YES, who is the creditor?
 Date creditor obtained judgment/lien Amount of debt \$
- 14 Is your business a party in a lawsuit? ☐ ☐
 If YES, amount of lawsuit Possible completion date
 Subject matter of lawsuit
- 15 Has your business ever filed bankruptcy? If you are currently in bankruptcy,  contact your Revenue Officer ☐ ☐
 If YES, in what State was the BK ? Date discharged
- 16 Do you owe any federal taxes? ☐ ☐
 If YES, how much? \$ Amount of payment \$
- 17 Do you owe any other government agency? ☐ ☐
 If YES, who?
 How much is owed? \$ Amount of payment \$

Tell us about your business assets.

- 18 **BUSINESS ASSETS.** List all business assets and encumbrances below. Include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) Note: If attaching a depreciation schedule, the attachment must include all of the information requested below.

Description	Current Value	Loan Balance	Name of Lender	Monthly Payment	Date of Final Payment
18a Machinery:					
18b Equipment:					
18c Merchandise:					
18d Other Assets: (List Below)					
18e Totals					

- 19 **PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model, Mileage)	Current Value	Loan Balance	Name of Lender	Purchase Date	Monthly Payment
Year					
Make/Model					
Mileage					
Year					
Make/Model					
Mileage					
Year					
Make/Model					
Mileage					
19a Totals					

Continue to next page.

20 LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc.

Description (Year, Make, Model, Mileage)		Lease Balance	Name of Lessor	Lease Date	Monthly Payment
Year					
Make/Model					
Mileage					
Year					
Make/Model					
Mileage					
20a Total				20b Total	

Step 5: Complete the following summary statement of assets and liabilities.

Description	A Current Value	B Liabilities Balance Due	C Equity or Asset (Col. A - B)	D Monthly Payment	E Pledgee or Obligee	F Date of First Payment	G Final Payment Date
21 Bank accounts (from 8a)							
22 Accounts/notes receivable (10a)							
23 Merchandise inventory (from 18c)							
24 Machinery & equipment (18a,18b)							
25 Real property (from 11a)							
26 Vehicles:							
a Purchased (from 19a)							
b Leased (Total Payments 20a)							
27 Other assets (describe from 18d)							
a							
b							
28 Federal taxes outstanding							
29 Accounts/notes payable							
30 Other (include judgments)							
a							
b							
31 Totals							

Step 6: Complete the following monthly income and expense summary.

Monthly Income	Amount	Monthly Expense	Amount
32 Net receipts from sales, services, etc.		36 Rent (not included in Line 18)	
33 Net rental income		37 Net Wages and salaries (No. of employees)	
34 Interest		38 Materials purchased (not inventory)	
Dividends		39 Repairs and maintenance	
Other Income (specify):		40 Supplies	
		41 Monthly payments from Line 31, Column D	
		42 Utilities/Telephone	
		43 Gasoline/Oil	
		44 Insurance	
		45 Current Taxes	
		46 Other (specify):	
35 Add Lines 32 through 34. This is your total net income.		47 Add Lines 36 through 46	
48 Subtract Line 47 from Line 35. This amount is your net income after expenses.		48	

Step 7: Sign Below

Under penalties of perjury, I state that this statement of assets and liabilities and other information is, to the best of my knowledge, true, correct, and complete.

49 Signature _____ Title _____ Date _____

To email, save this form to your computer and e-mail the attachment to nevadaolt@tax.state.nv.us with the subject of 'Financials for Businesses'. Your e-mail, including attachments, cannot exceed 10MB.