

## BUSINESS FINANCIAL STATEMENT

Name of Business \_\_\_\_\_ Applicant \_\_\_\_\_  
 Prepared By \_\_\_\_\_ Title (Position) \_\_\_\_\_  
 Limited Liability Company \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Statement of Financial Condition as of \_\_\_\_\_, 20\_\_\_\_ for the period  
 \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

ASSETS		LIABILITIES AND NET WORTH	
<b>CURRENT ASSETS:</b>		<b>CURRENT LIABILITIES:</b>	
Cash on Premises	\$	Accounts Payable (Schedule 6)	\$
Cash in Banks (Schedule 1a)		Accrued Interest on Borrowings	
Certificates of Deposit (Schedule 1b)		Notes Payable - Current Portion	
Stock, Bonds, & Other Marketable Assets (Sch. 2)		Accrued Taxes on Real Estate (Schedule 7)	
Accounts, Loans, & Notes Receivable (Sch. 3)		Accrued Taxes, Other (Schedule 7)	
Advances to Employees		Other Current Payables (Itemize)	
Prepaid Expenses (Schedule 4)			
Other Current Assets (Itemize)			
		<b>TOTAL CURRENT LIABILITIES</b>	<b>\$</b>
<b>TOTAL CURRENT ASSETS</b>	<b>\$</b>	<b>LONG-TERM LIABILITIES:</b>	
		Notes Payable (Itemize)	\$
<b>FIXED ASSETS:</b>			
Real Estate & Buildings (Schedule 5)	\$		
Less: Accumulated Depreciation			
Furniture, Equipment & Vehicles		Notes Payable on Real Estate (Schedule 5)	
Less: Accumulated Depreciation		Other Long-Term Liabilities (Itemize)	
Other Fixed Assets (Itemize)			
Other Long Term Assets (Itemize if over 5% of total)		<b>TOTAL LONG-TERM LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH OR STOCKHOLDERS' EQUITY</b>	<b>\$</b>
		(Schedule 8)	
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

Assets pledged or hypothecated valued at \$\_\_\_\_\_ are pledged to secure notes or obligations aggregating \$\_\_\_\_\_.  
 I have additionally endorsed, guaranteed or am contingently liable for debts of others amounting to \$\_\_\_\_\_.

## SCHEDULES

Schedule 1a. Cash in Financial Institutions.

Name of Financial Institution and Address	Account in Name Of	Type of Account	Account Number	Balance
			TOTAL	

Schedule 1b. Certificates of Deposit.

Name of Financial Institution and Address	Account in Name Of	If Pledged, State to Whom	Maturity Date	Account Number	Balance
				TOTAL	

Schedule 2. Stocks, Bonds & Other Marketable Assets.

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Income Received Last Year	If Pledged, State to Whom	Present Market Value
					TOTAL	

Schedule 3. Accounts, Loans & Notes Receivable.

Name and Address of Debtor	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected	Amount Owing
				TOTAL	

Schedule 4. Prepaid Expenses.

Type of Prepaid	To Whom Paid	Expiration Date	Original Amount	Current Balance
			TOTAL	

Schedule 5. Real Estate & Buildings.

Location or Street No. & Description	Mortgages or Liens	Due Dates & Payment Amount	Unpaid Taxes		Cost	Present Market Value
			Year	Amt.		
					TOTAL	

Schedule 6. Accounts Payable.

Nature of Account	Payable To	When Due	Amount Due
			TOTAL

Schedule 7. Accrued Taxes.

Type of Tax	Payable To	When Due	Amount Due
			TOTAL

Schedule 8. Net Worth or Stockholders' Equity.

CORPORATIONS	
Type	Amount
Common Stock (____ Shares)	
Preferred Stock	
Additional Paid-In Capital	
Retained Earnings	
TOTAL	

**STATEMENT OF INCOME AND EXPENSES**

For The Period \_\_\_\_\_, \_\_\_\_\_ To \_\_\_\_\_, \_\_\_\_\_

**INCOME:**

Other Income (Itemize)		
<b>TOTAL INCOME</b>		_____ (+)

**EXPENSES**

Advertising		
Cash (Over) Short		
Depreciation & Amortization		
Equipment Rental		
Insurance		
Interest & Bank Charges		
Legal, Audit, Bookkeeping		
Office Supplies		
Rent		
Salaries		
Security & Janitor		
Taxes & Payroll		
Utilities & Telephone		
Vehicle Expense		
Other Expenses (Itemize)		
<b>TOTAL EXPENSES</b>		_____ (+)

**NET OPERATING INCOME (LOSS)** \_\_\_\_\_

**OTHER INCOME (EXPENSES)**  
(Itemize)

<b>TOTAL OTHER INCOME (EXPENSES)</b>		_____ (+)

**INCOME BEFORE TAXES** \_\_\_\_\_

**INCOME TAXES** \_\_\_\_\_ (-)

**NET INCOME (LOSS)** \_\_\_\_\_

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and complete and further acknowledge that there are no misrepresentation or omissions of material facts.

Dated and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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(Signature)

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(Typed or Printed Name)

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(Title)