

FINANCIAL STATEMENT FOR BUSINESSES

Employment Development Department

NOTE: Complete all blocks except "Dept. Use Only" blocks. Write "N/A" (not applicable) in those blocks that do not apply.

| | | |
|--------------------------|------------------------|---|
| Employer Account Number: | Business Phone: () | Federal Employer Identification Number: |
|--------------------------|------------------------|---|

| | | |
|------------------------------|---|--------------------------------------|
| Name and Address of Business | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Partnership | _____ |
| | <input type="checkbox"/> Corporation – State of Inc.: _____ | |
| | Date of Inc.: _____ | |
| | CA Corp. ID No. _____ | |

| | |
|--|------------------|
| Name, title, and phone number of person completing Financial Statement | Type of Business |
|--|------------------|

List Owner, Partners, Officers, Major Shareholder, etc.

| Name and Title | Effective Date | Home Address | Phone Number | Social Security Number | Driver License No. |
|----------------|----------------|--------------|--------------|------------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Current Assets

| | |
|--------------|----|
| Cash on Hand | \$ |
|--------------|----|

Bank Accounts: Include Savings and Loans, Credit Unions, Line of Credit, etc.

| Name of Institution | Address | Type of Account | Account Number | Balance |
|---------------------|---------|-----------------|----------------|---------|
| | | | | \$ |
| | | | | |
| | | | | |

Accounts/Notes Receivable

| Name | Address | Amount |
|------|---------|--------|
| | | \$ |
| | | |
| | | |

Securities: Stocks, Bonds, Mutual Funds, Money Market Funds, Government Securities, etc.

| Kind | Quantity or Denomination | Where Located | Value |
|------|--------------------------|---------------|-------|
| | | | \$ |
| | | | |
| | | | |

| | | |
|-----------------------|------------------|-------|
| Dept. Use Only | Section A | _____ |
|-----------------------|------------------|-------|

Current Liabilities

Accounts/Taxes Payable

| Name of Tax Agency or Creditor | Address | Balance Due | Mo. Payment |
|--------------------------------|---------|-------------|-------------|
| | | \$ | \$ |
| | | | |
| | | | |
| | | | |
| | | | |

Dept. Use Only Section B

Available Credit Sources

Bank Charge Cards, Credit Unions, Savings and Loans, etc.

| Type of Account or Card | Name and Address of Financial Institution | Amount Owed | Minimum Monthly Payment | Business or Personal | Available Credit |
|-------------------------|---|-------------|-------------------------|----------------------|------------------|
| | | \$ | \$ | | \$ |
| | | | | | |
| | | | | | |

Life Insurance Policies owned with business as a beneficiary

| Name Insured | Company | Policy Number | Type | Face Amount | Loan Value |
|--------------|---------|---------------|------|-------------|------------|
| | | | | \$ | \$ |
| | | | | | |
| | | | | | |

Business Assets

Machinery, Furniture, Fixtures, etc.

| Description | Market Value | Balance Due | Equity |
|-------------|--------------|-------------|--------|
| | \$ | \$ | \$ |
| | | | |
| | | | |

Vehicles and Heavy Equipment

| Make | Year | License Number | Market Value | Balance Due | Equity |
|------|------|----------------|--------------|-------------|--------|
| | | | \$ | \$ | \$ |
| | | | | | |
| | | | | | |

Real Property Assets

| Ownership | Physical Address | County | Market Value | Mortgage Balance | Equity |
|-----------|------------------|--------|--------------|------------------|--------|
| | | | \$ | \$ | \$ |
| | | | | | |
| | | | | | |

Dept. Use Only Section C

Monthly Income and Expense Information

| Monthly Income | |
|----------------|----|
| Sales | \$ |
| Commissions | |
| Interest | |
| Dividends | |
| Rental Income | |
| Other Income | |
| | |
| | |

| Necessary Monthly Operating Expenses | |
|--------------------------------------|----|
| Rent | \$ |
| Utilities | |
| Workers' Compensation Insurance | |
| Salaries | |
| Other | |
| | |
| | |

| | | |
|-----------------------|------------------|-------|
| Dept. Use Only | Section D | _____ |
|-----------------------|------------------|-------|

| | | |
|-----------------------|------------------|-------|
| Dept. Use Only | Section E | _____ |
|-----------------------|------------------|-------|

| Other Monthly Operating Expenses | |
|----------------------------------|------------------|
| Suppliers | \$ |
| Transportation | |
| Health Insurance | |
| IRS Taxes (Employer portion) | |
| EDD Taxes (Employer portion) | |
| Other | |
| Dept. Use Only | Section F |

General Financial Information

Other information regarding financial condition. If you check the **YES** box, please give dates and explain below.

| | | | | | |
|-------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Court proceedings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bankruptcies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repossessions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Participation or beneficiary to trust, estate, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explanation:

| | | | | | |
|---|---|--------------------|------------------------------|-----------------------------|---|
| Anticipated increase in business income | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If answer is YES , give following information: |
| Source | Date increase is expected and frequency | Amount of increase | | | |
| | | \$ | | | |

| | | | | | | | |
|--|----------|------------------|-------------------|------------------------|------------------------------|-----------------------------|---|
| Recent transfer of business assets of any kind | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If answer is YES , give following information: |
| Description | Receiver | Date of Transfer | Fair Market Value | Consideration Received | | | |
| | | | \$ | \$ | | | |

| Licenses | | | | |
|-----------------------|----------------------|------------------------|--------------------|-----------------|
| Board of Equalization | Business License No. | Contractor License No. | Liquor License No. | Other (Specify) |
| | | | | |

CERTIFICATION Under penalty 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.

| | |
|-----------------|-------|
| Your Signature: | Date: |
|-----------------|-------|

HOW TO PREPARE THE FINANCIAL STATEMENT

Complete all requested information. Write "N/A" (not applicable) in those areas that do not apply to your business. If the form is incomplete and/or unsigned, we will not be able to consider your request for a payment proposal. The areas explained below are those for which specific information must be provided for full disclosure. You may attach additional pages if needed.

Current Assets

Bank Accounts – Enter all accounts even if there is currently no balance. DO NOT enter bank loans. You may be requested to furnish bank statements for the last six (6) months.

Accounts/Notes Receivable – Enter requested information. Also attach a separate list describing when the receivable is due and how frequent (i.e., regular customer or one-time customer). Include anyone who owes the business money.

Securities – List all stocks, bonds, mutual funds, money market funds, government securities, etc. Include the quantity or denomination, where located and the current value.

Current Liabilities

List all creditors and their addresses, the balances due and the monthly payments, if applicable. You may be requested to provide supporting documentation.

Available Credit Sources

List only credit lines or cards by a bank, credit union, or savings and loan that have cash advance features.

Business Assets

Enter all machinery, furniture, fixtures, vehicles, heavy equipment, etc. You may be requested to furnish a list detailing where the assets are located, the registered owners and lien holders, and expected payoff dates.

Real Property Assets

List all real estate that is owned or is being purchased. Attach a list of all owners' names and type of ownership (joint tenants, tenants in common), describe the type of mortgage payments and rental income amounts, and what the property is used for (residence, vacation, office/shop, rental).

Monthly Income and Expense Information

Monthly Income – Enter gross sales and commissions. Include all interest, dividends, net rental income, and any other income.

Necessary Monthly Operating Expenses – Enter ordinary and necessary monthly operating expenses. Attach current profit/loss statement and balance sheet.

Other Monthly Operating Expenses – Enter the requested information. When entering amounts for Internal Revenue Service and Employment Development Department taxes, only give the **employer** portion of the taxes due. DO NOT include amounts withheld from your employee's wages. You may be requested to provide supporting documentation for all expenses claimed.

General Financial Information

Mark the appropriate box. For all "yes" answers, enter full explanation. Attach additional pages if necessary.

Licenses

Provide license number for all licenses held.