

BUSINESS FINANCIAL STATEMENT

Name of Business _____ License Number _____
 Prepared By _____ Title (Position) _____
 Sole Proprietor _____ Partnership _____ Corporation _____ Other _____

Statement of Financial Condition as of _____, 20____

ASSETS		LIABILITIES AND NET WORTH	
CURRENT ASSETS:		CURRENT LIABILITIES:	
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)			
		TOTAL CURRENT LIABILITIES	\$
TOTAL CURRENT ASSETS	\$	LONG-TERM LIABILITIES:	
		Notes Payable (Itemize)	\$
FIXED ASSETS:			
Real Estate & Buildings (Schedule 5)	\$	Notes Payable on Real Estate (Schedule 5)	
Less: Accumulated Depreciation		Other Long-Term Liabilities (Itemize)	
Furniture, Equipment & Vehicles			
Less: Accumulated Depreciation			
Other Fixed Assets (Itemize)			
Other Long Term Assets (Itemize if over 5% of total)		TOTAL LONG-TERM LIABILITIES	\$
		NET WORTH OR STOCKHOLDERS' EQUITY	\$
		(Schedule 8)	
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

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 \$_____.

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.

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)		
TOTAL INCOME		_____ (+)

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)		
TOTAL EXPENSES		_____ (+)

NET OPERATING INCOME (LOSS) _____

OTHER INCOME (EXPENSES)
(Itemize)

TOTAL OTHER INCOME (EXPENSES)		_____ (+)

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____.

(Signature)

(Typed or Printed Name)

(Title)