

## BUSINESS FINANCIAL STATEMENT

Name of Business: \_\_\_\_\_ License Number: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Title (Position): \_\_\_\_\_

Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

**Statement of Financial Condition as of: \_\_\_\_\_, 20\_\_\_\_**

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	
Stocks, Bonds & Other Marketable Assets (Schedule 2)		Accrued Taxes on Real Estate (Schedule 7)	
Accounts, Loans & Notes Receivable (Schedule 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>TOTAL CURRENT ASSETS</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>NET WORTH OR STOCKHOLDER'S EQUITY</b>	
		(Schedule 8)	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES &amp; NET WORTH</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 or others amounting to \$\_\_\_\_\_.

# SCHEDULES

Schedule 1. (a) Cash in Financial Institutions.

Name of Financial Institution and Address	Account in Name Of	Type of Account	Account Number	Balance
			<b>TOTAL</b>	

Schedule 1. (b) Certificates of Deposit.

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

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
					<b>TOTAL</b>	

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 Owning
				<b>TOTAL</b>	

Schedule 4. Prepaid Expenses.

Type of Prepaid	To Whom Paid	Expiration Date	Original Amount	Current Balance
			<b>TOTAL</b>	

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.		
					<b>TOTAL</b>	

Schedule 6. Accounts Payable.

Nature of Account	Payable To	When Due	Amount Due
			<b>TOTAL</b>

Schedule 7. Accrued Taxes.

Type of Tax	Payable To	When Due	Amount Due
			<b>TOTAL</b>

Schedule 8. Net Worth or Stockholders' Equity.

Type	Amount
Common Stock (____ Shares)	
Preferred Stock	
Additional Paid-In Capital	
Retained Earnings	
<b>TOTAL</b>	

# STATEMENT OF INCOME AND EXPENSES

For The Period \_\_\_\_\_, 20 to \_\_\_\_\_, 20

## 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)