

FINANCIAL STATEMENT

(optional form)

I, _____ Name _____ Business Address _____
 submit herewith the following information and a correct and complete statement of my financial condition as of _____ (Date)

An answer to each item is required. If the answer is "No", "None", or "Not Applicable", so state. If an item of information called for is "Unknown" so state. If space provided on this form is inadequate, attach a separate schedule. All such schedules should be signed and dated.

<u>ASSETS</u>		<u>LIABILITIES</u>	
1. Cash on hand and in banks	\$ _____	10. Accounts Payable	\$ _____
2. Notes, loans, and other accounts receivable considered good and collectible	_____	11. Notes Payable to Banks (Schedule D)	_____
3. Merchandise and inventory at lower of cost or market value	_____	12. Notes Payable to others (Schedule E)	_____
4. Real Estate (Schedule A)	_____	13. Real estate mortgages (Schedule F)	_____
5. Machinery and equipment - at cost less depreciation	_____	14. Interest and taxes due and unpaid (Schedule G)	_____
6. Marketable Securities (Schedule B)	_____	15. Other debts and liabilities (Schedule H)	_____
7. Life insurance (face amount \$ _____) Cash surrender value	_____	16. TOTAL LIABILITIES	_____
8. Other Assets (Schedule C)	_____	17. NET WORTH (#9 minus #16)	_____
9. TOTAL ASSETS	_____	18. TOTAL LIABILITIES AND NET WORTH (#16 + #17)	_____

NOTE: Notes, accounts receivable, mortgages, and other assets considered doubtful, and not included in above financial statement have an estimated value of \$ _____.

CONTINGENT LIABILITIES

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows:

Name and Address of Debtor or Obligor	Name and Address of Creditor or Oblige	Description of Collateral	Value of Collateral	Date Obligation		Current Amount
				Incurred	Due	
TOTAL						\$ _____

_____/_____/_____
 (Signature) (Print/Type) (Date)

STATEMENT OF INCOME

	3 Years Prior	2 Years Prior	Prior Year	Current Year - YTD
INCOME ITEM	200_	200_	200_	__/__/200_
Salaries, wages, and commissions from employment				
Income from dividends and interest				
Net income from rents, royalties, and investments				
Other income				
TOTAL INCOME				
Taxes (federal and state income taxes)				
NET INCOME (after taxes)				

SUPPORTING SCHEDULES

Schedules set forth on pages two and three must agree in total with the corresponding item contained in the Financial Statement on page one of this report.

Schedule A - Real Estate Owned

Description and Location	Title is Held in the Name of	Date Acquired	Percentage of your Ownership	Purchase Price	Current Value and Method of Determination
				\$	\$
CARRIED FORWARD TO ITEM 4, PAGE 1				TOTAL	\$

Schedule B - Marketable Securities

Description	Amount	Description	Amount
	\$		\$
CARRIED FORWARD TO ITEM 6, PAGE 1		TOTAL	\$

_____/_____/_____
 (Signature) (Print/Type) (Date)

Schedule C - Other Assets

Description and Basis for Valuation	Value
	\$
CARRIED FORWARD TO ITEM 8, PAGE 1 TOTAL	\$

Schedule D - Notes Payable to Banks

Name of Bank	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 11, PAGE 1 TOTAL			\$

Schedule E - Notes Payable to Others

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 12, PAGE 1 TOTAL			\$

Schedule F - Real Estate Mortgages Payable

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 13, PAGE 1 TOTAL			\$

Schedule G - Interest and Taxes Due and Unpaid

Description	Payable to	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 14, PAGE 1 TOTAL			\$

Schedule H - Other Debt and Liabilities

Description	Date Due	Amount
		\$
CARRIED FORWARD TO ITEM 15, PAGE 1 TOTAL		\$

_____/_____/_____
 (Signature) (Print/Type) (Date)

CERTIFICATION

I hereby certify under penalty of perjury that the information contained in this 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 of Affiant)

STATE OF _____
COUNTY OF _____

Personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct.

Subscribed and sworn to before me this _____ day of _____, 20__.

(Notary Public)

(Name Typed or Printed)
My commission expires _____