## Form FIN B-1

## **Financial Statement for Businesses**

Note: Complete all blocks. Write N/A (not applicable) in those blocks that do not apply.

1. Taxpayer Information										
Name and address of business:				Contact Phone Number:			Website:			
				Entity Type:  Sole Proprietor Partnership Corporation			S Corp LLC Other (specify)			
Name and title of person submitting offer:					ployer Identification N	umber	Locality (City/County):			
Trade name and description of business:				(EIN): Number of Employees: Av			Average	Average Gross Monthly Payroll:		
2. Information about own	ner, partner	s, officers, majo	ority sha	areh	nolders, etc.					
Name and Title	Effective Date Home Address		dress		Phone Number	Social Security Number		Annual Salary	Total Shares of Interest	
Is this business a member of	f an affiliated	d group? If Yes, li	st the Na	ame	(s) and Employer Id	entificatio	n Numbe	rs(s):		
Name				Relationship			EIN			
3. General Financial Infor		and loans credit	unions	IDΛ	and retirement place	ns cortific	ates of de	anosit etc	`	
a. Bank accounts (include savings and loans, credit un		. umons,		Type of Account Account Number			-	Balance		
			7,700							
b. Bank credit availab	la /lines of or		\							
Name of Financial Institution		Address	5, etc.)		Credit Limit	Amour	nt	Credit	Monthly	
Traine of Financial Histitution					Credit Lillit	Owed	l A	Available	Payment	

c. Real Property (brief description and address)			Owner of Record			Used as	Value I		Amount Owed
1.						☐ Yes			
Locality (City/County)						☐ No			
2.						☐ Yes			
Locality (City/County)						☐ No			
3.						☐ Yes			
Locality (City/County)						☐ No			
4.						Yes			
Locality (City/County)						∐ No			
d. Life insurance po	licies owned with busine	ess as bo	eneficiary	′					
Name of Insured	Name of Insured Company		Policy Number Type (Whole/Te			m) Face Amount		Ava	ailable Loan Value
e. Vehicle Informati	on (enter information al	out an	y cars, bo	ats,	motorcycles, RV's,	etc., own	ed or leased	by th	
Vehicle Description	City/State of Registratio	n		F	Registered Owner	Valu		e	Amount Owed
1.									
2.									
3.									
f. Machinery and E	quipment								
Description			Value			Amount Owed			
1.									
2.									
3.									
g. Other Assets (include any investments in pass-through entities)									
Description			Value			Amount Owed			
1.									
2.									
3.				//>					
4. Other information relatin			u check th			dates and			ts box below
Court Proceedings:	☐ Yes ☐ No				kruptcies:		Yes	No	
Repossessions/Foreclosures:	☐ Yes ☐ No			asse	ent sale or other trar	alue:	Yes	No	
Anticipated increase in incom	e: Yes No				ticipant or beneficiar ate, profit sharing, etc		Yes	□No	
Delinquent Federal Taxes:	☐ Yes If Yes,	outstan	iding balan	ce: _			No		
Comments:									

## 5. Asset and Liability Analysis Current Date of Liabilities **Equity in** Amount of Description Market Name/Address of Lien Holder Final **Balance Due** Asset **Payment** Value **Payment** Cash on Hand **Bank Accounts** Accounts/Notes Receivable Life Insurance Loan Value 1. 2. **Real Property** (from Item 3 c.) 3. 4. 1. Vehicles 2. (from Item 3 e.) 3. 1. Machinery and 2. Equipment (from Item 3 f.) 3. 1. Other Assets 2. (from Item 3 g.) 3. Merchandise Inventory Other Liabilities (including Notes and Judgments) Federal Taxes Owed State Taxes Owed **Local Taxes Owed** Total

6. Income and Expense Analysis							
Indicate whether reporting:   Annually   Quarterly   Monthly   Period Beginning   Period Ending			Accounting method used:   Cash   Accrual				
Income			Expenses				
Gross receipts from sales, services, etc.			Materials Purchased				
Gross rental income			Net Wages and Salaries				
Interest			Mortgage				
Dividends			Rent				
Other income (specify)			Installment Payments				
			Supplies				
			Utilities/Telephone				
			Gasoline/Oil				
			Repairs and Maintenance				
			Insurance				
			Current Taxes				
			Other (specify)				
Total Income			Total Expenses				
Net Difference (total incom minus total expenses)	е						
7. Supplemental Questio	ns			,			
Are you involved in any law	suits?			Are you the plaintiff or defendant?			
No (Skip to Certification) Yes (Answer the questions in this section a			and provide a brief explanation)	☐ Plaintiff ☐ Defendant			
Lawsuit Information: Docket Number: Attorney Name: Defendant Name:				Defendant Name:			
	Date Initiated: Estimated Settlement Date: Expected Award/Penalty:			Expected Award/Penalty:			
Comments:							

Certification:	
-	nalties of law, I/we declare that to the best of my/our knowledge and belief, this statement of assets, and other information is true, correct, and complete.
☐ I/We gran	t authorization to verify any financial data by use of a credit report.
Taxpayer Signatur	e Title
Printed Name	Date
Authorized Repres	sentative Signature
Printed Name	Date
Recommended de	ocumentation. Attach all that are applicable:
☐ Letter of o	circumstance, explaining your situation.
☐ A current	profit and loss statement covering at least the most recent 12 month period.
☐ Copies of	the three most recent statements for each bank and investment account.
	t is used as collateral on a loan, include copies of the most recent statements from lender(s) on loans, payments, loan payoffs, and balances.
☐ Copies of	the most recent statements of outstanding notes receivable.
☐ Copies of	the most recent statements from lenders on loans, mortgages (including second mortgages), monthly

payments, loan payoffs, and balances.