

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 Acct. No.:	Bus. Phone: ()	Federal I.D.#:
---------------------	-----------------	----------------

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. I.D.#: _____	
Name, title and telephone 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 #

Current Assets

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

Bank Accounts: Include Savings & 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 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 IRS and EDD 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.