

# Financial Information Statement for Businesses

## How to Complete This Statement

- Enter the most current data available in all spaces.
- Write N/A in spaces that don't apply to you. The Taxation and Revenue Department may require additional information to support N/A entries.

### Important

Failure to complete all spaces may result in rejection of this document and/or collection action.

<b>Section 1</b> <b>Business Information</b>	<b>1a</b> Business name _____	<b>2c</b> Type of entity (mark the appropriate box) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
	<b>1b</b> Business street address _____	
	<b>1c</b> City _____ State _____ ZIP Code _____	<b>2d</b> Type of business _____
	<b>1d</b> County _____ <b>1e</b> Business phone (+ area code) _____	<b>3a</b> Contact name _____
	<b>2a</b> Employer ID no. (EIN) _____ <b>2b</b> CRS no. _____	<b>3b</b> Contact's business phone (+ area code) _____ Ext. _____

After you fill in all information in Section 1, mark this box.

<b>Section 2</b> <b>Business Personnel and Contacts</b>	<b>4 Owners, Partners, Officers, Major Shareholders, and Others</b>		
	<b>4a</b> Full name _____ Title _____	Social Security no. _____	
	Home street address _____	Home phone (+ area code) _____	
	City _____ State _____ ZIP _____	Ownership %age and shares or interest _____	
	<b>4b</b> Full name _____ Title _____	Social Security no. _____	
	Home street address _____	Home phone (+ area code) _____	
	City _____ State _____ ZIP _____	Ownership %age and shares or interest _____	
	<b>4c</b> Full name _____ Title _____	Social Security no. _____	
	Home street address _____	Home phone (+ area code) _____	
	City _____ State _____ ZIP _____	Ownership %age and shares or interest _____	
	<b>4d</b> Full name _____ Title _____	Social Security no. _____	
	Home street address _____	Home phone (+ area code) _____	
City _____ State _____ ZIP _____	Ownership %age and shares or interest _____		

After you fill in all information in Section 2, mark this box.

<b>Section 3</b> <b>Other Financial Information</b>	<b>5 Other Financial Information.</b> Answer the following business financial questions:
	<b>5a</b> Does this business have other business relationships (e.g., subsidiary, parent corporation, partnership)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , list related EIN _____ Additional EIN _____
	<b>5b</b> Does anyone (e.g., officer, stockholder, partner, employee) have an outstanding loan borrowed from the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , amount of loan \$ _____ Date of loan _____ Current Balance \$ _____
	<b>5c</b> Are there any judgements or liens against your business? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , who is the creditor? _____ Date creditor obtained judgement/lien _____ Amount of debt \$ _____
	<b>5d</b> Is your business a party in a lawsuit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____
	<b>5e</b> Has your business ever filed bankruptcy? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , date filed _____ Date discharged _____ Petition no. _____
	<b>5f</b> In the past 10 years, have you transferred any assets from your business name for less than their actual value? ... <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , what asset? _____ Value of asset at transfer time \$ _____ When was it transferred? _____ To whom or where was it transferred? _____
	<b>5g</b> Do you anticipate any increase in business income (e.g., contracts bid but not yet awarded)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , why will the income increase? If you need more space, attach a sheet. _____ Amount of increase? \$ _____ When will the business income increase? _____
	<b>5h</b> Is your business a beneficiary of a trust, an estate, or a life insurance policy? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , name of the trust, estate, or policy _____ Amount expected? \$ _____ Date to receive this amount? _____

After you fill in all information in Section 3, mark this box.

Business Name \_\_\_\_\_

**Section 4  
Business  
Assets**

\* For **Current Value**, enter the amount you could sell the asset for today.

**6 Purchased Automobiles, Trucks, and Other Licensed Assets.** List all licensed assets, including boats, RVs, motorcycles, and trailers. If you need more space, attach a separate sheet.

Description	* Current Value	Loan Balance	Name of Lender	Purchase Date	Monthly Payment
<b>6a</b> Year _____ Make/model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
<b>6b</b> Year _____ Make/model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
<b>6c</b> Year _____ Make/model _____ Mileage _____	\$ _____	\$ _____	_____	_____	_____

**7 Leased Automobiles, Trucks, and Other Licensed Assets.** List all licensed assets, including boats, RVs, motorcycles, and trailers. If you need more space, attach a separate sheet.

Description	Lease Balance	Name of Lessor	Lease Date	Monthly Payment
<b>7a</b> Year _____ Make/model _____	\$ _____	_____	_____	\$ _____
<b>7b</b> Year _____ Make/model _____	\$ _____	_____	_____	\$ _____
<b>7c</b> Year _____ Make/model _____	\$ _____	_____	_____	\$ _____

**Attachments Required for 6 and 7.** Please include your current statement from lender, showing the monthly car payment amount and the current loan balance for each vehicle purchased or leased.

**8 Real Estate.** List all real estate the business owns. If you need more space, attach a separate sheet.

Street Address City, State, ZIP	Date Purchased	Purchase Price	* Current Value	Loan Balance	Name of Lender or Lien Holder	Monthly Payment	** Date of Final Payment
<b>8a</b> _____ _____ _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
<b>8b</b> _____ _____ _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
<b>8c</b> _____ _____ _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____

\*\* For **Date of Final Payment**, enter the date the loan or lease will be fully paid.

After you fill in all information and provide all the attachments for this page of Section 4, mark this box.

**Attachments Required.** Please include your current statement from lender, showing the monthly payment amount and the current loan balance for each piece of real estate the business owns.

Business Name \_\_\_\_\_

**Section 4  
Business Assets  
(continued)**

**9 Business Assets.** List all business assets and encumbrances, including Uniform Commercial Code (UCC) filings. If you need more space, attach a separate sheet. If you attach a depreciation schedule, the attachment must include all the information requested here.

If you are attaching a depreciation schedule for machinery/equipment instead of completing line 9, mark this box.

\* For **Current Value**, enter the amount you could sell the asset for today.

\*\* For **Date of Final Payment**, enter the date the loan or lease will be fully paid.

Description	* Current Value	Loan Balance	Name of Lender	Monthly Payment	** Date of Final Payment
<b>9a</b> Machinery	\$ _____	\$ _____		\$ _____	
	\$ _____	\$ _____		\$ _____	
	\$ _____	\$ _____		\$ _____	
Equipment	\$ _____	\$ _____		\$ _____	
	\$ _____	\$ _____		\$ _____	
	\$ _____	\$ _____		\$ _____	
Merchandise	\$ _____	\$ _____		\$ _____	
	\$ _____	\$ _____		\$ _____	
	\$ _____	\$ _____		\$ _____	
Other Assets (list below)					
<b>9b</b> _____	\$ _____	\$ _____		\$ _____	
<b>9c</b> _____	\$ _____	\$ _____		\$ _____	
<b>9d</b> _____	\$ _____	\$ _____		\$ _____	

After you fill in all information and provide all the attachments for this page of Section 4, mark this box.

**Attachments Required.** Please include your current statement from lender, showing the monthly payment amount and the current loan balance for each listed asset that has an encumbrance.

**Section 5  
Federal and Other Taxes Owed**

**10** Do you own any federal taxes? .....  Yes  No  
 If **Yes**, how much? \$ \_\_\_\_\_ Amount of payment \$ \_\_\_\_\_

**10a** Do you owe any other government agency? .....  Yes  No  
 If **Yes**, what agency? \_\_\_\_\_  
 How much do you owe? \$ \_\_\_\_\_ Amount of payment \$ \_\_\_\_\_

**Section 6  
Investment, Banking, and Cash Information**

**11 Investments.** List all investment assets, including stocks, bonds, mutual funds, stock options, and certificates of deposits. If you need more space, attach Supplemental Page (page 10).

Company Name	Number of Shares/Units	* Current Value <sup>(a)</sup>	Used as collateral on loan?	Loan Amount <sup>(b)</sup>	Net Value (a-b)
<b>11a</b> _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
<b>11b</b> _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
<b>11c</b> _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
<b>11d</b> _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
<b>11e</b> _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____

After you fill in all information in Section 5 and on this page of Section 6, mark this box.

**11f Subtotal** from Supplemental Page (page 10) ..... **11f** \$ \_\_\_\_\_

**11g Total Net Investments** (sum of Net Value for lines 11a to e, plus line 11f) ..... **11g** \$ \_\_\_\_\_

Business Name \_\_\_\_\_

**Section 6**  
**Investment, Banking, and Cash Information**  
(continued)

Complete this page with the most current data available.

**12 Checking and Savings Accounts.** List all checking and savings accounts.

Type of Account	Full name of bank, savings and loan, credit union, or other financial institution	Institution Routing Number	Institution Account Number	Current Account Balance
<b>12a</b> _____	Name _____ Street address _____ City, State, ZIP _____	_____	_____	\$ _____
<b>12b</b> _____	Name _____ Street address _____ City, State, ZIP _____	_____	_____	\$ _____
<b>12c</b> _____	Name _____ Street address _____ City, State, ZIP _____	_____	_____	\$ _____
<b>12d Total Checking and Savings Account Balances</b> .....				<b>12d</b> \$ _____

**Attachments Required.** Please include your current checking and savings statements for the past 3 months for all accounts.

**13 Other Accounts.** List all accounts, including brokerage, money market, and additional checking and savings accounts not listed on line 12 and any other accounts not listed in this section. If you need more space, attach the Supplemental Page (page 10).

Type of Account	Full name of bank, savings and loan, credit union, or other financial institution	Institution Routing Number	Institution Account Number	Current Account Balance
<b>13a</b> _____	Name _____ Street address _____ City, State, ZIP _____	_____	_____	\$ _____
<b>13b</b> _____	Name _____ Street address _____ City, State, ZIP _____	_____	_____	\$ _____
<b>13c Subtotal from Supplemental Page(s)</b> .....				<b>13c</b> \$ _____
<b>13d Total of Other Account Balances</b> .....				<b>13d</b> \$ _____

**Attachments Required.** Please include your current statements (brokerage, money market, checking, and savings accounts) for the past 3 months for all accounts.

**14 Cash On Hand.** Enter the total amount of any cash you have that is not currently in a bank.

**14a Total Cash on Hand** ..... **14a** \$ \_\_\_\_\_

**15 Available Credit.** List all lines of credit, including credit cards. If you need more space, attach Supplemental Page (page 10).

Full name of credit institution	Credit Limit	Amount Owed	Available Credit
<b>15a</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	\$ _____	\$ _____
<b>15b</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	\$ _____	\$ _____
<b>15c Subtotal from Supplement Page (page 10)</b> .....			<b>15c</b> \$ _____
<b>15d Total of Available Credit</b> .....			<b>15d</b> \$ _____

After you fill in all information on this page of Section 6 and provide all attachments, mark this box.

Business Name \_\_\_\_\_

**Section 7  
Accounts and Notes  
Receivable**

**Accounts and Notes Receivable.** List all contracts separately, including contracts awarded but not yet started. If you need more space, attach Supplemental Page (page 10).

Description	Amount Due	Date Due	Age of Account
<b>a</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>b</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>c</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>d</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>e</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>f</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>g</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>h</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>i</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>j</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days

If you need more space, attach as many of the Supplemental Page (page 10) you need.

**k Subtotal** from Supplemental Page (page 10) ..... **k** \$ \_\_\_\_\_

**l Total Accounts and Notes Receivable** (add lines a to k) .. **l** \$ \_\_\_\_\_

After you fill in all applicable spaces in Section 7, mark this box.

Business Name \_\_\_\_\_

**Section 8  
Monthly Income  
and Expenses**

**16** The information on this page applies to income and expenses for the period indicated below, shown in MMDDCCYY format.  
**Note:** A minimum of 6 months financial history is required.

From \_\_\_\_\_ to \_\_\_\_\_

Complete this page with the most current data available, not to exceed 60 days in age.

**17 Accounting Method Used**

Cash  Accrual

**Important:** Make sure the information on lines 18 to 38 reconciles with your federal tax return.

Total Income Source	Gross Monthly	Total Expenses Expense Items	Actual Monthly
<b>18</b> Gross Receipts	\$	<b>26</b> Materials Purchased	\$
<b>19</b> Gross Rental Income	\$	<b>27</b> Inventory Purchased	\$
<b>20</b> Interest	\$	<b>28</b> Gross Wages and Salaries	\$
<b>21</b> Dividends	\$	<b>29</b> Rent/Mortgage	\$
Other Income (specify in lines 22-24) <b>22</b>	\$	<b>30</b> Supplies	\$
<b>23</b>	\$	<b>31</b> Utilities and Phones	\$
<b>24</b>	\$	<b>32</b> Vehicle Gas and Oil	\$
		<b>33</b> Repairs and Maintenance	\$
<b>25 TOTAL INCOME</b> (add lines 18-24)	\$	<b>34</b> Insurance	\$
		<b>35</b> Current Taxes	\$
		Other Expenses (specify in lines 36-37 and include installment payments)	
		<b>36</b>	\$
		<b>37</b>	\$
		<b>38 TOTAL EXPENSES</b> (add lines 26-37)	\$

**Line 26, Materials Purchased.** Materials are items directly related to the production of a product or service.

**Line 27, Inventory Purchased.** Inventory purchased is goods bought for resale.

**Line 30, Supplies.** Supplies are items used in your business that are consumed or used up within one year. Examples are the cost of books, office supplies, and professional instruments.

**Line 31, Utilities and Phones.** Utilities include gas, electricity, water, oil, other fuels, and trash collection. Phones include landlines and mobile or cell phones.

**Line 35, Current Taxes.** Current taxes include real estate tax, state income tax, local income tax, excise tax, franchise tax, occupational tax, personal property tax, sales tax, and the employer's part of employment tax.

After you fill in all information in Section 8, mark this box.

Business Name \_\_\_\_\_

**Section 9  
Asset and  
Liability  
Analysis**

Complete this page with the most current data available, not to exceed 60 days in age.

Description	Current Market Value \$	Liabilities Balance Due \$	Equity in Asset \$	Monthly Payment \$	Name and Address of Lien/Note Holder/Obligee	Date Pledged	Date of Final Payment
<b>39</b> Cash on hand							
<b>40</b> Bank accounts							
<b>41</b> Accounts and notes received							
<b>42</b> Life insurance loan value							
<b>43</b> Real Property	a.						
	b.						
	c.						
	d.						
<b>44</b> Vehicles (model, year, license)	a.						
	b.						
	c.						
<b>45</b> Merchandise and Equipment (specify)	a.						
	b.						
	c.						
<b>46</b> Merchandise Inventory (specify)	a.						
	b.						
<b>47</b> Other Assets (specify)	a.						
	b.						
<b>48</b> Other Liabilities (include notes and judgements)	a.						
	b.						
	c.						
	d.						
	e.						
	f.						
	g.						
	State taxes owed						
<b>49</b> Federal taxes owed							
<b>50 TOTALS</b>							

After you fill in all information in Section 9, mark this box.

**Section 10  
Additional  
Information  
or  
Comments**

**Additional information regarding financial condition.** Enter any additional information about court proceedings, bankruptcies filed or anticipated, transfers of assets for less than full value, changes in market conditions, and any other relevant information. Include information about company participation in trusts, estates, profit-sharing plans, and other types of participation.

Business Name \_\_\_\_\_

---

**Failure to complete all entry spaces may result in rejection of this document and/or collection action.**

Certification: Under penalties 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.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

After filling in all the information, providing all the attachments for all sections, and signing this page, mark this box.



Business Name \_\_\_\_\_

## Supplemental Page for Investment, Bank, Credit, and Other Accounts

List additional accounts not listed on pages 3 or 4, showing the full name of the investment company, bank, savings and loan, credit, or other financial institution.

<b>A Company Name</b>		<b>Street Address</b>		<b>City, State, ZIP</b>	
<b>Type of Account</b>					
<input type="checkbox"/> Investment account	<b>No. Shares/Units</b>	<b>Current Value <sup>(a)</sup></b>	<b>Used as collateral on loan?</b>	<b>Loan Amount <sup>(b)</sup></b>	<b>Net Value (a-b)</b>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Credit account	<b>Credit Limit</b>	<b>Amount Owed</b>	<b>Available Credit</b>		
	\$	\$	\$		
Other type of account:	<b>Routing No.</b>	<b>Account No.</b>	<b>Current Balance</b>		
			\$		

<b>B Company Name</b>		<b>Street Address</b>		<b>City, State, ZIP</b>	
<b>Type of Account</b>					
<input type="checkbox"/> Investment account	<b>No. Shares/Units</b>	<b>Current Value <sup>(a)</sup></b>	<b>Used as collateral on loan?</b>	<b>Loan Amount <sup>(b)</sup></b>	<b>Net Value (a-b)</b>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Credit account	<b>Credit Limit</b>	<b>Amount Owed</b>	<b>Available Credit</b>		
	\$	\$	\$		
Other type of account:	<b>Routing No.</b>	<b>Account No.</b>	<b>Current Balance</b>		
			\$		

<b>C Company Name</b>		<b>Street Address</b>		<b>City, State, ZIP</b>	
<b>Type of Account</b>					
<input type="checkbox"/> Investment account	<b>No. Shares/Units</b>	<b>Current Value <sup>(a)</sup></b>	<b>Used as collateral on loan?</b>	<b>Loan Amount <sup>(b)</sup></b>	<b>Net Value (a-b)</b>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Credit account	<b>Credit Limit</b>	<b>Amount Owed</b>	<b>Available Credit</b>		
	\$	\$	\$		
Other type of account:	<b>Routing No.</b>	<b>Account No.</b>	<b>Current Balance</b>		
			\$		

<b>D Company Name</b>		<b>Street Address</b>		<b>City, State, ZIP</b>	
<b>Type of Account</b>					
<input type="checkbox"/> Investment account	<b>No. Shares/Units</b>	<b>Current Value <sup>(a)</sup></b>	<b>Used as collateral on loan?</b>	<b>Loan Amount <sup>(b)</sup></b>	<b>Net Value (a-b)</b>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Credit account	<b>Credit Limit</b>	<b>Amount Owed</b>	<b>Available Credit</b>		
	\$	\$	\$		
Other type of account:	<b>Routing No.</b>	<b>Account No.</b>	<b>Current Balance</b>		
			\$		

**a. Subtotal of Investment Account Net Value.** List here and on page 3, line 11f ..... **a** \$ \_\_\_\_\_

**b. Subtotal of Other Account Current Balance.** List here and on page 4, line 13c ..... **b** \$ \_\_\_\_\_

**c. Subtotal of Available Credit.** List here and on page 4, line 15c ..... **c** \$ \_\_\_\_\_

Business Name \_\_\_\_\_

## Supplemental Page for Accounts and Notes Receivable

List additional accounts not listed on page 5, showing all contracts as separate entries, including contracts awarded but not yet started.

Description	Amount Due	Date Due	Age of Account
<b>A</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>B</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>C</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>D</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>E</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>F</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>G</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>H</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>I</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days
<b>J</b> Name _____ Street address _____ City, State, ZIP _____	\$ _____	_____	<input type="checkbox"/> 0 to 30 days <input type="checkbox"/> 31 to 60 days <input type="checkbox"/> 61 to 90 days <input type="checkbox"/> 90+ days

**K Subtotal of Accounts and Notes Receivable.** List here  
and on page 5, line k ..... **K** \$ \_\_\_\_\_