

DEPARTMENT OF REVENUE
Statement of Financial Condition for Businesses

If additional space is needed, attach separate sheet.

1. Name and address of business	2. Business phone number
	3. Type of ownership. Check appropriate box. <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Corporation _____ <input type="checkbox"/> Partnership _____
4. Preparer's name and title	5. Federal employer identification number
	6. Type of business

7. Information about owner, partners, officers, major shareholders, etc.

Name and Title	Effective Date	Home Address	Phone Number	Social Security Number	Total Share or Interest

SECTION I – GENERAL FINANCIAL INFORMATION *If sole proprietor, include assets and liabilities of owner.*

8. Latest filed Pennsylvania income tax return	Form	Tax year ended	Net income before taxes \$
--	------	----------------	-------------------------------

9. Bank accounts *List all types of accounts including payroll and general, saving, certificates of deposit, etc.*

Name of Institutions	Address	Type of Account	Account Number	Balance
				\$
TOTAL <i>Enter in Item 17.</i>				\$

10. Bank credit available *(Lines of credit, etc.)*

Name of Institution	Address	Credit Limit	Amount Owed	Credit Available	Monthly Payments
		\$	\$	\$	\$
TOTALS <i>Enter in item 24 or 25 as appropriate.</i>			\$	\$	\$

11. Location, box number and contents of all safe deposit boxes rented or accessed

SECTION II – ASSETS AND LIABILITIES ANALYSIS

(a) Asset or Liability	(b) Description	(c) Current Market Value	(d) Liabilities Balance Due	(e) Amount of Monthly Payment
16. Cash on hand		\$		
17. Bank Accounts				
18. Accounts/Notes receivable			\$	\$
19. Life Insurance loan value				
20. Real Property	a.			
	b.			
	c.			
	d.			
21. Vehicles (<i>Model, year and license</i>)	a.			
	b.			
	c.			
22. Machinery and equipment (<i>Specify</i>)	a.			
	b.			
	c.			
23. Merchandise inventory (<i>Specify</i>)	a.			
	b.			
24. Other assets (<i>Specify</i>)	a.			
	b.			
25. Other liabilities (<i>Including notes and judgments</i>)	a.			
	b.			
	c.			
	d.			
	e.			
	f.			
	g.			
26. Federal taxes owed				
27. State taxes owed				
28. TOTAL		\$	\$	\$

SECTION III – INCOME AND EXPENSE ANALYSIS

29. The following information applies to income and expenses during the period _____ or _____		30. Accounting method used	
Income		Expenses	
31. Gross receipts from sales, services, etc.	\$	37. Materials purchased	\$
32. Gross rental income		38. Net wages and sales	
33. Interest		39. Rent	
34. Dividends		40. Installment payments	
35. Other income (<i>Specify</i>)		41. Supplies	
		42. Utilities/Telephone	
		43. Gasoline/Oil	
		44. Repairs and maintenance	
		45. Insurance	
		46. Current taxes	
		47. Other (<i>Specify</i>)	
36. TOTAL	\$	48. TOTAL	\$
		49. Net difference (<i>Item 36 minus Item 48</i>)	\$

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.

50. Signature	51. Date
---------------	----------