

Date: _____

Name (1): _____ SSN: _____

Home Address: _____ Phone #: _____

City, State Zip: _____

Spouse: _____ SSN: _____

Company's Exact Legal Name: _____

Address: _____ Phone #: _____

City, State Zip: _____

Fill all blanks, writing "no" or "none" where necessary to complete information

ASSETS	IN DOLLARS		LIABILITIES	IN DOLLARS	
	Cost	Market		Balances	Payments
Cash in bank			Notes payable - Banks secured		
Government and Listed Securities (Schedule A)			Notes payable - Banks unsecured		
Unlisted Securities (Schedule A)			Notes payable - Relatives		
			Notes payable - Others		
Accounts and Note Receivable			Accounts payable		
Trade			Unpaid income taxes		
Relative and Friends			Other unpaid taxes and interest		
Others			Real estate mortgages payable (Schedule B)		
Cash Value Life Insurance (Schedule C)			Chattel mortgages and other liens payable		
Investment in Business (Show book value in Cost col.)			Other Debs - Itemize:		
Real Estate Owned (Schedule B)					
Vested Interest in Deferred Compensation Plans					
Automobile(s)					
Other Personal Property					
Other Assets - Itemize					
			Total Liabilities		
			Net Worth (Cost/Market)		
TOTAL ASSETS	\$	\$	TOTAL LIABILITIES & NET WORTH	\$	\$

Sources of Income:

Salary \$ _____ Dividends \$ _____ Interest \$ _____ Commissions \$ _____ Real Estate Income \$ _____ Other \$ _____

Contingent Liabilities:

As Endorser, Co-maker or Guarantor \$ _____ on Leases or Contracts \$ _____ Legal Claims \$ _____ Other \$ _____

General Information:

Defendant in Suits or Legal Action? _____ Please provide details on a separate sheet of paper.
 Assets Pledged or Restricted? _____ Income taxes settled through what date? _____ Additional Assessments \$ _____

(Complete schedules and sign statement officially on reverse side)

Schedule A

U.S. GOVERNMENT, LISTED AND UNLISTED SECURITIES OWNED

No. of Shares or Par Value of Bonds	Description	In Name of	Market Value

Schedule B

REAL ESTATE OWNED

Description and location	Date Acquired	Title in Name of	Market Value	Mortgage		Insurance
				Amount	Maturity	

Schedule C

LIFE INSURANCE

Name of Company	Amount	Cash Value	Loans	Beneficiary

NAMES OF BANKS, FINANCE COMPANIES OR OTHER SOURCES WHERE CREDIT HAS BEEN OBTAINED

Name	Date	High Credit	Basis

The undersigned certifies that both sides hereof and the information inserted therein has been carefully read and is true and correct.

Signature: _____ Date: _____ Signature: _____ Date: _____