



PERSONAL FINANCIAL STATEMENT

The Personal Financial Statement should be dated the same as the company fiscal year and financial statement. Required of all owners/shareholders owning 10% or more. Must be signed and dated by owner/shareholder and their spouse, if applicable. Note: This form to be used for Personal Financial Statements only. **NOT TO BE USED FOR BUSINESS STATEMENTS.**

Personal Financial Statement of _____ SSN _____
(Name)

(Street Address, City, State, Zip)

Home Phone # () - Bus. Phone # () -

Name of Spouse _____

AS Of _____
(Date)

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)		Notes Payable to (names and addresses):	
Cash in following banks (names and addresses)			
Stocks and Bonds (Schedule 1)		Sales Contracts & Chattel Mtgs. (Attach description)	
Accounts Receivable (Schedule 2)		Accounts Payable	
Notes Receivable (Schedule 3)		Current Portion of Long Term Debt	
Other Current Assets (itemize)		Other Current Liabilities (Attach Description)	
		Current Year's Income Taxes Unpaid	
		Prior Years Income Taxes unpaid	
		Real Estate Taxes Unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES	
Real Estate (Schedule 4) Residence		Real Estate Debt (Schedule 4) Residence	
Other		Other	
Cash Value of life insurance (Schedule 5)		Borrowed on life insurance (Schedule 5)	
Other Assets and Investments (Attach Description)		Other Long Term Debt (Attach Description)	
		TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NETWORKH	

STOCKS AND BONDS

NAME OF SECURITY	NO. SHARES	IF ANY PLEDGE, STATE TO WHOM AND FOR WHAT PURPOSE	DIVIDENDS PAID LAST TEN YEARS	MARKET VALUE	BOOK VALUE
TOTAL				\$	\$

ACCOUNTS RECEIVABLE

NAME AND ADDRESS (STREET AND CITY) FROM WHOM DUE	FOR WHAT IS IT DUE	WHEN SOLD	WHEN DUE	AMOUNT
TOTAL				\$

NOTES RECEIVABLE

NAME AND ADDRESS (STREET AND CITY) FROM WHOM DUE	FOR WHAT DUE	HOW SECURED	DATE	MATURITY	AMOUNT
TOTAL					\$

REAL ESTATE

DESCRIPTION OF PROPERTY	TITLE IN NAME OF	MARKET VALUE	COST	DATE ACQUIRED	AMOUNT ENCUMBRANCE	MONTHLY PAYMENTS	MONTHLY INCOME
TOTAL			\$	\$	\$	\$	\$

LIFE INSURANCE – CASH VALUE

NAME OF COMPANY	POLICY NUMBER	NAME OF INSURED	BENEFICIARY	FACE VALUE	CASH VALUE	AMOUNT BORROWED

Principal Signature _____

DATE / / _____

Spouse Signature _____

DATE / / _____