FIRST STATE BANK
SHALLOWATER

BUSINESS LOAN

APPLICATION

One Commerce Park Ž P. O. Box 160 Ž Shallowater, Texas 79363 Ž Phone - 806.832.4525 Ž Fax - 806.832.5849

EMAIL ADDRESS - MARK@FSBSHALLOWATER.COM

Commercial Loan Application:

INFORMATION CONCERNING OWNER(S) AND GUARANTOR(S)

Business Name: ____

____

Business Physical Address: ____

____

____

Business Mailing Address: ____

____

____

Type of Business: ____

Date of Organization: ____

Years in Business: ____

Business Tax I. D. Number: ______________________ Business Phone Number: ______________________

Main Contact: ______________________ Phone ______________ Cell Phone ______________

Main Contact Email Address: ______________________________________

Are you applying as a:

Corporation (x) ____ Partnership (x) ____

Sole Proprietorship (x) ____ Limited Liability Company (LLC) ____

Please list below information on all individuals involved in signing or serving as a guarantor for the business:

Name ______________________________

Title ______________________________

Address ______________________________

City, State, Zip ______________________________

Email Address ______________________________

Cell Phone ______________________________

Name ______________________________

Title ______________________________

Address ______________________________

City, State, Zip ______________________________

Email Address ______________________________

Cell Phone ______________________________

Name ______________________________

Title ______________________________

Address ______________________________

City, State, Zip ______________________________

Email Address ______________________________

Cell Phone ______________________________

Name ______________________________

Title ______________________________

Address ______________________________

City, State, Zip ______________________________

Email Address ______________________________

Cell Phone ______________________________

Have any of the above individuals ever declared bankruptcy? ◯ YES ◯ NO

Do you use a Certified Public Accountant or Bookkeeper? ◯ YES ◯ NO

If Yes, please give company, individual contact name and address: ______________________________________

____

Phone Number for accountant: ________________________ Accountant's email __________________________

Purpose of your loan request ____

____

Loan Amount Requested ____

Down Payment Amount ____

Collateral: ____

____

Desired Length of Term: _____________ Desired Monthly Payment Amount ______________

Are there any debts not listed on the financial statements for which your business is obligated?

◯ YES ◯ NO

If yes, what is the total liability? $ ____________________________________

Is your business party to any claim or lawsuit? ◯ YES ◯ NO

If yes, please describe nature and amount of suit ____

____

____

Have you ever owned or operated a business which declared bankruptcy?

Does your business owe any IRS taxes or ad valorem taxes for years prior to the current year?

◯ YES ◯ NO

If you answered yes to any of these questions, please provide the details on an attachment.

I/We certify that all of the above statements made are true and complete and are made for the purpose of obtaining credit from First State Bank, Shallowater, Texas (FSB) for the amount and purpose as stated. I/We authorize FSBto make any credit, employment or investigative inquiry that FSB determines appropriate for the extension of credit or the collection of amount owed to FSB. FSB may furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. If I/We ask, I/We will be informed whether or not a consumer report (credit report) was obtained; and if a report was obtained, I/We will be informed of the name and address of the consumer reporting agency that furnished the report.

NOTICE OF INSURANCE

U *If checked, property insurance is also required in connection with this loan if collateral is required. I may obtain property insurance coverage through the agency or from the insurance company of my choice, The policy must name FSB as loss payee and must be replacement cost coverage for the lesser of the insurable value of the collateral or the principal of the loan.*

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. To comply with this requirement, please complete the following information prior to opening your account.

Applicant Signatures:

Signature	*Printed Name*	*Date*
Signature	*Printed Name*	*Date*
Signature	*Printed Name*	*Date*
Signature	*Printed Name*	*Date*
Signature	*Printed Name*	*Date*
Signature	*Printed Name*	*Date*

Commercial Loan Application Checklist

We are providing you with a checklist of documents we are required to obtain to process your loan application. This checklist will help speed up your loan process.

If Applicant is an LLC, PARTNERSHIP OR CORPORATION: Please provide the following:

COMPLETE (X)	NOT APPLICABLE (X)	
◯ ___	◯ ___	Commercial Loan Application (Enclosed)
◯ ___	◯ ___	Consumer Loan Application on all individuals and/or loan guarantors
◯ ___	◯ ___	Financial Statement – Corporate - Dated and Signed
◯ ___	◯ ___	Financial Statements – Personal - Dated and Signed
◯ ___	◯ ___	Tax Returns (Last 3 yrs) – Corporate
◯ ___	◯ ___	Tax Returns (Last 3 yrs) – Personal
◯ ___	◯ ___	Corporate Resolution, Partnership and/or LLC organizational documents
◯ ___	◯ ___	Articles of Incorporation
◯ ___	◯ ___	Corporate Bylaws
◯ ___	◯ ___	Total shares issued and outstanding
◯ ___	◯ ___	LLC Agreement

Please list the shareholders of the corporation, partnership or LLC:

Name ______________________ Number of shares owned ___________ Percentage owned _______%

Name ______________________ Number of shares owned ___________ Percentage owned _______%

Name ______________________ Number of shares owned ___________ Percentage owned _______%

Name ______________________ Number of shares owned ___________ Percentage owned _______%

Please list all of the officers of the Corporation or members of the LLC:

Name ______________________________ Title ________________________________

Name ______________________________ Title ________________________________

Name ______________________________ Title ________________________________

Name ______________________________ Title ________________________________

Name ______________________________ Title ________________________________

Name ______________________________ Title ________________________________

List of Officers or Members from above that are authorized to sign and obtain loans on behalf of the corporation or LLC. How many signers are required? ______ . List names below:

____ ____________________________________
Title

____ ____________________________________
Title

____ ____________________________________
Title

____ ____________________________________
Title

List Officers above are authorized to sign and open depository accounts on behalf of the corporation. How many signers are required to write checks? ______

____ ____________________________________
Title

____ ____________________________________
Title

____ ____________________________________
Title

____ ____________________________________
Title

Collateral Checklist

Please provide and attach the following information based on the collateral and security that you plan to use to secure your loan:

1. Real Estate:

    1. Legal Description of the real estate (Copy of Deed)
    2. Any Real Estate Appraisal
    3. Photographs
    4. Copy of real estate sales contract signed by both seller and purchaser if purchasing real estate.
    5. Property Survey if available
    6. Property Appraisal if available

2. Furniture, Fixtures, Equipment, Inventory:

    1. List and valuation of items to be purchased
    2. List and valuation of items already owned
    3. Location of items
    4. Make,Model and serial numbers on items valued over $1,000 if applicable

3. Vehicles, Trailers, Boats and other Titled Vehicles

    1. Make, Model and Vehicle I. D. Numbers on those already owned or to be purchased.
    2. Copies of existing vehicle titles, if applicable.
    3. Copy of Dealer's Buyer's Order (Deal Sheet) if purchasing new vehicle

CREDIT APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

TYPE OF CREDIT REQUESTED

IMPORTANT: Check (√) the appropriate boxes below and complete the applicable sections.

- ◯ SECURED
- ◯ UNSECURED
- ◯ INDIVIDUAL CREDIT - relying solely on my income or assets
- ◯ INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources.
- ◯ JOINT CREDIT - We intend to apply for joint credit. (initials) ________________

FOR CREDITOR USE

DATE ______________ CLASS NO. ______________

ACCOUNT NO. ______________

APPROVED ☐ BY ______________

DECLINED ☐ BY ______________

AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY	PROCEEDS OF LOAN TO BE USED FOR:
$			☐ MONTHLY ☐	

SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)

BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS

ADDRESS (Street, City, State & Zip)	COUNTY	Do you ◯ own or ◯ rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)	COUNTY	Did you ◯ own or ◯ rent?	HOW LONG

EMPLOYER (Company Name & Address)	HOW LONG

BUSINESS PHONE Ext.	POSITION OR TITLE	SALARY PER MONTH
		GROSS: $ NET: $

PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under: ◯ Court Order ◯ Written Agreement ◯ Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH
	$

Is any income listed in this Section likely to be reduced before the credit request is paid off?	Have you previously received credit from us?
◯ No ◯ Yes (Explain)	◯ No ◯ Yes - When?

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

NAME (Last, First, Middle)

BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS

RELATIONSHIP TO APPLICANT (If Any)	PRESENT ADDRESS (Street, City, State & Zip)	HOW LONG

EMPLOYER (Company Name & Address)	HOW LONG

BUSINESS PHONE Ext.	POSITION OR TITLE	SALARY PER MONTH
		GROSS: $ NET: $

PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under: ◯ Court Order ◯ Written Agreement ◯ Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH
	$

Is any income listed in this Section likely to be reduced before the credit requested is paid off?	Has Joint Applicant or Other Party ever received credit from us?
◯ No ◯ Yes (Explain)	◯ No ◯ Yes - When?

SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	◯ Married	◯ Separated	◯ Unmarried (including single, divorced, and widowed)
OTHER PARTY	◯ Married	◯ Separated	◯ Unmarried (including single, divorced, and widowed)

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
TOTAL ASSETS			$

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	☐ Rent Payment ☐ Mortgage		(OMIT RENT) $	(OMIT RENT) $	$
AUTOMOBILES (describe)					
TOTAL DEBTS			$	$	$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? ☐ No ☐ Yes

If yes, to (Name & Address) ______ Amt. per month $ ______

Are you a co-maker, endorser, or guarantor on any loan or contract? ☐ No ☐ Yes If yes, for whom? ______ To whom? ______

Are there any unsatisfied judgments against you? ☐ No ☐ Yes If yes, to whom owed? ______ Amount $ ______

Have you been declared bankrupt in the last 10 years? ☐ No ☐ Yes If yes, where? ______ Year? ______

SECTION E - SECURED CREDIT

Complete only if credit is to be secured. Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).

SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

______ Applicant's Signature Date

______ Other Signature (Where Applicable) Date

Texas Department of Banking

INSTRUCTIONS FOR COMPLETING FINANCIAL INFORMATION

Financial statements must be submitted by all proposed directors, executive officers, and principal shareholders. A principal shareholder is defined in Section 31.002(a)(44) of the Texas Finance Code.

Supporting schedules to the balance sheet should be attached when necessary to itemize or clarify summarized data. Care should be taken to insure that the dates and total amounts shown on the supporting schedules correspond to those on the balance sheet. Supporting schedules are included for real estate and related loans and for proprietary interest; please insert additional pages for other schedules. Describe the method by which real estate market values were determined.

If investment securities are shown as an asset and if those securities represent 25% or more of an individual's net worth, financial and cash flow statements of the company for the last two years must be provided, unless the company is publicly traded on a national exchange.

The cash flow statement should disclose in a separate line item the payments that will be required to service any loans to finance the purchase of stock.

Please complete section on (1) of the enclosed Confirmation Inquiry form which authorizes any financial institution, brokerage firm, or any other entity in which you may have an account to confirm the balance or market value of securities held in said account as of a certain date. If you have accounts at more than one institution, please complete the appropriate number of forms. <u>After completing section one (1) of this Confirmation Inquiry form, it should be submitted to the Department of Banking along with the other forms contained in this packet. Do not send directly to the confirming institution.</u> The form must be signed by all persons who have ownership interest in the account, for example, husband and wife. Otherwise, the confirming institution may return the form in blank, which may result in a delay in processing. Please provide account and loan numbers on the form. Completion of this form is not necessary for interim bank applications.

The Department of Banking may require the submission of any other information, including real estate appraisals, that it considers necessary to determine financial capability.

PERSONAL FINANCIAL STATEMENT

Name ______________________________

Statement of Financial Condition as of _______________________, ______

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand & in Banks (Schedule 1)	$	Notes Payable to Banks-Secured & Unsecured (Schedule 7)	$
U.S. Government Securities		Notes Payable to Relatives (Schedule 7)	
Accounts, Loans, & Notes Receivable (Sch 2)		Accounts & Notes Payable to Others (Schedule 7)	
Marketable Stocks & Bonds (Schedule 3)*		Rents & Interest Due	
. Real Estate (Schedule 4)		Real Estate Taxes Due (Schedule 4)	
Automobiles - Number ( )		Liens on Real Estate (Schedule 4)	
Proprietary Interests (Schedule 5) **		Other Taxes Due	
Other Assets (Itemize) ***		Other Liabilities (Itemize)	
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS	$	TOTAL LIABILITIES AND NET WORTH	$

ANNUAL INCOME		CONTINGENT LIABILITIES	
Salary	$	As Endorser or Co-Maker	$
Bonus & Commissions		On Leases or Contracts	
Dividends & Interest		Legal Claims	
Real Estate Income		Provision for Federal Income Tax	
Other Income (Itemize)		Other Special Debt (Itemize)	
TOTAL INCOME	$	TOTAL CONTINGENT LIABILITIES	$

Assets pledged or hypothecated value at $ _________ are pledged to secure notes or obligations aggregating $___________.

I have additionally endorsed, guaranteed or am contingently liable for debts of others amounting to $___________.

SCHEDULES

Schedule 1. Banking Relationships. (List all bank accounts)

Name of Financial Institution	Address	Type of Account	Account Number	Balance
			TOTAL	

Schedule 2. Accounts, Loans, & Notes Receivable.

Name and Address of Debtor	Date Originated	Description or Nature of Debt	Description of Security Held	Maturity Date	Balance Due
				TOTAL	

* Schedule 3. Marketable Stock and Bonds.

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Income Received Last Year	If Pledged, State to Whom	Present Market Value
					TOTAL	

Schedule 4. Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the signer, except as follows:

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgage or Liens	Due Dates & Payment Amount	Unpaid Taxes		Cost	Present Market Value
					Year	Amt.		
							TOTAL	

** PROPRIETARY INTERESTS
(Schedule 5)

Provide the following information regarding all business enterprises in which you hold a beneficial interest. The term "business enterprise" includes any corporation, association, partnership, business trust, sole proprietorship or other business which shares are not listed on a securities exchange or otherwise regularly traded. Under the heading "Form of Business", state the legal form of the business. Under "Nature of Business and Percentage of Ownership", explain what the business enterprise does and percentage of your ownership interest. Submit year-end financial statements, including profit and loss and cash flow statements, for the last two years for each business interest in which you have an interest equal to 25% or more of your net worth.

Name and Address of Business	Legal Form of Business	Nature of Business and % of Ownership	Date Acquired	Current Value
			Total	

Schedule 7. Notes or Accounts Payable.

Name of Lender	Lender's Address	Due Dates and Payments	Security or Collateral	Balance Owed
			TOTAL	

CASH FLOW STATEMENT
(Schedule 6)

Name ____ Signature ____
(Print or Type)

Provide the following information regarding sources and uses of cash during the last two years, the current year, and a projected year.

Sources of Cash	20___	20___	Current*	Projected
Salaries, Wages, Commissions, Bonuses, or Other Income from Employment (Net of Deduction)				
Dividends				
Interest				
Royalties				
Distribution from				
Cash Received from Individual Business, Partnerships, or Joint Ventures				
Real Estate				
Other **				
Total Cash Received				

Uses of Cash	20___	20___	Current *	Projected
Personal Expenses (Management, Rent and Household, Etc.				
Bank Loan - Principal and Interest				
Other Loans - Principal and Interest				
Insurance Payments				
Income Taxes Not Covered by Withholding				
Other**				
Total Cash Outlays				
Cash Flow Surplus (Deficit)				

* If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported.
** Itemize any items amounting to 10% or more of total income on separate page.

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and complete and further acknowledge that there are no misrepresentation or omissions of material facts.

Dated and signed this _______ day of _______________, _______.

____
(Signature of Affiant)

STATE OF TEXAS
COUNTY OF __________________

Personally appeared before me the above named ___________________________________, personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct.

Subscribed and sworn to before me this _______ day of ___________________, _______.

____
(Notary Public)

____
(Name Typed or Printed)

My commission expires _______________

In addition to the supplemental schedules one (1) and two (2) included in this packet, you may wish to provide supplementary schedules for other items on this Individual Financial Statement. The Department of Banking reserves the right to request any additional detail supporting the amounts on this statement.

* Marketable securities are generally only those which are listed on the NY, American Stock Exchanges and NASDAQ.

** If the stock of a company amounts to 25% or more of an individual's net worth, financial statements, including balance sheet, profit and loss, and cash flow statements of the company must be provided for the past two years.

*** If total reflected on this line represents 10% or more of your net worth, a schedule must be provided listing each item separately and providing a complete description, including financial information, if appropriate.

BUSINESS FINANCIAL STATEMENT

Name of Business __________________________ Applicant _________________________
Prepared By ______________________________ Title (Position) _____________________
Limited Liability Company _____ Partnership _____ Corporation _____ Other _____

Statement of Financial Condition as of __________________, 20_____ for the period _____________, ______ to _____________, ______

(Round to the nearest hundred)

ASSETS		LIABILITIES AND NET WORTH	
CURRENT ASSETS:		CURRENT LIABILITIES:	
Cash on Premises	$	Accounts Payable (Schedule 6)	$
Cash in Banks (Schedule1a)		Accrued Interest on Borrowings	
Certificates of Deposit (Schedule 1b)		Notes Payable - Current Portion	
Stock, Bonds, & Other Marketable Assets (Sch. 2)		Accrued Taxes on Real Estate (Schedule 7)	
Accounts, Loans, & Notes Receivable (Sch. 3)		Accrued Taxes, Other (Schedule 7)	
Advances to Employees		Other Current Payables (Itemize)	
Prepaid Expenses (Schedule 4)			
Other Current Assets (Itemize)			
		TOTAL CURRENT LIABILITIES	$
TOTAL CURRENT ASSETS	$	LONG-TERM LIABILITIES:	
		Notes Payable (Itemize)	$
FIXED ASSETS:			
Real Estate & Buildings (Schedule 5)	$		
Less: Accumulated Depreciation			
Furniture, Equipment & Vehicles		Notes Payable on Real Estate (Schedule 5)	
Less: Accumulated Depreciation		Other Long-Term Liabilities (Itemize)	
Other Fixed Assets (Itemize)			
Other Long Term Assets (Itemize if over 5% of total)		TOTAL LONG-TERM LIABILITIES	$
		NET WORTH OR STOCKHOLDERS' EQUITY	$
		(Schedule 8)	
TOTAL ASSETS	$	**TOTAL LIABILITIES & NET WORTH**	$

Assets pledged or hypothecated valued at $___________ are pledged to secure notes or obligations aggregating $________________.
I have additionally endorsed, guaranteed or am contingently liable for debts of others amounting to $_________________.

SCHEDULES

Schedule 1a. Cash in Financial Institutions.

Name of Financial Institution and Address	Account in Name Of	Type of Account	Account Number	Balance
			TOTAL	

Schedule 1b. Certificates of Deposit.

Name of Financial Institution and Address	Account in Name Of	If Pledged, State to Whom	Maturity Date	Account Number	Balance
				TOTAL	

Schedule 2. Stocks, Bonds & Other Marketable Assets.

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Income Received Last Year	If Pledged, State to Whom	Present Market Value
					TOTAL	

Schedule 3. Accounts, Loans & Notes Receivable.

Name and Address of Debtor	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected	Amount Owing
				TOTAL	

Schedule 4. Prepaid Expenses.

Type of Prepaid	To Whom Paid	Expiration Date	Original Amount	Current Balance
			TOTAL	

Schedule 5. Real Estate & Buildings.

Location or Street No. & Description	Mortgages or Liens	Due Dates & Payment Amount	Unpaid Taxes		Cost	Present Market Value
			Year	Amt.		
					TOTAL	

Schedule 6. Accounts Payable.

Nature of Account	Payable To	When Due	Amount Due
		TOTAL	

Schedule 7. Accrued Taxes.

Type of Tax	Payable To	When Due	Amount Due
		TOTAL	

Schedule 8. Net Worth or Stockholders' Equity.

CORPORATIONS	
Type	Amount
Common Stock (___ Shares)	
Preferred Stock	
Additional Paid-In Capital	
Retained Earnings	
TOTAL	

STATEMENT OF INCOME AND EXPENSES

For The Period ______________, ______ To ______________, ______

INCOME:

__________________	__________________	
__________________	__________________	
Other Income (Itemize)	__________________	
__________________	__________________	
__________________	__________________	
TOTAL INCOME		______________(+)
EXPENSES		
Advertising	__________________	
Cash (Over) Short	__________________	
Depreciation & Amortization	__________________	
Equipment Rental	__________________	
Insurance	__________________	
Interest & Bank Charges	__________________	
Legal, Audit, Bookkeeping	__________________	
Office Supplies	__________________	
Rent	__________________	
Salaries	__________________	
Security & Janitor	__________________	
Taxes & Payroll	__________________	
Utilities & Telephone	__________________	
Vehicle Expense	__________________	
Other Expenses (Itemize)		
__________________	__________________	
__________________	__________________	
__________________	__________________	
TOTAL EXPENSES		______________(+)
NET OPERATING INCOME (LOSS)		______________
OTHER INCOME (EXPENSES) (Itemize)		
__________________	__________________	
__________________	__________________	
__________________	__________________	
TOTAL OTHER INCOME (EXPENSES)		______________(+)
INCOME BEFORE TAXES		______________
INCOME TAXES		______________(-)
NET INCOME (LOSS)		______________

CASH FLOW STATEMENT

Provide the following information regarding sources and uses of cash during the last two years, the current year, and a projected year.

Sources of Cash	20___	20___	Current*	Projected
Sales				
Dividends				
Interest				
Royalties				
Cash Received from Individual Business, Partnership, or Joint Ventures				
Real Estate				
Other**				
Total Cash Received				

Uses of Cash	20___	20___	Current*	Projected
Expenses				
Bank Loan – Principal and Interest				
Others Loans – Principal and Interest				
Other**				
Total Cash Outlays				
Cash Flow Surplus (Deficit)				

*If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported.
**Itemize any items amounting to 10% or more of total income on separate page.

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and compete and further acknowledge that there are no misrepresentation or omissions of material facts.

Dated and signed this _____ day of __________________, 20____.

____
(Signature)

____
(Typed or Printed Name)

____
(Title)