

#### STATEMENT OF FINANCIAL CONDITION FOR BUSINESSES

ach separate sheet						
NESS INFORMA	ATION					
					Busines	s Phone Number
					1	
		County			State	ZIP Code
priate oval): 🔵 So	ole Proprietor	Corpora	tion			
		Other _				
	Preparer's Title		FEIN	EIN Type of Business		S
Shareholders, etc. I	nformation			I		
TIVE DATE	HOME ADDRESS		PHONE NUMBER	SSI	N	TOTAL SHARE OF INTEREST
				1		
				1		
rn Form		lax Year En	ded	Net Incoi \$	me Before	e laxes
accounts including p	bayroll and general, savi	ng, certificat	es of deposit, etc.)			
	ADDRESS		TYPE OF ACCOUNT			BALANCE
					\$	
					\$	
					\$	
			TOTAL (Enter in S	 Section III. Lii	\$ ne 2) ¢	
	NESS INFORMA         priate oval):       So         Shareholders, etc. I         TIVE DATE         Image: State oval in the state over the	Press INFORMATION         priate oval):       Sole Proprietor         Preparer's Title         Shareholders, etc. Information         TIVE DATE       HOME ADDRESS         Image: Sole Proprietor         Shareholders, etc. Information         TIVE DATE         HOME ADDRESS         Image: Sole Proprietor         Shareholders, etc. Information         TIVE DATE         HOME ADDRESS         Image: Sole Proprietor         Shareholders, etc. Information         TIVE DATE         HOME ADDRESS         Image: Sole Proprietor         Shareholders, etc. Information         TIVE DATE         HOME ADDRESS         Image: Sole Proprietor         Image: Sole Proprietor	NESS INFORMATION         County         priate oval):       Sole Proprietor         Preparer's Title         Shareholders, etc. Information         TIVE DATE       HOME ADDRESS         Image: Shareholders of owner         Image: Shareholder of the state o	NESS INFORMATION         priate oval):       Sole Proprietor       County         Preparer's Title       FEIN         Shareholders, etc. Information       FEIN         TIVE DATE       HOME ADDRESS       PHONE NUMBER         Image: State of the s	NESS INFORMATION         County         priate oval):       Sole Proprietor       Corporation         Preparer's Title       FEIN       Type o         Shareholders, etc. Information       TWE DATE       HOME ADDRESS       PHONE NUMBER       SSI         INVE DATE       HOME ADDRESS       PHONE NUMBER       SSI         Image: Sole Proprietor       Image: Sole Proprietor       Image: Sole Proprietor       Image: Sole Proprietor         Shareholders, etc. Information       HOME ADDRESS       PHONE NUMBER       SSI         Image: Sole Proprietor       Image: Sole Proprietor       Image: Sole Proprietor       Image: Sole Proprietor         Image: Sole Proprietor       HOME ADDRESS       PHONE NUMBER       SSI         Image: Sole Proprietor       Image: Sole Proprietor       Image: Sole Proprietor       Image: Sole Proprietor         Image: Sole Proprietor       Image: Sole Proprietor       Image: Sole Proprietor       Image: Sole Proprietor       Image: Sole Proprietor         Image: Sole Property Sole Proprietor       Image: Sole Proprietor       Image: Sole Property	NESS INFORMATION       Busines         County       State         priate oval):       Sole Proprietor       Corporation         Preparer's Title       FEIN       Type of Busines:         Shareholders, etc. Information       Tive DATE       HOME ADDRESS       PHONE NUMBER       SSN         INVE DATE       HOME ADDRESS       PHONE NUMBER       SSN       I         Image: State business       Image: State business       Image: State business       Image: State business         State business       PHONE NUMBER       SSN       Image: State business       Image: State business         State business       PHONE NUMBER       SSN       Image: State business       Image: State business         State business       PHONE NUMBER       SSN       Image: State business       Image: State business         State business       PHONE NUMBER       SSN       Image: State business       Image: State business         State business       Image: State business       Image: State business       Image: State business       Image: State business         State business       Image: State business       Image: State business       Image: State business       Image: State business         State business       Image: State business       Image: State business       Image: State business

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#### **SECTION II**

#### **GENERAL FINANCIAL INFORMATION (cont.)**

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

NAME OF INSTITUTION	ADDRESS	CREDIT LIMIT	AMOUNT OWED	CREDIT AVAILABLE	MONTHLY PAYMENTS
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
	TOTALS (Enter in Section III, Line 9 c	or 10 as appropriate.)	\$	\$	\$

Safe Deposit Boxes Rented or Accessed (list all locations, box numbers and contents)

BOX NUMBER	SAFE DEPOSIT BOX LOCATION	CONTENTS

Real Estate Property

REAL PROPERTY DESCRIPTION	TYPE OF OWNERSHIP	ADDRESS (INCLUDE COUNTY AND STATE)
a.		
b.		
<u> </u>		
d.		

Life Insurance (Owned with business as beneficiary.)

NAME INSURED	COMPANY	POLICY NUMBER	TYPE	FACE VALUE	AVAILABLE LOAN VALUE
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTALS (Enter in Section III, Line 4.)			\$		

Additional information regarding financial condition (Court proceedings, bankruptcies filed or anticipated, transfers of assets for less than full value, changes in market condition, etc./ include information regarding company participation in trust, estates, retirement plans, etc.)

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SECTION II

# GENERAL FINANCIAL INFORMATION (cont.)

Accounts/notes receivable. Include loans to stockholder, officers, partners, etc.

NAME	ADDRESS	AMOUNT DUE	DATE DUE	STATUS
		\$		
		\$		
		\$		
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		\$		
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		\$		
		\$		
		\$		
		\$		
	TOTALS (Enter in Section III,	ې Line 3.) ډ		

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SECTION III	ASSETS AND LIABILITIES ANALYSIS					
(A) ASSET OR LIABILITY	(B) DESCRIPTION	(C) CURRENT MARKET VALUE	(D) LIABILITIES BALANCE DUE	(E) AMOUNT OF MONTHLY PAYMENT		
1. Cash on hand		\$				
2. Bank Accounts		\$				
3. Accounts/Notes receivable		\$	\$	\$		
4. Life Insurance Loan Value		\$	\$	\$		
	а.	\$	\$	\$		
5. Real Property	b.	\$	\$	\$		
	с.	\$	\$	\$		
	d.	\$	\$	\$		
	a.	\$	\$	\$		
<ol> <li>Vehicles (model, year, license)</li> </ol>	b.	\$	\$	\$		
	с.	\$	\$	\$		
<ol> <li>Machinery and Equipment (Specify)</li> </ol>	a.	\$	\$	\$		
	b.	\$	\$	\$		
	с.	\$	\$	\$		
<ol> <li>Merchandise Inventory (Specify)</li> </ol>	a.	\$	\$	\$		
	b.	\$	\$	\$		
9. Other Assets	a.	\$	\$	\$		
(Specify)	b.	\$	\$	\$		
	a.	\$	\$	\$		
	b.	\$	\$	\$		
10. Other Liabilities (Including notes and judgements)	с.	\$	\$	\$		
	d.	\$	\$	\$		
	е.	\$	\$	\$		
	f.	\$	\$	\$		
	g.	\$	\$	\$		
11. Federal Taxes Owed		\$	\$	\$		
12. State Taxes Owed		\$	\$	\$		
13. TOTALS		\$	\$	\$		

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SECTION IV INCOME AND EXPENSE ANALYS	SIS	
The following information applies to income and expenses during the period to	Accounting Method Used	
PART A - INCOME		
14. Gross receipts from sales, services, etc.		\$
15. Gross rental income		\$
16. Interest		\$
17. Dividends		\$
18. Other income (Specify)		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
19. TOTAL		\$
PART B - EXPENSES		
20. Materials purchased		\$
21. Net wages and sales		\$
22. Rent		\$
23. Installment payments		\$
24. Supplies		\$
25. Utilities/Telephone		\$
26. Gasoline/Oil		\$
27. Repairs and maintenance		\$
28. Insurance		\$
29. Current taxes		\$
30. Other (Specify)		\$
		\$
		\$
31. TOTAL		\$
32. Net Difference (Line 19 minus Line 31)		¢

## SECTION V 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 Name	Signature	Date



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# GENERAL INFORMATION

The Statement of Financial Condition for Businesses provides the Pennsylvania Department of Revenue with credit and statistical information that will be utilized in evaluating the financial position of your business. Every item of the financial statement must be completed and should reflect accurate statements and amounts. If an item is not applicable to your business, insert N/A. An incomplete Statement of Financial Condition for Businesses will not be considered.

The Statement of Financial Condition for Businesses is presented in five sections. Instructions have been provided only for items requiring further clarification. Most of the requested items are self-explanatory and need no further interpretation.

## LINE INSTRUCTIONS

### SECTION I

#### **BUSINESS INFORMATION**

Please verify the federal employer identification number and the Social Security number(s) of the owner(s).

Information about owner, partners, officers, major shareholders, etc. must be completed for any type of ownership indicated. A sole proprietorship must report the individual owner's name, partnership must report all partners and/or general partner's names, and corporations must report the names of all corporate officers. Attachments may be used as necessary

## **SECTION II**

#### **GENERAL FINANCIAL INFORMATION**

All information recorded in this section should be verified for accuracy. The department may conduct an inquiry to substantiate this information.

If the business is a partnership, the Statement of Financial Condition for Businesses must be completed for partnership assets and liabilities, and a separate Statement of Financial Condition for Individuals must be completed for each general partner.

### BANK CREDIT AVAILABLE

Include all credit cards owned by the business.

Statement of Financial Condition for Businesses

### LIFE INSURANCE

Include all life insurance policies owned by the business, such as Key-Man Life Insurance.

#### ADDITIONAL INFORMATION REGARDING FINANCIAL CONDITION

Report any extraordinary situations such as recent transfers of assets, court proceedings and anticipated changes in business income.

### **SECTION III**

ASSETS AND LIABILITIES ANALYSIS

## **LINES 1-13**

This section resembles a balance sheet and should reflect accurate amounts.

## LINE 1

Report actual cash on hand, not cash in banks or other financial institutions.

### LINE 6

Report the current market value of business vehicles as determined in an automobile "blue book" or by other property valuation sources.

## LINE 10

Report all debts owed by your business.

# LINES 11 AND 12

Report all delinquent federal and state business taxes.

# **LINE 13**

Report totals for all entries made in each column.

### **SECTION IV**

INCOME AND EXPENSE ANALYSIS

## **LINES 14-32**

This section must report all sources of income and all business expenses directly attributable to the production of income. Depreciation is not deemed an out-of-pocket expense and should not be included in the expense summary. Additional lines have been provided for reporting income and/or expense items not already itemized in Section III. Each entry should be verified for accuracy. The department may request supporting documents to substantiate this information.

### **REPORTING PERIOD**

Must reflect an operating period of 12 months.

#### ACCOUNTING METHOD USED

Report the accounting method of the business (i.e., cash or accrual).

# LINE 19

Report total income from all income sources listed under Lines 14-18.

# **LINE 31**

Report total expenses from all liability sources listed under Lines 20-30.

# **SECTION V**

## CERTIFICATION

Signature certifies that statements and entries contained in the Statement of Financial Condition and/or accompanying schedules are correct to the best knowledge and belief of the undersigned.

Must provide signature by a duly authorized representative, owner, partner or corporate officer along with the applicable date the signatures were affixed.