FNB FORT STOCKTON
Family of Banks
FIRST NATIONAL BANK of Fort Stockton
BRAVE NATIONAL BANK

INFORMATION ABOUT THE BUSINESS		
Legal Business Name/Borrowing Entity:		
Tax ID #:		
Physical Street Address:		
City:	State:	Zip:
Mailing Address:	State:	Zip:

Type of Business:

☐ ProprietorShip ___ Individual ___ C-Corp ___ Partnership
☐ Limited Liability Partnership ___ Non-Profit ___ Limited Liability Corporation
___ Religious Organization ___ Association Other:_____

Discription of Business(Industry Code):	
Time As Owner:	Year Business Established:
Sate of Orgination:	Gross Revenue(prior year):

LOAN REQUEST
Amount: $_____ ☐ Fixed Rate ☐ Variable Rate
Requested Terms:
____ Term to Maturity ____ Months ____ Amortized # of Months ____

AUTO DEBIT
Checking Account #:
Routing/Transit #:

LOAN PRODUCT TYPE	LOAN PURPOSE
____ Term	____ Line Increase
____ LOC	____ Renewal ACCT #
____ Single Pay	____ Refinance (Regions)
____ SBA	____ Refinance (NON-regions)
____ Lease	____ Purchase
____ Guidance Line of Credit	____ Property Improvements
____ Purchasing Card	____ Permanent Working Capital
____ Standby Letter of Credit	____ Seasonal Working Capital
Line of Credit to be used to issue Letter of Credit	____ Takedown ACCT #
____ Commercial Letter of Credit	____ Extension
____ Construction	____ Financial Review
____ Fixed/Fixed ____ Variable/Variable ____ Variable/Fixed	

REAL ESTATE COLLATERAL		
___ Commercial ___ Residental ___ Land ___ Improved ____ Unimproved	___ Owner Occupied ___ Non Owner Occupied	___ 1st Mortgage ___ 2nd mortgage Other:_____
Collateral Address:		
Parcel ID #:	County:	
Purchase Price:	Estimated Value $	

NON-REAL ESTATE COLLATERAL	
Vehicle/Equipment	
___ New ___ Used	Make: Model:
Purchase Price $	Estimated Value $

OTHER COLLATERAL			
Unsecured	Time Deposit	Marketable Securities	All Business Assets
Value $	Value $	Value $	Value $
	Acct #	Broker Statement Required	☐ A/R & Inventory
			☐ A/R
Other:			

A. MAJORITY OWNER/ BORROWER/ GUARANTOR INFORMATION		
Name:		Title:
Physical Address:		
City:	State:	Zip:
Social Security #:	Phone:	DOB:
Salary $	Personal Net Worth $	Other Income $

CHECK ONE ENTRY:

☐ I ***do have ownership*** and I am guaranteeing this debt Ownership %____(can not be 0 or Blank)

☐ I have ***NO ownership*** and My intent is to apply jointly for credit

☐ I have ***NO ownership*** and I am only signing on behalf of the business

☐ I have ownership but ***I am not guaranteeing this debt***

ARE YOU A FOREIGN CURRENT OR FORMAL POLITICAL OFFICER/ or an ASSOCIATE or FAMILY MEMBER OF ONE? ____ Yes ____ No

If yes, What is the political position of the official? _____

If yes, What is your relationship? _____

U S Citizen? ☐ Yes ☐ No		**NRA:** ☐ Yes ☐ No	ID Type:
ID#	Issuing Country:	Issue Date:	Exp Date:

B. OWNER/ BORROWER/ GUARANTOR INFORMATION		
Name:		Title:
Physical Address:		
City:	State:	Zip:
Social Security #:	Phone:	DOB:
Salary $	Personal Net Worth $	Other Income $

CHECK ONE ENTRY:

☐ I ***do have ownership*** and I am guaranteeing this debt Ownership %____(can not be 0 or Blank)

☐ I have ***NO ownership*** and My intent is to apply jointly for credit

☐ I have ***NO ownership*** and I am only signing on behalf of the business

☐ I have ownership but ***I am not guaranteeing this debt***

ARE YOU A FOREIGN CURRENT OR FORMAL POLITICAL OFFICER/ or an ASSOCIATE or FAMILY MEMBER OF ONE? ____ Yes ____ No

If yes, What is the political position of the official? _____

If yes, What is your relationship? _____

U S Citizen? ☐ Yes ☐ NO		NRA: ☐ Yes ☐ No	ID Type:
ID#	Issuing Country:	Issue Date	Exp Date:

Customer Identification Program: Important information about procedures for opening a new Account: 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. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

***** 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.**

C. OWNER/ BORROWER/ GUARANTOR INFORMATION		
Name:		Title:
Physical Address:		
City:	State:	Zip:
Social Security #:	Phone:	DOB:
Salary $	Personal Net Worth $	Other Income $

CHECK ONE ENTRY:

☐ I ***do have ownership*** and I am guaranteeing this debt Ownership %____(can not be 0 or Blank)

☐ I have ***NO ownership*** and My intent is to apply jointly for credit

☐ I have ***NO ownership*** and I am only signing on behalf of the business

☐ I have ownership but ***I am not guaranteeing this debt***

ARE YOU A FOREIGN CURRENT OR FORMAL POLITICAL OFFICER/ or an ASSOCIATE or FAMILY MEMBER OF ONE? ____ Yes ____ No

If yes, What is the political position of the official? _____

If yes, What is your relationship? _____

U S Citizen? ☐ Yes ☐ NO		NRA: ☐ Yes ☐ No	ID Type:
ID#	Issuing Country:	Issue Date	Exp Date:

APPLICANT STATEMENT

The applicant, by the signature of its authorized representative below, hereby certifies that the foregoing has been carefully read by the applicant and is given to you for the purpose of obtaining the credit described above and other credit from time to time in whatever form; the information in the this application and any other documents or information submitted in connection with this application or any other credit request are or will be true and correct exhibits of the applicant's financial condition and may be treated by you as a continuing statement thereof until replaced by a new application or until the applicant specifically notifies you in writing of a change therein; and the credit requested herein and any other credit obtained from you by the applicant on the basis of the information contained in this application shall be used solely for business or commercial purposes. The applicant authorizes you to; verify any information submitted to you by or upon request and agrees that unless otherwise directed by the applicant in writing, all statements and notices regarding any credit granted by you to the applicant shall be mailed to you applicant at the address shown above. Any person signing below as the duly authorized representative of the applicant attests that the applicant is a valid business entity and that each person signing below is authorized to request credit on behalf of the applicant.

X _____ _____

Borrower

X _____ _____

Co-Borrower

Regulation B Notice of Intent to Apply for Joint Credit

Lender ***Applicant***

Date _____

Account Number _____

Notice

We intend to apply for joint credit.

Acknowledgment

By signing below, we acknowledge the intention to apply for joint credit on today's date.

X _____

X _____

X _____

X _____

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Form **4506-T**
(Rev. September 2015)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit *www.irs.gov/form4506t*.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b** First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	**2b** Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

- ◯ **a** **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . .
- ◯ **b** **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days .
- ◯ **c** **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . .

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . ◯

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ◯

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

			/

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

◯ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ _____ Signature (see instructions) _____ Date

▶ _____ Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____ Spouse's signature _____ Date

Form **4506-T**
(Rev. September 2015)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

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3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/ /	/ /	/ /	/ /

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Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

○ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

► **Signature** (see instructions) | **Date**

► **Title** (if line 1a above is a corporation, partnership, estate, or trust)

► **Spouse's signature** | **Date**

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t*. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending** the form to the **IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



Business and Related Debt Form

Print Name: _____ ***Signature:*** _____ ***Statement Date:*** _____

Company: _____ Percent of Ownership: _____

Please list all debt associated to entities you own and/or have a 50% or more partnership with.(*each schedule represents another entity*).

BANK	Type of Loan	Description	Collateral associated to loan	Location	Original Balance	Current Balance	Monthly	Interest rate

BUSINESS AND RELATED DEBT

Please list all debt associated to entities you own and/or have a partnership with. (***each schedule represents another entity***)

Company 1 Name: _____ Percent of Ownership: _____

Bank	Loan Type	Description	Collateral	Location	Current	Monthly PMT	Interest	Purpose

Company 2 Name: _____ Percent of Ownership:

Bank	Loan Type	Description	Collateral	Location	Current	Monthly PMT	Interest	Purpose

Company 3 Name: _____ Percent of Ownership:

Bank	Loan Type	Description	Collateral	Location	Current	Monthly PMT	Interest	Purpose

Company 4 Name: _____ Percent of Ownership:

Bank	Loan Type	Description	Collateral	Location	Current	Monthly PMT	Interest	Purpose

Personal Financial Statement

PERSONAL INFORMATION					
Applicant(name):			**Co-Applicant (Name)**		
Employer:			**Employer:**		
Employer Address:			**Employer Address:**		
Business Phone:	**# of Years:**	**Title:**	**Business Phone:**	**# of Years:**	**Title:**
Home Address:	**City:**	**State: Zip:**	**Home Address:**	**City: State:**	**Zip:**
Home Phone:			Home Phone:		
DOB:			**DOB:**		
SS#:			**SS#:**		
Accountant:			**Accountant:**		
Attorney:			**Attorney:**		
Insurance Agent:			**Insurance Agent:**		

Please list Assets and Liabilities pertaining to you as the borrower ONLY. Businesses will be listed on Consolidated Debt Form (with exception to Schedule L Assets and Contingent Liabilities).

Assets	Value	Liabilities	Value
Cash/Savings/Checking/MM (Sch. A)		Automobiles, RV's, Boats, Etc.	
Remnt Accounts, IRA,401K, etc (Sch. B)		Personal Residence	
Marketable Securities (Sch. C)		Loans on other Real Estate	
NON-Marketable Securities (Sch. D)		Taxes Owed (Sch. H)	
Cash Value of Life Insurance (Sch. E)		Credit Card Debt (Sch. I)	
Automobiles, RV's, Boats, Etc. (Sch. F)		Student Loans (Sch J)	
Value of Personal Residence (Sch. G)			
Other Real Estate Owned (Sch. G)		Other Liabilities:	
Furniture/Fixtures			
Personal Property			
Livestock			
Other Assets:			
		Total Liabillities	$ -
Total Assets	$ -	***Net Worth (Assets - Liabilities)***	$ -

NOTE: *Some spaces may require a $ for columns requiring a dollar amount.*

Personal Questionaire

	YES	***NO***	***%***
1. Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership?			
2. Do you have any outstanding letters of credit or surety bond?			
3. Are you contingently liable on any lease or contract?			
4. Are there any suits or legal actions pending against you			

Personal Financial Statement

5. Are any of your tax obligations past due? ☐ ☐ ☐

If yes to any of the above, give description and terms including all Contingent Liabilities:

CASH FLOW STATEMENT FOR YEAR END

Annual Income	**Amount**	**Annual Expenditures**	**Amount**
Salary (W2)		Federal Income Taxes	
Co-Salary		Property Taxes	
Bonus & Comm.		Insurance Expense	
Rental Income			
Interest Income			
Dividend Income		***Total Expenses***	$ -
Total Income:	$ -	**Net Annual Cashflow**	$ -

Schedule A (Cash/Savings/Checking/MM)

BANK	TYPE	AMOUNT
	Total	$ -

Schedule B (Retirement Accout, IRAs, 401K, etc)

Description	Value

Schedule C (marketable Securities)

Description	Value

Schedule D (Non-Marketable Securities)

Description	Value

Schedule E (Cash Value of Life)

Description	Face Value	Cash Value

Personal Financial Statement

Schedule F (Automobile, RVs, Boats, etc.)

Description	Value	Lienholder	Balance	Monthly PMT

Schedule G (Personal Residence, Real Estate)

Property Address	Lienholder	Balance	Monthly PMT

Schedule H (Taxes Owed)

Description	Amount	Monthly Pmt

Schedule I (Credit Card Debt)

Lender	Balance	Monthly Pmt

Schedule J (Student Loan)

Lender	Balance	Monthly Pmt

Personal Financial Statement

Other Assets & Liabilities				
Description	Value	Lienholder	Balance	Monthly PMT

NOTE: *If more space is need for any schedule,pelase attahc paper with the same format to sheet.*

Signature: _____ Date: _____

Signature: _____ Date: _____