

**Section I – Business Identification**

1. Business Name and Address		2. Mailing Address <i>(If Different from Street Address)</i>			
3. Parish or County		4. Daytime Telephone Number		5. Number of Employees	
6. Type of Ownership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____		7. Louisiana Tax ID			
		8. Federal Tax ID			
9. Beginning Date of Business		10. Ending Date of Business <i>(If Closed)</i>			
11. Latest Filed Louisiana Income Tax Return		Revenue Form Number		Tax Year Ended	
				Net Income \$	
12. Information About Owner, Partners, Officers, Major Shareholder, etc.					
<b>Name</b>		<b>Social Security Number</b>		<b>Title</b>	
				<b>Effective Date</b>	
				<b>Monthly Salary or Wages</b>	
				<b>Total Shares or Interest</b>	
				\$	

**Section II – Assets as of**      <sup>MM</sup>      <sup>DD</sup>      <sup>YY</sup>

13. Cash On Hand			<b>Total</b> <i>(Enter also on Line 25-A.)</i>		\$
14. Bank Accounts <i>(General Operating, Payroll, Savings, Certificate of Deposit, etc.)*</i>					
<b>Name of Institution</b>		<b>Account Number</b>		<b>Type of Account</b>	
				<b>Balance</b>	
				\$	
				<b>Total</b> <i>(Enter also on Line 25-B.)</i>	
15. Bank Credit Available <i>(Line of Credit, Credit Cards, etc.)*</i>					
<b>Name of Issuer</b>		<b>Account Number</b>		<b>Credit Limit</b>	
				<b>Amount Owed</b>	
				<b>Credit Available</b>	
				\$	
				<b>Total</b> <i>(Enter also on Line 25-C.)</i>	
				\$	

\*If additional lines are needed, check this box and attach additional pages, noting line number and description.

**Section II – Assets as of** \_\_\_\_\_<sup>MM</sup> - \_\_\_\_\_<sup>DD</sup> - \_\_\_\_\_<sup>YY</sup> *(continued)*

16. Real Property *(Including Investment Property, Unimproved Land, etc.)\**

Description	Address	Current Market Value	Amount Owed	Equity in Property
		\$	\$	\$
<b>Total</b> <i>(Enter also on Line 25-D.)</i>				\$

17. Vehicles *(Excluding Leased Vehicles)\**

Description	Make	Model	Year	Tag Number	Current Market Value	Amount Owed	Equity in Vehicle
					\$	\$	\$
<b>Total</b> <i>(Enter also on Line 25-E.)</i>							\$

## 18. Accounts Receivable\*

Name	Date Due	Status	Amount Due
			\$
<b>Total</b> <i>(Enter also on Line 25-F.)</i>			\$

## 19. Loans from Business to Proprietor, Partners, Officers, Shareholders, or Others\*

Name	Relationship	Payoff Date	Status	Amount Due
				\$
<b>Total</b> <i>(Enter also on Line 25-G.)</i>				\$

20. Machinery and Equipment *(Including Furniture, Fixtures, Business Machines, etc.)\**

Description	Current Market Value	Amount Owed	Equity in Machinery and Equipment
	\$	\$	\$
<b>Total</b> <i>(Enter also on Line 25-H.)</i>			\$

21. Merchandise Inventory *(Goods Held for Sale and/or Raw Materials Used in Manufacture, Fabrication, or Production)\**

Description	Current Market Value	Amount Owed	Equity in Merchandise
<b>Total</b> <i>(Enter also on Line 25-I.)</i>			\$

\*If additional lines are needed, check this box and attach additional pages, noting line number and description.

**Section II – Assets as of**      -      -      (continued)  
MM DD YY

22. Securities (Stocks, Bonds, Mutual Funds, Government Securities, Money Market Funds, etc.)\*

Type	Issuer	Quantity or Denomination	Current Value
			\$
<b>Total (Enter also on Line 25-J.)</b>			<b>\$</b>

23. Other Assets\*

	Current or Appraised Value		Current or Appraised Value
Notes Receivable	\$	Patents or Copyrights	
Timber, Mineral, or Drilling Rights		Others:	
Collectibles, Antiques, or Artwork			
Judgments or Settlements Receivable			
<b>Total (Enter also on Line 25-K.)</b>			<b>\$</b>

**Section III – Liabilities as of**      -      -       
MM DD YY

24. Liabilities (Do not include any mortgages or vehicle loans.)

	Total Amount Owed		Total Amount Owed
Accounts Payable	\$	Past Due Federal Taxes	\$
Notes Payable		Past Due State Taxes	
Vehicle Lease: Make _____ Year _____		Past Due Other Taxes	
Vehicle Lease: Make _____ Year _____		Equipment Leases	
Bank Revolving Credit		Other Liabilities:	
Judgments Payable			
<b>Total (Enter also on Line 26.)</b>			<b>\$</b>

**Section IV – Net Worth Calculation**

25. Assets (from Section II, Lines 16 through 23)

A. Cash on Hand (Section II, Line 13)	\$
B. Bank Accounts (Section II, Line 14)	
C. Bank Credit Available (Section II, Line 15)	
D. Real Property (Section II, Line 16)	
E. Vehicles (Section II, Line 17)	
F. Accounts Receivable (Section II, Line 18)	
G. Loans from Business to Proprietor, Partners, Officers, Shareholders, or Others (Section II, Line 19)	
H. Machinery and Equipment (Section II, Line 20)	
I. Merchandise Inventory (Section II, Line 21)	
J. Securities (Section II, Line 22)	
K. Other Assets (Section II, Line 23)	
<b>Total Assets (Add Lines 25A through 25K.)</b>	<b>\$</b>
26. Liabilities (Section III, Line 24)	<b>\$</b>
27. Net Worth (Total Assets from Line 25 minus Total Liabilities from Line 26)	<b>\$</b>

\*If additional lines are needed, check this box and attach additional pages, noting line number and description.

**Section V – Income and Expense Analysis**

28. Business Income and Expenses for: *(Mark One.)*     Fiscal Year Ending \_\_\_\_\_ **OR**     Period \_\_\_\_\_ to \_\_\_\_\_.  
 Accounting Method: *(Mark One.)*     Cash     Accrual     Other \_\_\_\_\_

Income	Amount	Expenses	Amount
Gross Receipts from Sales, Services, etc.	\$	Materials Purchased	\$
Gross Rental Income		Net Wages and Salaries	
Interest Income		Rent or Mortgage Expenses	
Dividends and Capital Gain Distribution		Installment and Lease Payments	
Royalty Income		Supplies and Office Expenses	
Commissions		Utilities	
Other Income <i>(Specify.)</i>		Transportation Expenses	
		Repairs and Maintenance	
		Insurance	
		Current Taxes	
		Bad Debts	
		Travel and Entertainment	
		Advertising	
		Other Expenses <i>(Specify.)</i>	
<b>Total Income</b>	\$	<b>Total Expenses</b>	\$

29. Net Income *(Subtract Total Expenses from Total Income.)* \_\_\_\_\_ \$

**Section VI – Other Information**

30. Is this business currently in filing compliance with all Louisiana taxes?  
 Yes     No    If "No", identify tax type(s) and period(s). \_\_\_\_\_
31. Has this business disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?  
 Yes     No    If "Yes", identify receiving party. \_\_\_\_\_
32. Is a foreclosure proceeding pending on any real estate, equipment or other property that this business owns or has an interest in?  
 Yes     No
33. Is another party holding any assets on behalf of this business?  
 Yes     No    If "Yes", identify party. \_\_\_\_\_
34. Is this business a party to any lawsuit now pending?  
 Yes     No
35. Is this business currently under bankruptcy court jurisdiction?  
 Yes     No    If "Yes", Print Bankruptcy Case Number. \_\_\_\_\_

I/we have examined this Statement of Financial Condition for Businesses and hereby affirm that to the best of my/our knowledge and belief it is true, correct, and complete. If the business is a corporation, an officer or board member of the corporation must sign; if a partnership or LLC, a partner must sign.

Applicant Name Printed\* \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
 Power of Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Attach Power of Attorney – Form R-7006)*