



U.S. Department of Justice
 Financial Statement of Debtor
 (Submitted for Government Action on
 Claims Due the United States)

NOTE: Use additional sheets where space on this form
 is insufficient or continue on back of last page.

FINANCIAL STATEMENT FOR BUSINESS

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 0.160, 0.171 and Appendix to Subpart Y. Fed.R.Civ.P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register; Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12274. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

Section 1
 Business
 Information

1. Business Name _____
 Street Address _____
 City _____ State _____ Zip _____
 County _____
 1a. Business Telephone (____) _____
 2a. Type of entity: (check one)
 Partnership Corporation Other _____
 2b. Type of Business _____
 2c. Other names that the business uses _____

3. Contact Name _____
 3a. Contact's Business Telephone (____) _____
 Extension _____
 Best Time To Call _____ a.m. _____ p.m.
 3b. Contact's Home Telephone (____) _____
 Best Time To Call _____ a.m. _____ p.m.
 3c. Contact's Other Telephone (____) _____
 Telephone Type (i.e. cellular, pager) _____
 3d. Contact's E-mail _____

Section 2
 Business
 Personnel
 and

4. PERSON RESPONSIBLE FOR DEPOSITING PAYROLL TAXES

4a. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone (____) _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.

5a. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone (____) _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5b. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone (____) _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5c. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone (____) _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5d. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone (____) _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

Section 3
 Accounts/
 Notes
 Receivable

6. ACCOUNTS/NOTES RECEIVABLE. List all contracts separately, including contracts awarded, but not yet started.

Description	Amount Due	Date Due	Age of Account
6a. Name _____	\$ _____	_____	<input type="checkbox"/> 0-30 days
Street Address _____			<input type="checkbox"/> 30-60 days
City/State/Zip _____			<input type="checkbox"/> 60-90 days
			<input type="checkbox"/> 90+ days

Section 3
continued

If additional space is needed use separate sheet.

6b.	Name _____ Street Address _____ City/State/Zip _____	\$ _____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
6c.	Name _____ Street Address _____ City/State/Zip _____	\$ _____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
6d.	Name _____ Street Address _____ City/State/Zip _____	\$ _____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
6e.	Name _____ Street Address _____ City/State/Zip _____	\$ _____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
6f.	Name _____ Street Address _____ City/State/Zip _____	\$ _____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
6g.	Name _____ Street Address _____ City/State/Zip _____	\$ _____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
6h.	Name _____ Street Address _____ City/State/Zip _____	\$ _____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
6i.	Name _____ Street Address _____ City/State/Zip _____	\$ _____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
6j.	Name _____ Street Address _____ City/State/Zip _____	\$ _____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
6k.	Name _____ Street Address _____ City/State/Zip _____	\$ _____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days

6a + 6k = 6l \$ _____
 Amount from
 any separate sheet + \$ _____

**Total Accounts/
 Notes Receivable \$ _____**

Section 4

Other
Financial
Information

7. OTHER FINANCIAL INFORMATION: Respond to the following business questions.

- 7a. Does this business have other business relationships (e.g. subsidiary or parent, corporation, partnership etc)?
 No Yes, list EIN _____ Additional EIN _____
- 7b. Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan from the business?
 No Yes, amount \$ _____ Date of loan _____ Current Balance \$ _____
- 7c. Are there any judgments or liens against your business? No Yes, who is creditor? _____
 Date of Judgment/Lien _____ Amount of Debt \$ _____
- 7d. Is your business a party in a lawsuit?
 No Yes, amount of suit \$ _____ Possible completion date _____
 Subject matter of suit _____ Court filed in _____
- 7e. Has your business ever filed bankruptcy?
 No Yes, date filed _____ Date discharged _____ Case No. _____
- 7f. In the past 10 years, have you transferred any assets from your business name for less than their actual value?
 No Yes, what asset _____ Value at time of transfer _____
 When was it transferred _____ To whom was it transferred _____
- 7g. Do you anticipate any increase in business income (e.g. contracts bid on but not yet awarded)?
 No Yes, why the increase _____
 How much will it increase _____ When will it increase _____
- 7h. Is your business a beneficiary of a trust, an estate or a life insurance policy?
 No Yes, name of trust, estate or policy _____
 Anticipated amount to be received _____ When to be received _____

Section 5

Business
Assets


*Indicate
the amount
you could
sell the asset
for today.

8. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, etc.

	Description	Current Value*	Loan Balance	Name of Lender	Purchase Price	Monthly Pymt
8a.	Year _____ Make _____ Model _____	\$ _____	\$ _____	_____	\$ _____	\$ _____
8b.	Year _____ Make _____ Model _____	\$ _____	\$ _____	_____	\$ _____	\$ _____
8c.	Year _____ Make _____ Model _____	\$ _____	\$ _____	_____	\$ _____	\$ _____

9. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, etc.


	Description	Lease Balance	Name of Lessor	Lease Date	Monthly Payment
9a.	Year _____ Make _____ Model _____	\$ _____	_____	_____	\$ _____
9b.	Year _____ Make _____ Model _____	\$ _____	_____	_____	\$ _____

 **ATTACHMENTS REQUIRED:** Please provide your current statement from lender with monthly payment amount and current balance of the loan for each vehicle purchased or leased.

Section 5
continued


10. REAL ESTATE. List all real estate owned by the business. (If you need additional space, use a separate sheet.)

Street Address, City State, Zip, County	Date Purchased	Purchase Price	Current Value*	Loan Balance	Lender/ Lien Holder	Monthly Payment
10a. _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____
10b. _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____

 **ATTACHMENTS REQUIRED:** Please provide your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

11. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code filings. (If you need additional space, use a separate sheet.) Note: If attaching a depreciation schedule, the attachment must include all of the information requested below.

Description	Current Value*	Loan Balance	Lender	Monthly Payment
11a. Machinery	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
Equipment	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
Merchandise	\$ _____	\$ _____	_____	\$ _____
<u>Other Assets: (List below)</u>				
11b. _____	\$ _____	\$ _____	_____	\$ _____
11c. _____	\$ _____	\$ _____	_____	\$ _____

 **ATTACHMENTS REQUIRED:** Please provide your current statement from lender with monthly payment amount and current balance for assets listed which have an encumbrance.

Section 6

12. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, etc.


Investment,
Banking and
Cash
Information

Name of Company	Number of Shares/Units	Current Value	Loan Amount	Used as collateral on a loan?
12a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
12b. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
12c. Total Investments			\$ _____	

Section 6
continued


13. BANK ACCOUNTS. List checking and savings accounts. (If you need additional space, use a separate sheet.)

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
13a.	_____	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
13b.	_____	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
13c.	Total Other Account Balances			\$ _____

 **ATTACHMENTS REQUIRED:** Please include your current bank statements (checking and savings) for the past 3 months for all accounts.

14. OTHER ACCOUNTS. List all accounts including brokerage accounts, money market, additional checking, and savings accounts, etc. not listed on line #13.

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
14a.	_____	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
14b.	_____	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
14c.	Total Other Accounts			\$ _____

 **ATTACHMENTS REQUIRED:** Please include your current bank statements for the past 3 months for all accounts.

15. CASH ON HAND. Include any money that you have that is not in the bank.

15a. Total Cash on Hand \$ _____

16. AVAILABLE CREDIT. List all lines of credit, including credit cards.

	Full Name of Credit Institution	Credit Limit	Amount Owed	Minimum Payment
16a.	Name _____ Address _____ City/State/Zip _____	_____	_____	\$ _____
16b.	Name _____ Address _____ City/State/Zip _____	_____	_____	\$ _____
16c.	Total Minimum Payments			\$ _____

Section 7
Monthly
Income and
Expenses

17. The following information applies to income and expenses from your most recently filed Form 1120 or Form 1065. Fiscal Year Period _____ to _____.


18. Accounting Method used: Cash Accrual

The information included on lines 19 through 39 should reconcile to your business federal tax return.

Total Income

Total Living Expenses

<u>Source</u>	<u>Gross monthly</u>	<u>Expense Items</u>	<u>Actual Monthly</u>
19. Gross Receipts	\$ _____	27. Materials Purchased	\$ _____
20. Gross Rental Income	_____	28. Inventory Purchased	_____
21. Interest	_____	29. Gross Wages & Salaries	_____
22. Dividends	_____	30. Rent	_____
Other Income (lines 23-25)	_____	31. Supplies	_____
23. _____	_____	32. Utilities/Telephone	_____
24. _____	_____	33. Vehicle Gasoline/Oil	_____
25. _____	_____	34. Repairs/Maintenance	_____
26. Total Income (19-25) \$	_____	35. Insurance	_____
		36. Current Taxes	_____
		Other Expenses (lines 37-38)	_____
		37. _____	_____
		38. _____	_____
		39. Total Expenses (27-38)	\$ _____

 **ATTACHMENTS REQUIRED:** Please include proof of all current expenses that you paid for the last 3 months, including utilities, rent, insurance, property taxes, etc.

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement, including any attachment.

Signature _____ Social Security No. _____ Date _____

Title _____

WARNING

False statements are punishable up to five years imprisonment, a fine of \$250,000, or both pursuant to 18 U.S.C. §1001.