

STATEMENT DATE _____

PLEASE NOTE: ITEMS 6 AND 15 MUST AGREE. ATTACH ITEMIZATION SCHEDULES

ASSETS

1. Operating Account (Name of Bank & Operating Number) _____		
(a) Bank Statement Balance as of _____, 20____	\$ _____	
(b) Less: checks outstanding.....	_____	
(c) Add: deposits in transit.....	_____	
(d) Book Balance [item 1(a) minus (b) plus (c)].....	_____	\$ _____
2. Trust account (Name of Bank & Account Number) _____		
(a) Bank Statement Balance as of _____, 20____	\$ _____	
(b) Less: checks outstanding.....	_____	
(c) Add: deposits in transit.....	_____	
(d) Book Balance [item 1(a) minus (b) plus (c)].....	_____	\$ _____
3. Other Account(s) (Name of Bank, Account Number & Reconciled Balance) _____		
(a) _____	\$ _____	
(b) _____	_____	
(c) _____	_____	
(d) _____	_____	\$ _____
4. Accounts Receivable		
(a) Accounts Purchased/List Actual Purchase Price.....	\$ _____	
(b) Commission Due Agency on Verified Pay Directs.....	_____	
(c) Commission Due Agency of Gross Remittances.....	_____	
(d) Other.....	_____	\$ _____
5. Other Assets (Net of Depreciation)		
(a) Land & Building.....	\$ _____	
(b) Equipment.....	_____	
(c) Supplies.....	_____	
(d) Investments.....	_____	
(e) Furniture & Fixtures.....	_____	
(f) Prepaid Expenses (Insurance, Taxes, etc.).....	_____	
(g) Other (Itemize).....	_____	
_____	\$ _____	\$ _____
6. TOTAL ASSETS (ITEMS 1 THROUGH 5)	\$ _____	\$ _____

LIABILITIES AND NET WORTH

7. Money Due Claimants and Forwarders:		
(a) Current.....	\$ _____	
(b) Due Over Forty-five (45) Days After Close of Month in Which Collected.....	_____	\$ _____
8. Accounts Payable (Itemized) _____		\$ _____
9. Social Security and unemployment insurance.....	\$ _____	
10. Accrued Wages and Commissions.....	\$ _____	
11. Notes Payable (Itemize) _____		\$ _____
12. Other Liabilities (itemize)_____		\$ _____
_____		\$ _____
NET WORTH:		
13. (For Proprietorships & Partnerships) Ownership.....	\$ _____	
14. (For Corporations)		
(a) Capital Stock:		
_____ shares outstanding at \$_____ per value.....	\$ _____	
Additional Paid-in Capital.....	_____	\$ _____
(b) Retained Earnings:		
Appropriated.....	\$ _____	
Unappropriated.....	\$ _____	\$ _____
15. TOTAL LIABILITIES AND NET WORTH (Items 7 through 14).....	\$ _____	(Items 6 and 15 must agree)

CERTIFICATION

I certify that, to the best of my knowledge and belief, the statements contained in this financial statement, including any accompanying schedules and statements, are true and that the same is a true and complete statement in accordance with the law.

 Signature of President, Partner or Individual Proprietor

 Title

 Print Name

 Date