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| Financial Information Statement for Businesses(if you need additional space, please attach a separate sheet)**Washington State Department of Revenuecomplete all blocks, except shaded areas. Write “N/A” (not applicable) in those blocks that do not apply** |
| **Section 1- Personal information** |
| Business Name      | Business Phone       | **Registration Number (UBI)**      |
| Physical Address (street, city, state and county)                | Mailing Address (if different)                |
| Does the business engage in Internet Sales [ ]  Yes [ ]  No | Employer Identification (EIN)      | Business Website      |
| List Affiliated Businesses (include UBI)           | Type of Business (describe)      |
| Tax Year of last filed Federal Income Tax Return       | Form Number      | Net Income      | Number of Employees      |
| **Section 2- Business Personnel and contacts** |
| Partners, Officers, LLC Members, Major Shareholders, Etc. |
| Full Name       | Title      |
| Home Address                | SSN                |
| Email:      |
| Home Phone      | Cell Phone      | Effective Date      | Total Shares/Interest      |
| Full Name       | Title      |
| Home Address                | SSN      |
| Email:      |
| Home Phone      | Cell Phone      | Effective Date      | Total Shares/Interest      |
| Full Name       | Title      |
| Home Address                | SSN      |
| Email:      |
| Home Phone      | Cell Phone      | Effective Date      | Total Shares/Interest      |
| **Payment Processor** |
| Payment Processor (First Data, PayPal, Authorize.net, Google Checkout, etc.) | Address | Payment Processor Account Number |
|       |       |       |
|       |       |       |
|       |       |       |

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| **Credit Cards Accepted by the Business** |
| Credit Card | Merchant Account Number | Merchant Account Provider, Name & Address |
|       |       |       |
|       |       |       |
|       |       |       |
| **Section 3- Financial information** |
| **Is the business party to a lawsuit** (If yes, answer the following) [ ] Yes [ ]  No |
| [ ]  Plaintiff[ ]  Defendant | Amount of Suit      | Subject of Suit      | Possible Completion Date      |
| **Has the business ever filed bankruptcy** (If yes, answer the following) [ ] Yes [ ]  No |
| Date Filed/Filing Anticipated      | Discharge/Closure Date      | Bankruptcy Filing Number      | Type filed      |
| **Any increase/decrease in income anticipated** (If yes, answer the following) [ ] Yes [ ]  No |
| Explain (use attachment if needed)      | How much will it increase/decrease?$      | When will it increase/decrease?      |
| **Is the individual or sole proprietorship a beneficiary of a trust, estate, or life insurance policy**  [ ] Yes [ ]  No(If yes, answer the following)  |
| Name of the trust, estate, or policy | Anticipated amount to be received      | When will the amount be received      |
| In the past 3 years have any assets been transferred by the individual for less than full value [ ] Yes [ ]  No |
| List Asset      | Value at time of transfer      | Date Transferred      | To whom or where it transferred      |
| **Section 4- business asset and liability information** |
| **Business Bank accounts (checking, online banking, money market accounts, savings, etc.)** |
| Type of Account | Name and Address of Financial Institution | Account Number | Balance |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Amount of Cash on Hand |       |
| **Available Credit (Bank credit cards, Credit Unions, Savings & Loans, Lines of Credit) Attach additional sheets if needed** |
| Type of Account or Card | Name and Address of Credit Institution | Credit Limit | Amount Owed | Credit Available |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Accounts/Notes receivable (Include all current contract jobs, loans to Family Members, loans to partners, etc.)****You may attach Aged Receivable Report (Customer Balance Summary Report)** |
| Name | Address & Phone | Amount Due | Due Date | Days Past Due |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Do you currently factor receivables or use them as collateral for loans?** [ ] Yes [ ]  No If yes, complete the following |
| Name of factor or lender      |
| Address      | Phone      |
| If any of your company’s accounts or notes receivables are involved in bankruptcy or other court proceedings, please explain.      |
| **Investments (stocks, bonds, mutual funds, stock options, and Certificates of Deposit, government securities)** |
| Name and Address of Company | Used as collateral on loan | Current Value | Loan Balance | Equity(value minus loan) |
|       | [ ] Yes [ ]  No |       |       |       |
|       | [ ] Yes [ ]  No |       |       |       |
| **Real Property (include all real property and land the business owns/leases/rents Attach additional sheets if needed** |
| Property Description | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
|       |       | $      | $      | $      |       | $      |
| [ ]  Purchased[ ]  Leased | Location (Street, City, State, Zip & County)                | Lender/Lessor/Landlord Name, Address & Phone                | Asset registered to:      |
| Property Description | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
|       |       | $      | $      | $      |       | $      |
| [ ]  Purchased[ ]  Leased | Location (Street, City, State, Zip & County)                | Lender/Lessor/Landlord Name, Address & Phone                | Asset registered to:       |

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| **Vehicles Leased & Purchased** Include boats, RVs, motorcycles , and airplanes **Attach additional sheets if needed** |
| Description      | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
| [ ]  Purchased[ ]  Leased |       | $      | $      | $      |       | $      |
| Year      | Mileage      | License #      | Lender/Lessor Address & Phone                     |
| Make      | Model      | Asset registered to:      |
| Description      | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
| [ ]  Purchased[ ]  Leased |       | $      | $      | $      |       | $      |
| Year      | Mileage      | License #      | Lender/Lessor Address & Phone                     |
| Make      | Model      | Asset registered to:      |
| **Business Equipment** Include all machinery, equipment, merchandise, inventory, and/or other assets **Attach additional sheets if needed** |
| Asset Description      | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
| [ ]  Purchased[ ]  Leased |       | $      | $      | $      |       | $      |
| Location (Street, City, State, Zip & County)                     | Lender/Lessor/Landlord Name, Address & Phone                     |
| Asset Description | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
|       |       | $      | $      | $      |       | $      |
| Location (Street, City, State, Zip & County)                     | Lender/Lessor/Landlord Name, Address & Phone                     |
| Asset Description | Purchase/Lease Date | Current Fair Market Value | Current Loan Balance | Monthly Payment Amount | Date of Final Payment | Equity(Fair Market Value Minus Loan) |
|       |       | $      | $      | $      |       | $      |
| Location (Street, City, State, Zip & County)                     | Lender/Lessor/Landlord Name, Address & Phone                     |

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| **Additional information concerning financial condition (Court proceedings, transfer of assets in last 3 years, changes in market conditions, etc). Include information regarding company participation in trust estates, profit sharing plans, etc. Attach additional sheets if needed** |
|       |

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| **Tax Liabilities** |
|  | Date lien was filed or assessed | Current Amount Owed | Monthly Payment Amount | Date first payment was made | Name & Address of Lien/Note Holder |
| IRS  |       | $      | $      |       |       |
| Labor & Industries |       | $      | $      |       |       |
| Employment Security |       | $      | $      |       |       |
| Other Taxes Owed (specify) |       | $      | $      |       |       |
| **Other Business Liabilities** |
| Description | Secured/unsecured | Date Pledged | Balance Owed | Date of Final Payment | Payment Amount |
|       | [ ]  Secured[ ]  Unsecured |       | $      |       | $      |
| Name | Address | Phone |
|       |       |       |
| Description | Secured/unsecured | Date Pledged | Balance Owed | Date of Final Payment | Payment Amount |
|       | [ ]  Secured[ ]  Unsecured |       | $      |       | $      |
| Name | Address | Phone |
|       |       |       |
| **SECTION 5- Business Income and Expense Information** |
|  You may attach Profit & Loss Report or Income Statement along with this section |
| **The following information is based monthly business income and expenses** | **Accounting Method Used: [ ]  Accrual [ ]  Cash****(must be same as with IRS)** |
| **Total Business Income** | **Total Business Expenses** |
| **Source** | **Gross Monthly** | **Expense Items** | **Actual Monthly** |
| Gross Receipts | **$** |       | Materials Purchased | **$** |       |
| Gross Rental Income | **$** |       | Inventory Purchased | **$** |       |
| Interest | **$** |       | Gross Wages & Salaries | **$** |       |
| Dividends | **$** |       | Rent | **$** |       |
| Cash | **$** |       | Supplies | **$** |       |
| Other Income (specify below) | **$** |       | Utilities/Telephone | **$** |       |
|       | **$** |       | Vehicle Gasoline/Oil | **$** |       |
|        | **$** |       | Repairs & Maintenance | **$** |       |
|       | **$** |       | Insurance | **$** |       |
|        | **$** |       | Current Taxes | **$** |       |
|        | **$** |       | Notes or Loan Payments  | **$** |       |
|       | **$** |       | Other (specify) | **$** |       |
| **Total Income** | **$** |       | **Total Expenses** | **$** |       |
|  | **Net Income (Income – Expenses)** | **$** |       |

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| **SECTION 6** |
| Please include the following checked documents with your financial statement: |
| [ ]  | Copies of the last three month’s bank statements for the business |
| [ ]  | Copies of the most recent business financial statements (including but not limited to balance sheets and profit/loss statements) should be submitted with this form. |
| [ ]  | Attach a copy of all currently recorded UCC-1 financing statements on which the business is either a creditor or a debtor |
| [ ]  | Each owner, partner or officer must disclose their name, address and the nature of any involvement or interest in other businesses. |
| [ ]  | Other |
| **Additional Comments and proposal for Electronic Partial Payment Agreement** |
| **I am requesting to pay the total liability plus accrued penalties and interest in the following manner:**

|  |  |
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| **$****To be paid (select one)** | **[ ]  Monthly****[ ]  Twice a Month****[ ]  Weekly** |

 | **Comments:** |
|  | **If your payment terms are accepted, the payment amount you proposed will be withdrawn from your bank account electronically. Penalty and interest will accrue, as provided by law, until the balance is paid in full.** |
| **Certification I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete and I hereby authorize the Department of Revenue to verify the information contained herein as they deem necessary.** |
|  |       |       |
| Signature of Authorized Corporate OfficerTitle | Print Name of Authorized Corporate Officer | Date |
|  |  |  |
|  |       |       |
| Signature of Authorized Corporate OfficerTitle | Print Name of Authorized Corporate Officer | Date |