

Kansas Department of Revenue
FINANCIAL INFORMATION STATEMENT - BUSINESSES

Compliance and Enforcement
 915 SW Harrison St.
 Topeka, KS 66612-1588

(If you need additional space, please attach a separate sheet.)

| | |
|---|--|
| 1. Name and address of business | 2. Business phone number: |
| 4. Name and title of person being interviewed | 3. (Check appropriate box) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other (<i>specify</i>) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation |
| | 5. Employer identification number |
| | 6. Type of business |

| 7. Information about owner, partners, officers, major shareholder, etc. | | | | | |
|---|----------------|--------------|--------------|------------------------|--------------------------|
| Name and Title | Effective Date | Home Address | Phone Number | Social Security Number | Total Shares or Interest |
| | | | | | |
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Section I GENERAL FINANCIAL INFORMATION

| | | | |
|-----------------------------------|------|----------------|-------------------------|
| 8. Latest filed income tax return | From | Tax Year Ended | Net Income Before Taxes |
|-----------------------------------|------|----------------|-------------------------|

| 9. Bank accounts <i>(List all types of accounts including payroll and general, savings, certificates of deposit, etc.)</i> | | | | |
|--|---------|-----------------|--|---------|
| Name of Institution | Address | Type of Account | Account number | Balance |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total (<i>Enter in item 17</i>) | |

| 10. Bank Credit Available (<i>Lines of credit, etc.</i>) | | | | | |
|---|---------|--------------|-------------|------------------|-----------------|
| Name of Institution | Address | Credit Limit | Amount Owed | Credit Available | Monthly Payment |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals (<i>Enter in Items 24 or 25 as appropriate</i>) | | | | | |

| 10a. Credit Card Processor Information | | | |
|--|---------|--------------|--------------|
| Credit Card Processor Name | Address | Contact Name | Phone Number |
| | | | |
| | | | |

Section - continued

GENERAL FINANCIAL INFORMATION

11. Location, box number, and contents of all safe deposit boxes rented or accessed

12. Real Property

| Brief Description and Type of Ownership | Physical Address (Include County and State) |
|---|---|
| a. | |
| b. | |
| c. | |
| d. | |

13. Life Insurance Policies Owned with Business as Beneficiary

| Name Insured | Company | Policy Number | Type | Face Amount | Available Loan Value |
|---------------------------------|---------|---------------|------|-------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL (Enter in Item 19) | | | | | |

14a Additional information regarding financial condition (Court proceedings, bankruptcies filed or anticipated, transfers of assets for less than full value, changes in market conditions, etc.; include information regarding company participation in trusts, estates, profit-sharing plans, etc.)

b. If you know of any person or organization that borrowed or otherwise provided funds to pay net payrolls:

(i) Who borrowed funds?

(ii) Who supplied funds?

15. Accounts/Notes receivable (Include current contract jobs, loans to stockholders, officers, partners, etc.)

| Name | Address | Amount Due | Date Due | Status |
|---------------------------------|---------|------------|----------|--------|
| | | \$ | | |
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| TOTAL (Enter in Item 18) | | \$ | | |

Section II

GENERAL FINANCIAL INFORMATION

| Description (a) | | Crt Mkt Value (b) | Liabilities Bal due (c) | Equity in Asset (d) | Amt of Mo. Pymt. (e) | Name and Address of lien/note holder/obligee (f) | Date Pledged (g) | Date of Final Pymt. (h) |
|---|----|-------------------------|-------------------------------|---------------------------|----------------------------|--|------------------------|-------------------------------|
| 16. Cash on hand | | | | | | | | |
| 17. Bank accounts | | | | | | | | |
| 18. Accounts/Notes Receivable | | | | | | | | |
| 19. Life insurance loan value | | | | | | | | |
| 20. Real Property (from item 12) | a. | | | | | | | |
| | b. | | | | | | | |
| | c. | | | | | | | |
| | d. | | | | | | | |
| 21. Vehicles (Model, year and license) | a. | | | | | | | |
| | b. | | | | | | | |
| | c. | | | | | | | |
| | d. | | | | | | | |
| 22. Machinery and Equipment (Specify) | a. | | | | | | | |
| | b. | | | | | | | |
| | c. | | | | | | | |
| | d. | | | | | | | |
| 23. Merchandise Inventory (Specify) | a. | | | | | | | |
| | b. | | | | | | | |
| | c. | | | | | | | |
| 24. Other Assets (Specify) | a. | | | | | | | |
| | b. | | | | | | | |
| | c. | | | | | | | |
| 25. Other liabilities (include notes and judgments, tax liabilities are to be included) | a. | | | | | | | |
| | b. | | | | | | | |
| | c. | | | | | | | |
| | d. | | | | | | | |
| | e. | | | | | | | |
| | f. | | | | | | | |
| | g. | | | | | | | |
| | h. | | | | | | | |
| | i. | | | | | | | |
| | j. | | | | | | | |
| 26. Federal taxes owed | | | | | | | | |
| 27. TOTALS | | | | | | | | |

Section III

INCOME AND EXPENSE ANALYSIS

| | | | |
|---|-------|------------------------------|----------|
| The following information applies to income and expenses during the period _____ to _____ | | Accounting method used | |
| Income | | Expenses | |
| 28. Gross receipts from sales, services, etc. | \$ | 34. Materials purchased | \$ |
| 29. Gross rental income | | 35. Net wages and salaries | |
| 30. Interest | | 36. Rent | |
| 31. Dividends | | 37. Installment payments | |
| 32. Other income (<i>Specify</i>) | | 38. Supplies | |
| | | 39. Utilities/telephone | |
| | | 40. Gasoline/oil | |
| | | 41. Repairs and Maintenance | |
| | | 42. Insurance | |
| | | 43. Current taxes | |
| | | 44. Other (<i>specify</i>) | |
| | | | |
| | | | |
| | | | |
| | | 45. TOTAL Expenses | \$ |
| 33. TOTAL Income | \$ | 46. NET DIFFERENCE | \$ |
| Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete. | | | |
| 47. Signature | Title | Social Security number | 48. Date |

Subscribed and sworn to before me this _____ day of _____, 20____

Notary

My Commission Expires