

**KANSAS DEPARTMENT OF REVENUE  
FINANCIAL STATEMENT**

641601

To accompany application for manufacturer's, importer's, distributor's, special fuel dealer-user's or LP-gas user-dealer's license. If partnership, each partner must prepare a separate financial statement. This statement prepared on behalf of: individual [ ], partner [ ], partnership [ ], corporation [ ], other [ ].

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

TO: Motor Fuel Tax Correspondence, Kansas Department of Revenue, PO Box 3506, Topeka, Kansas 66601-3506.

DEAR SIR: As a basis of information for the Director of Taxation in determining the amount of bond required before the granting of a license, the following financial statement is submitted as of \_\_\_\_\_ 20\_\_\_\_.

NAMES OF PARTNERS IF A PARTNERSHIP, OR OFFICERS, IF A CORPORATION	Official Title if Any	Amount of Company Stock or Partnership Interest Owned by Each
Name		
Name		
Name		

ASSETS		LIABILITIES	
Cash on Hand and in Bank.....	\$	Notes Payable—To Whom.....	\$
Merchandise on Hand, Cash Value .....			
Notes Receivable—Good .....		Accounts Payable—Due .....	
Accounts Receivable—Good.....		Accounts Payable—Not Due .....	
Government Bonds and Savings Stamps .....		Owing to Banks—What Bank.....	
Other Stocks and Bonds .....			
		Accrued Motor Fuel Tax.....	
Real Estate as Listed on Reverse Side .....		Accrued Other Taxes .....	
Personal Property and Equipment.....		Mortgages on Real Estate—Reverse Side .....	
Other.....		Liens or Encumbrances on Personal Property .....	
		Capital Stock Paid Up—If Incorporated .....	
		Other Obligations .....	
		Surplus and Undivided Profits .....	
		Net Worth.....	
<b>Total .....</b>	<b>\$</b>	<b>Total.....</b>	<b>\$</b>

INSURANCE: On Merchandise \$ \_\_\_\_\_ Buildings \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_ Total Insurance \$ \_\_\_\_\_

BUSINESS LIFE INSURANCE: To Whom Payable \_\_\_\_\_ Amount \$ \_\_\_\_\_

BANK ACCOUNTS: Where Kept? \_\_\_\_\_

What do you estimate your monthly tax liability to the Department of Revenue will be? \$ \_\_\_\_\_

Do you have lawsuits pending? \_\_\_\_\_ Did your Surety Company require you to post security? \_\_\_\_\_ How much? \_\_\_\_\_

Do you have any judgments against you? \_\_\_\_\_ By Whom? \_\_\_\_\_

Have you ever taken advantage of the bankruptcy laws of the United States? \_\_\_\_\_ When? \_\_\_\_\_

From whom do you buy your motor-vehicle fuels? \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, SS.:

I do solemnly swear that the above statement is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My commission expires \_\_\_\_\_ 20\_\_\_\_  
Notary Public

Mail this financial statement to: Kansas Department of Revenue, Customer Relations / Motor Fuel, PO Box 3506, Topeka, Kansas 66601-3506  
Location Address: 120 SE 10<sup>th</sup> Ave Online Filing: www.ksrevenue.org Phone: 785-368-8222 Fax: 785-296-4993.

REAL ESTATE - MARKET VALUE - DESCRIBE AND VALUE SEPARATELY						MORTGAGES ON REAL ESTATE	
	DESCRIPTION	COUNTY	STATE	PRESENT VALUE	TITLE IN NAME OF	AMOUNT OF ENCUMBRANCE	WHEN DUE
HOMESTEAD				\$		\$	
FARM PROPERTY							
CITY PROPERTY							
STATION LOCATION							
OTHER							
OTHER							
OTHER							
OTHER							
OTHER							
OTHER							
OTHER							
OTHER							
OTHER							
OTHER							
OTHER							
OTHER							
	TOTAL			\$		\$	