

KANSAS DEPARTMENT OF REVENUE
FINANCIAL INFORMATION STATEMENT - BUSINESSES

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

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

Section I GENERAL FINANCIAL INFORMATION

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

Mail the completed Business Financial Information Statement form to: Kansas Department of Revenue, Revenue Recovery Bureau, PO Box 12005, Topeka, KS 66612-2005 Location Address: 120 SE 10th Ave Website: www.ksrevenue.org Phone: 785-296-6124

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
		\$		
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										
			a.							
20.	Real		b.							
	Property		c.							
(from item 12)			d.							
21.	Vehicles	a.								
	(Model,	b.								
	year and	c.								
	license)	d.								
22.	Machinery	a.								
	and	b.								
	Equipment	c.								
	(Specify)	d.								
23.	Merchandise	a.								
	Inventory	b.								
	(Specify)	c.								
24.	Other	a.								
	Assets	b.								
	(Specify)	c.								
		a.								
25.	Other	b.								
	liabilities	c.								
	(include	d.								
	notes and	e.								
	judgments,	f.								
	tax	g.								
	liabilities	h.								
	are to be	i.								
	included)	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 _____