## Section I. General Information - For Corporations, Partnerships, etc.

1. Name and address of business			2.	2. Business phone no. ( )				
			3.		ion	te item: () Partnership		
4. Name and title of person being interviewed			5. Feder	5. Federal I.D. No. 6. General Excise I.D. No.			9. No.	
7. Information about of	owner, partners, office	rs, major sharehold	ler, etc.					
Name, Title, % ownership, # of shares		Effective Date	Home Address		ldress	Home Phone Number	Social Security Number	
Section II.		General F						
8. Bank account (inclu	-	Credit Unions, IRA	A and Reti	irment Plans, (	Certificate	e of Deposits, etc.) At	ttach	
additional sheets as	-		droog	Turna of A a	agunt	Account No.	Balance	
Name of Institution		Aut	Address		Type of Account		Datatice	
					Total (En	ter in Item 17)		
9. Charge cards, bank	credit available (Line	es of credit, etc.) A	ttach add	itional sheets a	is necessa	ry.	•	
Type of Account Name and address of Financial Institu or Card		tion	Monthly Payment	Credit Limit	Amount Owed	Credit Available		
10 Safa damaaithana		tal (Enter in Item 2		and contour	ta)			
10. Safe deposit boxes	s rented or accessed (	List all locations, b	ox numbe	ers, and conten	ts.)			

11. Real and lease property (Brief description and type of ownership)				Physical Address (include tax map key)					
12. Life Insurance (	Name of Company)		Policy Number 7		Туре	Face Amount	Available	Available Loan Value	
					Total (Enter i	n Item 19)			
13. Securities (stock	ks, bonds, mutual funds, mone			nt securities,		dditional sheets as	1		
	Quantity or	Current						wner	
Kind	Denomination	Value			Located	Located		of Record	
	mation regarding financial con ue, changes in market conditio		roceedings,	bankruptci	es filed or antic	ipated, transfers o	of assets for		
15. Accounts / Notes	s Receivable (include current	contract jobs, lo	ans to stocl	kholders, of	ficers, partners,	, etc.)			
Nar	me		Address		An	ount Due	Date Due	Status	
Total (Enter in Item 20)									

## **Asset and Liability Analysis**

Section III. Asset	t and Liability	Analysis		
	Current	Liabilities	Equity	Amount of
	Market	Balance	in	Monthly
Description	Value	Due	Asset	Payment
ASSETS				
16. Cash				
17. Bank accounts (from Item 8)				
18. Securities (from Item 13)				
19. Cash or loan value of Insurance (from Item 12)				
20. Accounts / Notes Receivable (from Item 15)				
21. Merchandise Inventory				
22. Vehicles (Model, year, license)				
a.				
b.				
с.				
23. Real property (from Item 11)				
a.				
b.				
с.				
24. Machinery and equipment				
a.				
b.				
25. Merchandise inventory				
26. Other assets				
a.				
b.				
с.				
d.				
е.				
Total Assets				
LIABILITIES				
27. Bank revolving credit (from Item 9)				
28. Loan on Insurance				
29. Accounts payable				
30. Notes payable				
31. Mortgages				
32. Judgments				
33. Other liabilities				
a.				
b.				
с.				
d.				
е.				
34. Federal taxes owed				
35. State taxes owed				
Total Liabilities		]		

Form CM-2B Page 3

## Section IV.

## Income and Expense Analysis

Income for the period to	Expenses for the period to	Expenses for the period to			
36. Gross receipts from sales	42. Materials purchased				
37. Gross rental income	43. Net wages and salaries				
38. Interest	44. Rent				
39. Dividends	45. Supplies				
40. Other income (please specify)	46. Utilities / Telephone				
	47. Gasoline / Oil				
	48. Repairs and maintenance				
	49. Insurance				
	50. Taxes				
	51. Other (please specify)				
41. Total Income	52. Total Expenses				
	53. Net difference				
Under penalties of perjury, I (we) declare that to the liabilities, and other information is true, correct, and	est of my (our) knowledge and belief this statement of assets, mplete.				
54. Your signature		87. Date			
Additional information or comments:					

Form CM-2B Page 4