BUSINESS FINANCIAL STATEMENT

INFORMATION:	
LEGAL NAME OF BUSINESS	
ADRESS	CITY STATE
TAX TO NUMBER	TYPE OF BUSINESS
TELEPHONE	DATE SUBMITTED

Balance sheet as of _____ **19**_____
Month Year

ASSETS		LIABILITIES	
Cash	**$**	Accounts Payable	**$**
Marketable Securities		Notes Payable	
Accounts Receivable		Current Portion Long Term Debt	
Inventory		Accruals	
Prepaid Expenses		Taxes Paid	
Other Current Assets		Other Current Liabilities	
Total Current Assets		Total Current Liabilities	
Land and Building		Long Term Debt	
Machinery & Equipment		Other Liabilities	
Leasehold Improvements		Total Liabilities	
Other Fixed Assets		Capital Stock	
Less Accumulated Depreciation		Paid in Capital	
Net Fixed Assets		Retained Earnings	
Other Assets		Total Equity	
TOTAL ASSETS		TOTAL LIABILITIES & EQUITY	

Income Statement for the Period from _____ _____ _____ _____
Month Date Month Date

INCOME STATEMENT	
Net Sales or Revenue	**$**
Less Cost of Goods Sold	
Gross Margin	
Less Operating Expenses	

Authorized Signature _____ **Date**_____