

PERSONAL FINANCIAL STATEMENT

NOTE: This form to be used for Personal Financial Statements only NOT TO BE USED FOR BUSINESS STATEMENTS.

Personal financial statement of _____ S.S. No. _____
 (Name)

(Street, Address, City, State, Zip)

_____ Home Phone No.() _____ Bus. Phone No.() _____

Name of Wife/Husband

AS OF _____, 20_____
 (Date)

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)		Notes payable to (names and addresses):	
Cash in following banks (names and addresses):			

Stocks and bonds (Schedule 1)		Sales Contracts/Chattel Mtgs. (Attach Desc.)	
Accounts receivable (Schedule 2)		Accounts Payable	
Notes receivable (Schedule 3)		Current portion of long term debt	
Other current assets (itemize):		Other current liabilities (Attach Description)	

_____		Current Year's Income Taxes Unpaid	
_____		Prior Year's Income Taxes Unpaid	
_____		Real Estate Taxes Unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES	
Real estate (Schedule 4):		Real estate debt (Schedule 4)	
Residence		Residence	
Other		Other	
Cash value of life insurance (Schedule 5)		Borrowed on life insurance (Schedule 5):	

Other assets and investments (Attach Desc.):		Other long term debt (Attach Description):	

		TOTAL LONG TERM LIABILITY	
TOTAL FIXED ASSETS		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES
 FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____
 GIVE DETAILS _____

1. STOCKS AND BONDS					
Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Days	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE				
Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE					
Name and Address (street and city) From Whom Due	For What is it Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE							
Description of Property	Title In Name Of	Market Value	Cost	Date Acquired	Account Encumbrance	Monthly Payments	Monthly Income
TOTALS				\$	\$	\$	\$

5. LIFE INSURANCE -- CASH VALUE						
Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

INCOME/EXPENSE INFORMATION									
SOURCES OF CASH			Last Year 20__	This Year 20__	Projected Next Year 20__	USES OF CASH		This Year 20__	Projected Next Year 20__
RECURRING	Salary & Wages					EXPENSES	Income Taxes & FICA		
	Commissions, Bonus, Etc.						Other Payroll Ded.		
	Interest & Dividends						Living Exp. & Misc.		
	Rental Income						Rental Expenses		
	Oil & Gas Rev. after Op. Exp.						Oil/Gas Cap. Expend.		
	Other Business Income						Other Business Exp.		
Other:					Other:				
SUBTOTAL						SUBTOTAL			
NON-RECURRING	Commissions, Bonus, Etc.					DEBT SERVICE	Reg/Sched. Pymnts.		
	Sale of Assets						Other Interest		
	Tax Refund						Other Principal		
	Other						Contigent Liab.		
TOTAL CASH SOURCES						TOTAL CASH USES			
NET CASH FLOW						NET CASH FLOW			

PRINCIPAL SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____