

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 _____
 (Date)

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on Hand (not in bank)		Notes payable to (names and addresses):	
Cash In following banks (name and addresses):			
Stocks and Bonds (Schedule 1)		Accounts Payable	
Accounts receivable (Schedule 2)		Current portion of long term debt	
Notes receivable (Schedule 3)		Other current liabilities (Attach Description)	
Other current assets (Itemize):			
		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	NET WORTH	TOTAL LIABILITIES AND NET WORTH
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 long term debt (Attach Description):		
Other assets and investments (Attach Description):			
TOTAL FIXED ASSETS	TOTAL LONG TERM LIABILITY		
TOTAL ASSETS			

CONTINGENT LIABILITIES
FOR ENDORSEMENTS AND 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	Amount 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 19	This Year	Projected Next Year _____	USES OF CASH		This Year _____	Projected Next Year _____
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. Expand.		
	Other Business Income					Other Business Exp.		
	Other:					Other		
SUBTOTAL					SUBTOTAL			
NON-RECURRING	Commissions, Bonus, Etc.				DEBT SERVICE	Reg./Sched. Pymts.		
	Sale of Assets					Other Interest		
	Tax Refund					Other Principal		
	Other					Contingent Liab.		
					TOTAL CASH USES			
					NET CASH FLOW			

PRINCIPAL SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____