KANSAS DEPARTMENT OF REVENUE

FINANCIAL INFORMATION STATEMENT - BUSINESSES

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

1. Name and address of business		, r	0 During		,				
	2. Business phone number:								
	3. (Check appropriate box)								
	Sole proprietor Other (specify)								
			D Pa						
4. Name and title of person being interview	ed		5. Employe number	er identif	fication	6. Type of	ousiness		
			number						
7 Information about summer northers office	ra majar abaraba	ldor oto							
7. Information about owner, partners, office		der, etc.							
Name and Title	Effective Date	Home A	ddress		Phone Number	Social Nu	Security nber	Total Shares or Interest	
	Date					- Tiu	liber	or microst	
Section I		GENERAL FIN	ANCIAL IN	FORM		I		1	
8. Latest filed income tax return		From		Tax Year Ended Net Income Before Taxes				xes	
		- (((- (-)		
9. Bank accounts (List all types of accounts including payroll and general, savings, certificates of deposit, etc.)									
Name of Institution		Address		Type of Account		Account number		Balance	
				_					
					Total (Enter	in item 17)			
10. Bank Credit Available (Lines of credit, of	etc.)								
			One dit l	1 1	Arra avvet Ov	un al	Credit	Monthly	
Name of Institution	Address		Credit I	Limit	Amount Ov	ved A	vailable	Payment	
	Totals	s (Enter in Items 24	or 25 as appro	opriate)					
10a. Credit Card Processor Information									
Credit Card Processor Name		Address			Contact Name		Phone Number		
				1					
				-					

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 Ty	pe of Ownership		Ph	ysical Address (Include (County and S	tate)			
a.											
b.											
С.											
d.											
13. Life Insurance Policies Owned w	/ith Bus	iness as Beneficiary									
Name Insured		Company	Policy N	lumber	Туре	Face	Amount	Available Loan Value	۱		
					TOTAL	(Enter in	ltem 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.)											
organization that borrowed or otherwise provided funds to pay net		(i) Who borrowed funds?									
		(ii) Who supplied funds?									
15. Accounts/Notes receivable (Inclu	ude curi	ent contract jobs, loans	s to stockhold	ers, officers, partner	rs, etc.)						
Name	Address			Amount D	ue	Date Due	Status				
					\$						

TOTAL (Enter in Item 18)

\$

Sec	tion II				GE	NERAL FI	NANCIAL	INFORMATION		
Description (a)			C \	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. E	Bank accounts									
18. /	Accounts/Notes F	Receivable								
19. l	_ife insurance loa	an value								
			a.							
20.	Real		b.							
	Property		c.							
(fror	n item 12)		d.							
21.	Vehicles	a.								
	(Model,	b.								
	year and	с.								
	license)	d.								
22.	Machinery	a.								
	and	b.								
	Equipment	с.								
	(Specify)	d.								
23.	Merchandise	a.								
	Inventory	b.								
	(Specify)	с.								
24.	Other	a.								
	Assets	b.								
	(Specify)	с.								
		a.								
25.	Other	b.								
	liabilities	с.								
	(include	d.								
	notes and	e.							1	1
	judgments,	f.							1	
	tax	g.							1	
	liabilities	h.							1	
	are to be	i.							1	
	included)	j.							1	
26. I	Federal taxes ow	ed								
27.	TOTALS									

Section III INCO	INCOME AND EXPENSE ANALYSIS						
The following information applies to income and expenses during the period			Accounting method used				
Income							
28. Gross receipts from sales, services, etc.	\$		34. N	Materials purchased	\$		
29. Gross rental income			35. N	Net wages and salaries			
30. Interest			36. F				
31. Dividends			37. I	nstallment payments			
32. Other income (Specify)			38. 5	Supplies			
			39. L	Jtilities/telephone			
			40. Gasoline/oil 41. Repairs and Maintenance				
			42. I	nsurance			
			43. Current taxes44. Other (<i>specify</i>)				
			45. TOTAL Expenses		\$		
33. TOTAL Income	\$		46. N		\$		
Certification: Under penalties of perjury, I declare that to the best statement of assets, liabilities, and other informat	y knowledge and belief t true, correct and complet	his te.					
47. Signature	_	Title	Social Security number		48. Date		

Subscribed and sworn to before me this _____ day of _____, 20____

Notary

My Commission Expires