



BUREAU OF REVENUE SERVICES
DEBTOR FINANCIAL STATEMENT
(Business)

Compliance Division
 24 State House Station
 Augusta, Maine 04333-0024

Contact: Case#:

1. Name and address of business		2. Business phone number	
		3. (Check appropriate box) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation _____	
4. Name and title of person being interviewed		5. Employer Identification Number	6. Type of business

7. Information about owner, partners, officers, major shareholder, etc.

Name and Title	Effective Date	Home Address	Phone Number	Social Security Number	Total Shares of

Section 1. General Financial Information

8. Latest filed income tax return	Form	Tax Year ended	Net income before taxes

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 16)				

10. Bank credit available (Lines of credit, etc.)

Name of Institution	Address	Credit Limit	Amount Owed	Credit Available	Monthly Payments
Totals (Enter in Items 23 or 24 as appropriate)					

11. Real property

Brief Description and Type of Ownership	Address (include County and State)
a.	
b.	
c.	
d.	

12. Life insurance policies owned with business as beneficiary

Name Insured	Company	Policy Number	Face Amount	Type	Available Loan Value
Total (Enter In Item 18)					

13. 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.*)

14. Accounts/Notes receivable (*include loans to stockholders, officers, partners, etc.*)

Name	Address	Amount Due	Date Due	Status
		\$		
Total (Enter In Item 17)		\$		

Section II.

Asset and Liability Analysis

Description (a)	Cur. Mkt. Value (b)	Liabilities Bal. Due (c)	Equity in Asset (d)	Amt. of Mo. Pmt. (e)	Name and Address of Lien/Note Holder/Obligee (f)	Date Pledged (g)	Date of Final Pmt. (h)
15. Cash on hand							
16. Bank Accounts							
17. Accounting/Notes receivable							
18. Life insurance loan value							
19. Real Property							
a.							
b.							
c.							
d.							
20. Vehicles (<i>Model, year, license</i>)							
a.							
b.							
c.							
21. Machinery & equipment (<i>specify</i>)							
a.							
b.							
c.							
22. Merchandise inventory (<i>specify</i>)							
a.							
b.							
23. Other Assets (<i>specify</i>)							
a.							
b.							
24. Other liabilities (<i>include notes & judgments</i>)							
a.							
b.							
c.							
d.							
e.							
f.							
g.							
h.							
25. Federal taxes owed							
26. Total							

Section III.

Income and Expense Analysis

The following information applies to income and expenses during the period _____ to _____		Accounting method used	
Income		Expenses	
27. Gross receipts from sales, services, etc.	\$	33. Materials purchased	\$
28. Gross rental income		34. Net wages and salaries	
29. Interest		35. Rent	
30. Dividends		36. Installment payments	
31. Other Income (<i>specify</i>)		37. Supplies	
		38. Utilities/Telephone	
		39. Gasoline/Oil	
		40. Repairs and maintenance	
		41. Insurance	
		42. Current taxes	
		43. Other (<i>specify</i>)	
32. Total	\$	44. Total	\$
		45. Net difference	\$

46. Additional information (*any information you feel might be pertinent*)

Certification		
Under the penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.		
47. Signature	48. Title	49. Date
WAIVER		
I hereby authorize Maine Revenue Services to obtain consumer reports or other information pertaining to my credit and financial responsibility from any credit bureau, credit agency or consumer-reporting agency.		
50. Your signature	51. Title	52. Date