U.S. Department of Justice
Financial Statement of Debtor
(Submitted for Government Action on Claims Due the United States)
NOTE: Use additional sheets where space on this form is insufficient or continue on back of last page.

FINANCIAL STATEMENT FOR BUSINESS

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 0.160, 0.171 and Appendix to Subpart Y. Fed.R.Civ.P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register; Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12274. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

Section 1
Business Information

1. Business Name_____
Street Address _____
City_____State_____ Zip_____
County_____
1a. Business Telephone (____) _____
2a. Type of entity: (check one)
☐ Partnership ☐ Corporation ☐ Other_____
2b. Type of Business_____
2c. Other names that the business uses_____
_____

3. Contact Name_____
3a. Contact's Business Telephone (___)_____
Extension _____
Best Time To Call _____a.m. _____p.m.
3b. Contact's Home Telephone (___)_____
Best Time To Call _____a.m. _____p.m.
3c. Contact's Other Telephone (___)_____
Telephone Type (i.e. cellular, pager)_____
3d. Contact's E-mail_____

Section 2
Business Personnel and

4. PERSON RESPONSIBLE FOR DEPOSITING PAYROLL TAXES

4a. Full Name_____Title_____ Social Security Number_____
Home Street Address_____ Home Telephone (___)_____
City_____State_____ Zip_____ Ownership Percentage & Shares or Interest_____

5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.

5a. Full Name_____Title_____ Social Security Number_____
Home Street Address_____ Home Telephone (___)_____
City_____State_____ Zip_____ Ownership Percentage & Shares or Interest_____

5b. Full Name_____Title_____ Social Security Number_____
Home Street Address_____ Home Telephone (___)_____
City_____State_____ Zip_____ Ownership Percentage & Shares or Interest_____

5c. Full Name_____Title_____ Social Security Number_____
Home Street Address_____ Home Telephone (___)_____
City_____State_____ Zip_____ Ownership Percentage & Shares or Interest_____

5d. Full Name_____Title_____ Social Security Number_____
Home Street Address_____ Home Telephone (___)_____
City_____State_____ Zip_____ Ownership Percentage & Shares or Interest_____

Section 3
Accounts/ Notes Receivable

6. ACCOUNTS/NOTES RECEIVABLE. List all contracts separately, including contracts awarded, but not yet started.

	Description	Amount Due	Date Due	Age of Account
6a.	Name_____ Street Address_____ City/State/Zip_____	$_____	_____	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days

Section 3
continued

If additional space is needed use separate sheet.

6b. Name_____ $_____ _____ ☐ 0-30 days
Street Address_____ ☐ 30-60 days
City/State/Zip_____ ☐ 60-90 days
☐ 90+ days

6c. Name_____ $_____ _____ ☐ 0-30 days
Street Address_____ ☐ 30-60 days
City/State/Zip_____ ☐ 60-90 days
☐ 90+ days

6d. Name_____ $_____ _____ ☐ 0-30 days
Street Address_____ ☐ 30-60 days
City/State/Zip_____ ☐ 60-90 days
☐ 90+ days

6e. Name_____ $_____ _____ ☐ 0-30 days
Street Address_____ ☐ 30-60 days
City/State/Zip_____ ☐ 60-90 days
☐ 90+ days

6f. Name_____ $_____ _____ ☐ 0-30 days
Street Address_____ ☐ 30-60 days
City/State/Zip_____ ☐ 60-90 days
☐ 90+ days

6g. Name_____ $_____ _____ ☐ 0-30 days
Street Address_____ ☐ 30-60 days
City/State/Zip_____ ☐ 60-90 days
☐ 90+ days

6h. Name_____ $_____ _____ ☐ 0-30 days
Street Address_____ ☐ 30-60 days
City/State/Zip_____ ☐ 60-90 days
☐ 90+ days

6i. Name_____ $_____ _____ ☐ 0-30 days
Street Address_____ ☐ 30-60 days
City/State/Zip_____ ☐ 60-90 days
☐ 90+ days

6j. Name_____ $_____ _____ ☐ 0-30 days
Street Address_____ ☐ 30-60 days
City/State/Zip_____ ☐ 60-90 days
☐ 90+ days

6k. Name_____ $_____ _____ ☐ 0-30 days
Street Address_____ ☐ 30-60 days
City/State/Zip_____ ☐ 60-90 days
☐ 90+ days

6a + 6k = 6l **$**_____
Amount from any separate sheet + **$**_____

Total Accounts/ Notes Receivable **$**_____

Section 4
Other Financial Information

7. OTHER FINANCIAL INFORMATION: Respond to the following business questions.

7a. Does this business have other business relationships (e.g. subsidiary or parent , corporation, partnership etc)?
☐ No ☐ Yes, list EIN_____ Additional EIN_____

7b. Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan from the business?
☐ No ☐ Yes, amount $_____ Date of loan_____ Current Balance $_____

7c. Are there any judgments or liens against your business? ☐ No ☐ Yes, who is creditor?_____
Date of Judgment/Lien_____ Amount of Debt $_____

7d. Is your business a party in a lawsuit?
☐ No ☐ Yes, amount of suit $_____ Possible completion date_____
Subject matter of suit_____ Court filed in_____

7e. Has your business ever filed bankruptcy?
☐ No ☐ Yes, date filed_____ Date discharged_____ Case No._____

7f. In the past 10 years, have you transferred any assets from your business name for less than their actual value?
☐ No ☐ Yes, what asset_____ Value at time of transfer_____
When was it transferred_____ To whom was it transferred_____

7g. Do you anticipate any increase in business income (e.g. contracts bid on but not yet awarded)
☐ No ☐ Yes, why the increase_____
How much will it increase_____ When will it increase_____

7h. Is your business a beneficiary of a trust, an estate or a life insurance policy?
☐ No ☐ Yes, name of trust, estate or policy_____
Anticipated amount to be received_____ When to be received_____

Section 5
Business Assets

*Indicate the amount you could sell the asset for today.

8. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, etc.

	Description	Current Value*	Loan Balance	Name of Lender	Purchase Price	Monthly Pymt
8a.	Year _____ Make _____ Model_____	$_____	$_____	_____	$_____	$_____
8b.	Year _____ Make _____ Model_____	$_____	$_____	_____	$_____	$_____
8c.	Year _____ Make _____ Model_____	$_____	$_____	_____	$_____	$_____

9. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, etc.

	Description	Lease Balance	Name of Lessor	Lease Date	Monthly Payment
9a.	Year _____ Make _____ Model_____	$_____	_____	_____	$_____
9b.	Year _____ Make _____ Model_____	$_____	_____	_____	$_____

☞ **ATTACHMENTS REQUIRED**: Please provide your current statement from lender with monthly payment amount and current balance of the loan for each vehicle purchased or leased.

Section 5 continued

10. REAL ESTATE. List all real estate owned by the business. (If you need additional space, usa a separate sheet.)

	Street Address, City State, Zip, County	Date Purchased	Purchase Price	Current Value*	Loan Balance	Lender/ Lien Holder	Monthly Payment
10a.	_____	_____	$_____	$_____	$_____	_____	$_____
10b.	_____	_____	$_____	$_____	$_____	_____	$_____

☞ **ATTACHMENTS REQUIRED**: Please provide your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

11. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code filings. (f you need additional space, use a separate sheet.) Note: If attaching a depreciation schedule, the attachment must include all of the information requested below.

	Description	Current Value*	Loan Balance	Lender	Monthly Payment
11a.	Machinery	$_____	$_____	_____	$_____
	_____	$_____	$_____	_____	$_____
	_____	$_____	$_____	_____	$_____
	_____	$_____	$_____	_____	$_____
	Equipment	$_____	$_____	_____	$_____
	_____	$_____	$_____	_____	$_____
	_____	$_____	$_____	_____	$_____
	Merchandise	$_____	$_____	_____	$_____
	Other Assets: (List below)				
11b.	_____	$_____	$_____	_____	$_____
11c.	_____	$_____	$_____	_____	$_____

☞ **ATTACHMENTS REQUIRED**: Please provide your current statement from lender with monthly payment amount and current balance for assets listed which have an encumbrance.

Section 6

Investment, Banking and Cash Information

12. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, etc.

	Name of Company	Number of Shares/Units	Current Value	Loan Amount	Used as collateral on a loan?	
12a.	_____	_____	$_____	$_____	☐ No	☐ Yes
12b.	_____	_____	$_____	$_____	☐ No	☐ Yes

12c. Total Investments $_____

Section 6 continued

13. BANK ACCOUNTS. List checking and savings accounts. (If you need additional space, use a separate sheet.)

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
13a.	_____	Name_____ Address_____ City/State/Zip_____	_____	$_____
13b.	_____	Name_____ Address_____ City/State/Zip_____	_____	$_____
13c.	**Total Other Account Balances**			**$**_____

☞ **ATTACHMENTS REQUIRED**: Please include your current bank statements (checking and savings) for the past **3 months** for **all** accounts.

14.OTHER ACCOUNTS. List all accounts including brokerage accounts, money market, additional checking, and savings accounts, etc. not listed on line #13.

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
14a.	_____	Name_____ Address_____ City/State/Zip_____	_____	$_____
14b.	_____	Name_____ Address_____ City/State/Zip_____	_____	$_____
14c.	**Total Other Accounts**			**$**_____

☞ **ATTACHMENTS REQUIRED**: Please include your current bank statements for the past **3 months** for **all** accounts.

15. CASH ON HAND. Include any money that you have that is not in the bank.

15a. Total Cash on Hand **$**_____

16. AVAILABLE CREDIT. List all lines of credit, including credit cards.

	Full Name of Credit Institution	Credit Limit	Amount Owed	Minimum Payment
16a.	Name_____ Address_____ City/State/Zip_____	_____	_____	$_____
16b.	Name_____ Address_____ City/State/Zip_____	_____	_____	$_____
16c.	**Total Minimum Payments**			**$**_____

Section 7 Monthly Income and Expenses

17. The following information applies to income and expenses from your most recently filed Form 1120 or Form 1065. Fiscal Year Period _____ to _____.

18. Accounting Method used: ☐ Cash ☐ Accrual

The information included on lines 19 through 39 should reconcile to your business federal tax return.

Total Income

Source	Gross monthly
19. Gross Receipts	$_____
20. Gross Rental Income	_____
21. Interest	_____
22. Dividends	_____
Other Income (lines 23-25)	
23. _____	_____
24. _____	_____
25. _____	_____
26. Total Income (19-25)	$_____

Total Living Expenses

Expense Items	Actual Monthly
27. Materials Purchased	$_____
28. Inventory Purchased	_____
29. Gross Wages & Salaries	_____
30. Rent	_____
31. Supplies	_____
32. Utilities/Telephone	_____
33. Vehicle Gasoline/Oil	_____
34. Repairs/Maintenance	_____
35. Insurance	_____
36. Current Taxes	
Other Expenses (lines 37-38)	_____
37. _____	_____
38. _____	_____
39. Total Expenses (27-38)	$_____

☞ **ATTACHMENTS REQUIRED**: Please include proof of all current expenses that you paid for the last 3 months, including utilities, rent, insurance, property taxes, etc.

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other that as shown in this statement, including any attachment.

_____

Signature Social Security No. Date

_____

Title

WARNING

False statements are punishable up to five years imprisonment, a fine of $250,000, or both pursuant to 18 U.S.C. §1001.