# TANGIBLE ACCOUNTING, PLLC

## PERSONAL FINANCIAL STATEMENTS

DATE:

		<del>-</del>					
Name:					Date of Birth		
Address:					Social Security No.		
Address:					Residence Phone		
Position or Occupation							
Business Name							
Business Address					Business Phone		
City, State & Zip							
Please check box:	Ц	Individual financial Statement.	Ц	Joint financia	al statement with spo	use. If Joint, comple	te the following
Spouse					Date of Birth		
					Social Security No.		
Position or Occupation							
Business Name							
Business Address					Business Phone		
City, State & Zip							
YO	U MA	Y APPLY FOR CREDIT IND	IVIDUALLY (	OR IOINTLY	WITH ANOTHE	R PARTY	7

If you are applying for joint credit with another party (other than your spouse), the joint application must complete a separate financial statement. Reflect in this statement your personal financial condition as well as the financial condition of your spouse if:

- 1. You are applying for credit jointly with your spouse, or
- 2. You are relying on your spouse's income or assets in requesting credit, or
- 3. You are providing this statement to support previously extended joint credit with your spouse

\* List all amounts in dollars. Omit Cents

TOTAL ASSETS

ASSETS	<b>AMOUNT</b>
Deposits in Banks & Other Financial Inst (From Sch 1 pg 2)	
Cash Value of Life Insurance (From Sch 2 pg 2)	
Notes and Accounts Receivable	
Marketable Stocks & Bonds (Sch 3 pg 2)	
Stocks in Closely Held Corporations (Sch 4 pg 2)	
Assets of Proprietorships	
Assets in Partnerships & Joint Ventures	
Vehicles, Boats, Machinery, & Equipment (Sch 5 pg 2)	
Wholly Owned Real Estate (Sch 6 pg 2)	
Partially Owned Real Estate (Sch 7 pg 3)	
Vested Interest in Pension/Retirement Accts (Sch 8 pg 3)	
Personal Property Furniture etc.	

LIABILITIES AND NET WORTH	AMOUNT
Other Loans Payable (Sch 9 pg 3)	
Loans on Life Insurance (Sch 2 pg 3)	
Taxes Due - Income	
Credit Card or Accounts Payable	
Liabilities of Proprietorships	
Liab of Partnerships/Joint Ventures	
Loans on Vehcl, Boats, Mach, & Equip (Sch 5 pg 2)	
Loans on Wholly Owned Real Estate (Scd 6 pg 3)	
Total Liabilities	\$0
	•
Net Worth	\$0
TOTAL LIABILITIES & NET WORTH	\$0

Please complete all appropriate schedules. If space is inadequate, attach an additional sheet.

Name:		_ Date:							
Schedule 1 - DEPOSIT ACCOUNTS  NAME OF FINANCIAL  INSTITUITON		DEMA	DEMAND TIME DEPOSITS DEPOSITS -		NAME OF FINANCIAL INSTI AND LOCATION			DEMAND DEPOSITS	TIME DEPOSITS
			-						-
Schedule 2 - I Name of Pers Insured	on Bend	CE eficiary	Face Amount	Cash Value	Policy Loans	Policy Assigned?	If Assigne	d, to whom?	
TOTALS			\$(	\$0	\$0				
		a brokerage acc	<b>DS NYSE, AMEX,</b> count, just summar REGISTERE NAME O	ize account ED IN	as one entry and a IF PLED TO WHO	GED	DATE ACQUIRED	COST	MARKET VALUE
Schedule 4 -	STOCK IN CLOS	SELY HELD (	CORPORATIONS	(Please prov	ide F/S if total val	lue exceeds 1	0% of your net v	TOTAL	\$0
NUMBER OF SHARES	CORPORATI	ON NAME	STOCK HELD NAME (		STOCKHOLDE	R'S EQUITY	ANNUAL STATEMENT DATE	VALUE OF SHARES	
							TOTAL	\$0	
Schedule 5 - V	EHICLES, BOA	TS, MACHIN	ERY, AND EQUII				10112	· · ·	I
YR MAKE	MODEL	YR ACQ COS	T MARKET VALUE	LOA BALANG AN	CE, IF LOAN P	AYABLE TO	PAYMENT AMOUNT	PAYMENT FREQUENCY	TERM (in Mths)
		TO	ΓAL \$0		\$0				

#### Schedule 6 - WHOLLY OWNED REAL ESTATE

LOCATION OR ADDRESS DESCRIPTION OF PROPERTY	TITLE IN THE NAME OF	COST/ YEAR ACQUIRED	MARKET VALUE	MORTGAGE BALANCE	MORTGAGE PAYABLE TO/ Amount per month
					\$ per mo
					\$ per mo
					\$ per mo
					\$ per mo
					\$ per mo
					\$ per mo
					\$ per mo
See attached APPENDIX 6					\$ per mo
		TOTAL	\$0	\$0	

#### Schedule 7 - PARTIALLY OWNED REAL ESTATE

Schedule 7 - TAKTIMEET OWNED IN						
LOCATION OR ADDRESS		COST/	MARKET	MORTGAGE	% of	Ownership
DESCRIPTION OF PROPERTY	TITLE IN THE NAME OF	YR	VALUE	BALANCE	Ownership	Amount
						\$0
						\$0
						\$0
						<b>\$</b> 0
						\$0
						\$0
						<b>\$</b> 0
						<b>\$</b> 0
						\$0

## Schedule 8 - VESTED INTEREST IN PENSION/RETIREMENT ACCOUNTS

ACCOUNT TYPE	IN NAME OF	INVESTED WITH	MARKET VALUE
		TOTAL	\$0

### Schedule 9 - OTHER LOAN PAYABLES

NAME OF LENDER	ORIGINAL DATE	ORIGINAL AMOUNT	LOAN BALANCE	REPAYMENT TERMS	COLLATERAL PLEDGED	OTHER COMAKERS ENDORSERS
_						
			\$0			

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Name: Date:		<u></u>				
SOURCE OF INCOME		CONTIN	NGENT LIABILITIES			
FOR YEAR ENDED	ı	Are you indirectly liable for obligations of others?  If yes, list and describe. If the obligation is for a business or if you need additional space, list and describe on an attachment.				
(Attach a copy of your most recent Income Tax Return	and K-1's)	Name of Borrower				
Salaries - Yours	\$0	Total Amount Owed Lender:				
Salaries - Your spouses, if applicable		Description				
Bonuses & Commissions		Name of Borrower Total Amount Owed Lender:				
Dividends		Description				
Interest		Total Amount as endorser, comak	. 0			
Net Profits from:		Number of Dependants	NAL INFORMATION Ages			
Rental Property		Are you obligated to pay alimony, If so, provide details:	child support, or separate maintenance payment			
Proprietorships						
Partnerships		Are you a defendant in any suits or	r legal actions?			
Joint Ventures		If so, describe:				
		II				
Other Income: (Alimony, child support or separte maintenance			y or had any judgements recorded against you? se include dates, location, amounts)			
income need not be revenealed if you do not wiish to have it considered as a basis for repaying this debt)						
		Do you have a will? It so, who is the executorr				
TOTAL INCOME	\$0	Do you have disability insurance? If so, what is the monthly amounts What years are covered?	8?			
The information contained in this statement is provided to in undersigned or to others upon the guaranty of the in to help decide to grant or continue credit or to accept a guarant true, correct, and complete. Each of the undersigne adverse change (1) in any of the information contained to perform its obligations to TA. In the absence of	troduce Tangible Accounting, P. undersigned. The undersigned y thereof with potential lenders. at agrees to notify TA immediate in this statement or (2) in the fir	acknowledge and understand that TA is relying of Each of the undersigned represents, warrants, a ely and in writing of any change in name, address nancial condition of any of the undersigned or (3	on the information provided herein and certifies that the information provided herein is s, or employment and of any material s) in the ability of any of the undersigned			
If the undersigned fail to notify TA as required about the indebtedness of the undersigned or the indebte inquires it deems necessary to verify the accuracy of the any person or consumer reporting agency to give about TA's credit experience with the undersigned. In an updated financial statement. This personal for THE UNDERSIGNED HAVE READ AND	dness guaranteed by the undersigned he information contained herein (A any information they may har As long as any obligation or guarancial statement and any other formation or guarance guaran	gned, as the case may be, immediately due and p and to determine the creditworthiness of the un- ve on the undersigned. Each of the undersigned tranty of the undersigned to TA is outstanding, to inancial or other information that the undersigned	ayable. TA is authorized to make all adersigned. The undersigned authorize authorizes TA to answer questions the undersigned shall supply annually ed give TA shall be TA's property.			
DATE		YOUR SIGNATURE				
		100000000000000000000000000000000000000				
DATE		YOUR SIGNATURE				
This statement received by:						
Date						