



BOA-5 Financial Information Statement for Businesses

Section 1: Tell us about your corporation or partnership

Part A: Corporation or partnership information

1 Business name _____ 5 Federal employer identification number (FEIN) _____

2 Street address _____ - _____ - _____

_____ - _____ - _____

City State ZIP 6 Illinois business tax (IBT) number _____ - _____

3 Telephone number (_____) _____ 7 Name of bank for business _____

4 Check the appropriate box Active Dissolved 8 Estimated average net income for the next six months \$ _____

Date of incorporation _____ / _____ / _____

Month Day Year

Renewal date _____ / _____ / _____

Month Day Year

Date dissolved _____ / _____ / _____

Month Day Year

9 Have you disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner except for full value from the beginning of the taxable period in which the liability was incurred to the present date? Yes No

If "yes," attach separate statements to show amounts, dates, and circumstances.

Part B: Officers or partners information

	A	B	C	D
	Name and title	Address	Number of shares	Social Security number
10	_____	_____	_____	____ - ____ - _____
11	_____	_____	_____	____ - ____ - _____
12	_____	_____	_____	____ - ____ - _____
13	_____	_____	_____	____ - ____ - _____
14	_____	_____	_____	____ - ____ - _____

Section 2: Complete the following financial information

Note: Attach additional sheets in the same format for any of the following parts if necessary.

Part A: Bank accounts (include payroll and general, savings, certificates of deposit, etc.)

	A	B	C	D	E
	Name of institution	Address	Type of account	Account number	Balance
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____

20 Add Lines 15 through 19, Column E, and write the total here and on Part F, Line 36, Column D.

20 _____

Part B: Charge cards or credit lines from banks, credit unions, and savings and loans

A Type of account or card	B Name and address of financial institution	C Current balance
21 _____	_____	_____
22 _____	_____	_____
23 _____	_____	_____
24 _____	_____	_____
25 _____	_____	_____
26 Add Lines 21 through 25, Column C, and write the total here and on Part F, Line 38, Column C.		26 _____

Part C: Real property

A Brief description of property	B How property is titled	C Physical address	D County
27 _____	_____	_____	_____
28 _____	_____	_____	_____
29 _____	_____	_____	_____

Part D: Life and health insurance policies

A Insurance company	B Policy number	C Type	D Face amount	E Available loan value
30 _____	_____	_____	_____	_____
31 _____	_____	_____	_____	_____
32 Add Lines 30 and 31, Column E, and write the total here and on Part F, Line 41, Column D.				32 _____

Part E: Miscellaneous information

- 33 a Are foreclosure, bankruptcy, receivership, or assignment for benefit of creditors proceedings pending? Yes No
- b What is the bankruptcy number? _____
- c What date was the bankruptcy filed? _____ / _____ / _____ Year. If closed, what was the date? _____ / _____ / _____ Year
- 34 Please identify the preparer of your tax returns.
- Preparer's name _____ Telephone (____) _____
- Street address _____
- City _____ State _____ ZIP _____

Note: You may submit copies of your most recent corporate financial statements (*i.e.*, income statement, balance sheet, and statement of assets) instead of completing Parts F and G.

Part F: Asset and liability analysis

A	B	C	D	E	F	G
Description	Fair market value	Liabilities balance due	Equity (Column B minus Column C)	Monthly payment amount	Pledgee or obligee	Date of final payment
35 Cash						
36 Total bank accounts from Section 2, Part A, Line 20						
37 Accounts/notes receivable						
38 Total charge cards balance from Section 2, Part B, Line 26						
39 Vehicles (model, year)						
a _____						
b _____						
c _____						
40 Real property listed in Section 2, Part C, (Line 27) (Line 28) (Line 29)						
41 Total cash or loan value of insurance from Section 2, Part D, Line 32						
42 Machinery and equipment (specify)						
a _____						
b _____						
c _____						
43 Merchandise inventory (specify)						
a _____						
b _____						
44 Other assets (specify)						
a _____						
b _____						
c _____						
d _____						
45 Other liabilities not covered above (include judgments and notes)						
a _____						
b _____						
c _____						
d _____						
46 Federal taxes owed						
47 State taxes owed						
a Illinois business income tax						
b Other state taxes						
48 Total						

Part G: Monthly income and expense analysis

Income			Necessary monthly operating expenses		
A Source	B Gross	C Net	A Expense	B Amount	
49	Gross receipts from sales, services, etc.	_____	55	Rent (not included in Part F, Line 40)	_____
50	Gross rental income	_____	56	Net wages and salaries (no. of employees _____)	_____
51	Interest	_____	57	Materials purchased	_____
52	Dividends	_____	58	Repairs and maintenance	_____
53	Other income (specify)	_____	59	Supplies	_____
	_____	_____	60	Installment pmts. from Part F, Line 48, Col. E	_____
	_____	_____	61	Utilities/telephone	_____
	_____	_____	62	Gasoline/oil	_____
	_____	_____	63	Insurance	_____
	_____	_____	64	Current taxes	_____
	_____	_____	65	Other (specify)	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
54	Add Lines 49 through 53, Column C. This amount is your total net income.	_____	66	Add Lines 55 through 65. This amount is your total expenses.	_____
67	Subtract Line 66 from Line 54. This amount is your net income after expenses.	_____	67		_____

Part H: Complete any additional asset or income information

68 Write any additional information you have about your assets or income that was not included in any of the preceding parts. Be sure to include a statement regarding the prospect of any increase in the value of your assets or your present income.

Section 3: Sign below

Under penalties of perjury, I state that I have examined this statement of assets, liabilities, and other information and, to the best of my knowledge, it is true, correct, and complete.

_____/_____/_____
 Authorized corporate officer's or partner's signature Title Date

