



EG-13-B Financial and Other Information Statement for Businesses

Note: We may require support for amounts shown on this form.

Step 1: Tell us about your business

- 1 Business name _____
Address _____
City _____ State _____ ZIP _____
- 2 Federal employer identification number (FEIN) _____ - _____
- 3 Illinois account ID _____
- 4 Business phone (____) _____
- 5 Estimated average net income for the next six months \$ _____
- 6 Net income for past two years \$ _____

- 7 List partners or officers. Attach an additional sheet, if necessary.
Name _____
Address _____

Number of shares or interest _____
Social Security number or FEIN _____
- Name _____
Address _____

Number of shares or interest _____
Social Security number or FEIN _____

Step 2: Tell us about your bank accounts and credit card receivables

Attach additional sheets in the same format, if necessary.

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
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____

b Current credit card processor and associated receivables

	A	B	C
	Name of credit card processor	Address	Current receivables
10	_____	_____	_____
11	_____	_____	_____

Step 3: Tell us about your real property

Attach additional sheets in the same format, if necessary.

	A	B	C	D
	Brief description of property	Type of ownership	Physical address	County
12	_____	_____	_____	_____
13	_____	_____	_____	_____

Step 4: Tell us about your charge cards or credit lines from banks, credit unions, and savings and loans

Attach additional sheets in the same format, if necessary.

	A	B	C	D
	Type of account or card	Name and address of financial institution	Credit limit	Credit available
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____

Step 5: Tell us about your life and health insurance policies

Attach additional sheets in the same format, if necessary.

	A	B	C	D	E
	Insurance company	Policy number	Type	Face amount	Available loan value
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____

Step 6: Tell us if bankruptcy is pending

20 Are foreclosure, bankruptcy, receivership, or assignment for benefit of creditors proceedings pending? ____yes ____no

21 Bankruptcy number _____

22 Date filed ____/____/____
Month Day Year

23 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 period in which the liability was incurred to the present date? ____yes ____no If yes, attach a separate statement showing amounts, dates, circumstances, etc.

Step 7: Complete the following statement of assets and liabilities

	A	B	C	D	E	F	G
Description	Present value	Liabilities Balance due	Amount of equity or asset (Col. A minus B)	Monthly payment amount	Pledgee or obligee	Date of first payment	Date of final payment
24 Cash	_____	_____	_____	_____	_____	_____	_____
25 Bank accounts	_____	_____	_____	_____	_____	_____	_____
26 Cash or loan value of ins.	_____	_____	_____	_____	_____	_____	_____
27 Accounts/notes receivable	_____	_____	_____	_____	_____	_____	_____
28 Merchandise inventory	_____	_____	_____	_____	_____	_____	_____
29 Machinery and equipment	_____	_____	_____	_____	_____	_____	_____
30 Real property	_____	_____	_____	_____	_____	_____	_____
31 Vehicles (model/year)	_____	_____	_____	_____	_____	_____	_____
a _____	_____	_____	_____	_____	_____	_____	_____
b _____	_____	_____	_____	_____	_____	_____	_____
32 Other assets (describe)	_____	_____	_____	_____	_____	_____	_____
a _____	_____	_____	_____	_____	_____	_____	_____
b _____	_____	_____	_____	_____	_____	_____	_____
33 Federal taxes outstanding	_____	_____	_____	_____	_____	_____	_____
34 State taxes outstanding	_____	_____	_____	_____	_____	_____	_____
35 Accounts/notes payable	_____	_____	_____	_____	_____	_____	_____
36 Charge cards	_____	_____	_____	_____	_____	_____	_____
37 Other (include judgments)	_____	_____	_____	_____	_____	_____	_____
a _____	_____	_____	_____	_____	_____	_____	_____
b _____	_____	_____	_____	_____	_____	_____	_____
38 Total	_____	_____	_____	_____	_____	_____	_____

Step 8: Complete the following monthly income and expense summary

Monthly income		Monthly expenses	
Source	Amount	Expense	Amount
39 Net receipts from sales, services, etc.	_____	45 Rent (not included in Line 30)	_____
40 Net rental income	_____	46 Net wages and salaries (no. of employees _____)	_____
41 Interest	_____	47 Materials purchased	_____
42 Dividends	_____	48 Repairs and maintenance	_____
43 Other income (specify)	_____	49 Supplies	_____
_____	_____	50 Monthly pmts. from Column D, Line 38	_____
_____	_____	51 Utilities/telephone	_____
_____	_____	52 Gasoline/oil	_____
_____	_____	53 Insurance	_____
_____	_____	54 Current taxes	_____
_____	_____	55 Other (specify) _____	_____
_____	_____	_____	_____
44 Add Lines 39 through 43. This amount is your total net income.	_____	56 Add Lines 45 through 55. This amount is your total expenses.	_____
57 Subtract Line 56 from Line 44. This amount is your net income after expenses.	_____	57	_____

Step 9: Complete any additional asset or income information

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

Step 10: Sign below

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

Signature _____ Title _____ Date ____/____/____