

# Balance Sheet

**2015**

**Form 4A**

Name of Business \_\_\_\_\_

Department ID Number  \_\_\_\_\_

	Beginning of Period			End of Period		
	_____			_____		
	month	day	year	month	day	year
	WITHIN MARYLAND	TOTAL*	WITHIN MARYLAND	TOTAL*		
<b>ASSETS</b>						
<b>CURRENT ASSETS</b>						
1. Cash						
2. Marketable Securities						
3. Accounts Receivable						
4. Inventory						
5. Other Current Assets						
<b>PROPERTY, PLANT AND EQUIPMENT</b>						
6. Land						
7. Buildings						
8. Leasehold Improvements						
9. Equipment						
10. SUBTOTAL Property, Plant and Equipment						
11. Accumulated Depreciation						
12. Net Property, Plant and Equipment						
<b>INTANGIBLE AND OTHER ASSETS</b>						
13. Intangible						
14. Other (provide schedule)						
15. TOTAL ASSETS						
<b>LIABILITIES AND EQUITY</b>						
<b>CURRENT LIABILITIES</b>						
16. Accounts Payable						
17. Other Current Liabilities						
<b>LONG TERM LIABILITIES AND EQUITY</b>						
18. Mortgage, Notes, Bonds Payable						
19. Other Long Term Liabilities						
20. Capital Stock						
21. Paid in or Capital Surplus						
22. Retained Earnings						
23. Other						
24. TOTAL LIABILITIES AND EQUITY						

\*Omit TOTAL columns when all assets are located in Maryland.