



**STATEMENT OF
 FINANCIAL CONDITION
 FOR BUSINESSES**

If additional space is needed, attach separate sheet

SECTION I BUSINESS INFORMATION

Business Name	Business Phone Number
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Business Address

City	County	State	ZIP Code
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Type of Ownership (select appropriate oval): Sole Proprietor Corporation Partnership Other

Preparer's Name	Preparer's Title	FEIN	Type of Business
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Owner, Partners, Officers, Major Shareholders, etc. Information

NAME AND TITLE	EFFECTIVE DATE	HOME ADDRESS	PHONE NUMBER	SSN	TOTAL SHARE OF INTEREST

SECTION II GENERAL FINANCIAL INFORMATION

If sole proprietor, include assets and liabilities of owner.

Latest Filed PA Income Tax Return	Form	Tax Year Ended	Net Income Before Taxes
			\$

Bank Accounts. (List all types of accounts including payroll and general, saving, certificates of deposit, etc.)

NAME OF INSTITUTION	ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
				\$
				\$
				\$
				\$
				\$
TOTAL (Enter in Section III, Line 2)				\$



SECTION II GENERAL FINANCIAL INFORMATION (cont.)

Bank credit available. (Lines of credit, etc.)

NAME OF INSTITUTION	ADDRESS	CREDIT LIMIT	AMOUNT OWED	CREDIT AVAILABLE	MONTHLY PAYMENTS
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTALS (Enter in Section III, Line 9 or 10 as appropriate.)			\$	\$	\$

Safe Deposit Boxes Rented or Accessed (list all locations, box numbers and contents)

BOX NUMBER	SAFE DEPOSIT BOX LOCATION	CONTENTS

Real Estate Property

REAL PROPERTY DESCRIPTION	TYPE OF OWNERSHIP	ADDRESS (INCLUDE COUNTY AND STATE)
a.		
b.		
c.		
d.		

Life Insurance (Owned with business as beneficiary.)

NAME INSURED	COMPANY	POLICY NUMBER	TYPE	FACE VALUE	AVAILABLE LOAN VALUE
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTALS (Enter in Section III, Line 4.)					\$

Additional information regarding financial condition (Court proceedings, bankruptcies filed or anticipated, transfers of assets for less than full value, changes in market condition, etc./ include information regarding company participation in trust, estates, retirement plans, etc.)

SECTION III		ASSETS AND LIABILITIES ANALYSIS		
(A) ASSET OR LIABILITY	(B) DESCRIPTION	(C) CURRENT MARKET VALUE	(D) LIABILITIES BALANCE DUE	(E) AMOUNT OF MONTHLY PAYMENT
1. Cash on hand		\$		
2. Bank Accounts		\$		
3. Accounts/Notes receivable		\$	\$	\$
4. Life Insurance Loan Value		\$	\$	\$
5. Real Property	a.	\$	\$	\$
	b.	\$	\$	\$
	c.	\$	\$	\$
	d.	\$	\$	\$
6. Vehicles (model, year, license)	a.	\$	\$	\$
	b.	\$	\$	\$
	c.	\$	\$	\$
7. Machinery and Equipment (Specify)	a.	\$	\$	\$
	b.	\$	\$	\$
	c.	\$	\$	\$
8. Merchandise Inventory (Specify)	a.	\$	\$	\$
	b.	\$	\$	\$
9. Other Assets (Specify)	a.	\$	\$	\$
	b.	\$	\$	\$
10. Other Liabilities (Including notes and judgements)	a.	\$	\$	\$
	b.	\$	\$	\$
	c.	\$	\$	\$
	d.	\$	\$	\$
	e.	\$	\$	\$
	f.	\$	\$	\$
	g.	\$	\$	\$
11. Federal Taxes Owed		\$	\$	\$
12. State Taxes Owed		\$	\$	\$
13. TOTALS		\$	\$	\$

Instructions for REV-484

Statement of Financial Condition for Businesses

REV-484 IN (ET+) 03-22

GENERAL INFORMATION

The Statement of Financial Condition for Businesses provides the Pennsylvania Department of Revenue with credit and statistical information that will be utilized in evaluating the financial position of your business. Every item of the financial statement must be completed and should reflect accurate statements and amounts. If an item is not applicable to your business, insert N/A. An incomplete Statement of Financial Condition for Businesses will not be considered.

The Statement of Financial Condition for Businesses is presented in five sections. Instructions have been provided only for items requiring further clarification. Most of the requested items are self-explanatory and need no further interpretation.

LINE INSTRUCTIONS

SECTION I

BUSINESS INFORMATION

Please verify the federal employer identification number and the Social Security number(s) of the owner(s).

Information about owner, partners, officers, major shareholders, etc. must be completed for any type of ownership indicated. A sole proprietorship must report the individual owner's name, partnership must report all partners and/or general partner's names, and corporations must report the names of all corporate officers. Attachments may be used as necessary

SECTION II

GENERAL FINANCIAL INFORMATION

All information recorded in this section should be verified for accuracy. The department may conduct an inquiry to substantiate this information.

If the business is a partnership, the Statement of Financial Condition for Businesses must be completed for partnership assets and liabilities, and a separate Statement of Financial Condition for Individuals must be completed for each general partner.

BANK CREDIT AVAILABLE

Include all credit cards owned by the business.

LIFE INSURANCE

Include all life insurance policies owned by the business, such as Key-Man Life Insurance.

ADDITIONAL INFORMATION REGARDING FINANCIAL CONDITION

Report any extraordinary situations such as recent transfers of assets, court proceedings and anticipated changes in business income.

SECTION III

ASSETS AND LIABILITIES ANALYSIS

LINES 1-13

This section resembles a balance sheet and should reflect accurate amounts.

LINE 1

Report actual cash on hand, not cash in banks or other financial institutions.

LINE 6

Report the current market value of business vehicles as determined in an automobile "blue book" or by other property valuation sources.

LINE 10

Report all debts owed by your business.

LINES 11 AND 12

Report all delinquent federal and state business taxes.

LINE 13

Report totals for all entries made in each column.

SECTION IV

INCOME AND EXPENSE ANALYSIS

LINES 14-32

This section must report all sources of income and all business expenses directly attributable to the production of income. Depreciation is not deemed an out-of-pocket expense and should not be included in the expense summary. Additional lines have been provided for reporting

income and/or expense items not already itemized in Section III. Each entry should be verified for accuracy. The department may request supporting documents to substantiate this information.

REPORTING PERIOD

Must reflect an operating period of 12 months.

ACCOUNTING METHOD USED

Report the accounting method of the business (i.e., cash or accrual).

LINE 19

Report total income from all income sources listed under Lines 14-18.

LINE 31

Report total expenses from all liability sources listed under Lines 20-30.

SECTION V

CERTIFICATION

Signature certifies that statements and entries contained in the Statement of Financial Condition and/or accompanying schedules are correct to the best knowledge and belief of the undersigned.

Must provide signature by a duly authorized representative, owner, partner or corporate officer along with the applicable date the signatures were affixed.