

**Form 1-A:  
SUPPLEMENTAL FINANCIAL QUESTIONNAIRE FOR SELF-EMPLOYED  
PERSONS**

NOTE: You must complete a separate form for each business you own

NAME OF BUSINESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(if different)

BUSINESS PHONE \_\_\_\_\_ DATE BUSINESS BEGAN \_\_\_\_\_

TAXPAYER ID NUMBER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

IS YOUR BUSINESS A:

- Sole proprietorship
- Partnership
- Corporation
- LLC
- LLP
- Other \_\_\_\_\_

NAMES AND ADDRESSES OF OWNERS	PERCENTAGE OF OWNERSHIP

**IF YOU HAVE A BUSINESS ATTORNEY, PROVIDE:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**IF YOU HAVE AN ACCOUNTANT, PROVIDE:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Have you used any other accountants in the past two years? If so, provide:

Name	Address	Dates Employed
_____		
_____		

**IF YOU HAVE A BOOKKEEPER, PROVIDE:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Have you used any other bookkeepers in the past two years? If so, provide:

Name	Address	Dates Employed
_____		
_____		



**BUSINESS ASSETS**

1. Real Estate

Location: \_\_\_\_\_ Value \_\_\_\_\_

2. Vehicles

Make and Model \_\_\_\_\_ Value \_\_\_\_\_

Make and Model \_\_\_\_\_ Value \_\_\_\_\_

3. Equipment

Description \_\_\_\_\_ Value \_\_\_\_\_

4. Furniture and Fixtures

Description \_\_\_\_\_ Value \_\_\_\_\_

5. Tools

Description \_\_\_\_\_ Value \_\_\_\_\_

6. Supplies

Description \_\_\_\_\_ Value \_\_\_\_\_

7. Inventory Value \_\_\_\_\_ Basis \_\_\_\_\_

8. Accounts Receivable \_\_\_\_\_  
(amount owed)

9. Other

Description \_\_\_\_\_ Value \_\_\_\_\_

## BUSINESS DEBTS

### 1. Secured Debts

Lender	Collateral	Amount Owed	Are you a guarantor on this debt?

### 2. Tax Debts

Taxing Authority	Type of Tax	Amount Owed	For what years?
Internal Revenue Service			
Oregon Department of Revenue			
Other:			

### 3. Unsecured Debts

Lender	Amount Owed	Are you a guarantor?

**INCOME AND EXPENSES**

**PROJECTED ANNUAL BUSINESS INCOME :**

*(ANTICIPATED DURING THE NEXT 12 MONTHS)*

- 1. Gross Sales or Receipts \_\_\_\_\_
- 2. Returns and Allowances \_\_\_\_\_
- 3. Less Cost of Goods Sold \_\_\_\_\_
- 4. Other Income \_\_\_\_\_
- 5. Gross Income \_\_\_\_\_

**PROJECTED ANNUAL BUSINESS EXPENSES:**

*(ANTICIPATED DURING THE NEXT 12 MONTHS)*

- 6. Advertising \_\_\_\_\_
- 7. Vehicle Expenses \_\_\_\_\_
  - a. Gasoline \_\_\_\_\_
  - b. Vehicle Maintenance & Repair \_\_\_\_\_
- 8. Commissions and Fees \_\_\_\_\_
- 9. Secured Debt Payments \_\_\_\_\_
- 10. Employee Benefits \_\_\_\_\_
- 11. Insurance \_\_\_\_\_
  - a. Auto Insurance \_\_\_\_\_
  - b. Health Insurance \_\_\_\_\_
  - c. Liability Insurance \_\_\_\_\_
  - d. Contractors Bond \_\_\_\_\_
  - e. Other Insurance \_\_\_\_\_
- 12. Legal and Professional Services \_\_\_\_\_
- 13. Office Expenses \_\_\_\_\_
- 14. Pension/Profit-Sharing Plans \_\_\_\_\_
- 15. Rent or Leases \_\_\_\_\_
  - a. Vehicles, Machinery, Equipment \_\_\_\_\_
  - b. Other Business Property(including building) \_\_\_\_\_
- 16. Equipment Repairs and Maintenance \_\_\_\_\_
- 17. Supplies \_\_\_\_\_
- 18. Taxes and Licenses \_\_\_\_\_
  - a. Payroll Taxes \_\_\_\_\_
  - b. Income/Self-Employment Tax \_\_\_\_\_
  - c. Other Taxes/Licenses \_\_\_\_\_
- 19. Travel \_\_\_\_\_
- 20. Meals and Entertainment \_\_\_\_\_
- 21. Utilities \_\_\_\_\_
  - a. Telephone \_\_\_\_\_
  - b. Other Utilities \_\_\_\_\_
- 22. Wages \_\_\_\_\_
- 23. Other Expenses \_\_\_\_\_
  - a. Computers, Software & Maintenance \_\_\_\_\_
  - b. Education \_\_\_\_\_
  - c. Other \_\_\_\_\_

**IF AVAILABLE, PLEASE ATTACH:**

1. Schedule C from your most recently filed business tax return
2. Current business balance sheet
3. Profit and Loss Statement for last six months