

**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