



# BUSINESS LOAN APPLICATION

Small Business Loan Source, Inc.

## INFORMATION ABOUT YOUR BUSINESS

|                                    |       |     |                             |                                    |  |
|------------------------------------|-------|-----|-----------------------------|------------------------------------|--|
| FULL LEGAL NAME / BORROWING ENTITY |       |     | NATURE OF BUSINESS          |                                    |  |
| BUSINESS PHONE                     |       |     | YEAR BUSINESS ESTABLISHED   | APPLICANT HAS OWNED BUSINESS SINCE |  |
| STREET ADDRESS                     |       |     | NUMBER OF CURRENT EMPLOYEES | NUMBER OF EMPLOYEES AFTER LOAN     |  |
| CITY                               | STATE | ZIP |                             |                                    |  |

## PRINCIPAL OWNERS (Must account for 100% of the ownership of the business after loan)

| FULL LEGAL NAME | SOCIAL SECURITY NUMBER | COMPLETE ADDRESS | % OWNED | TITLE |
|-----------------|------------------------|------------------|---------|-------|
|                 |                        |                  |         |       |
|                 |                        |                  |         |       |
|                 |                        |                  |         |       |

## LOAN REQUEST INFORMATION (Project Costs Minus Own Funds = Loan Request)

|                               |          |                               |          |
|-------------------------------|----------|-------------------------------|----------|
| Purchase Raw Land             | \$ _____ |                               |          |
| Construction                  | \$ _____ |                               |          |
| Purchase Existing Building    | \$ _____ | <b>TOTAL PROJECT COST</b>     | \$ _____ |
| Renovation / Remodeling       | \$ _____ |                               |          |
| Purchase Equipment            | \$ _____ | Less: Cash From Applicant     | \$ _____ |
| Purchase Inventory            | \$ _____ | Less: Seller Financing        | \$ _____ |
| Working Capital               | \$ _____ | Less: _____                   | \$ _____ |
| Closing Costs / Loan Expenses | \$ _____ | Less: _____                   | \$ _____ |
| Other: _____                  | \$ _____ |                               |          |
| Other: _____                  | \$ _____ | <b>EQUAL: SBA LOAN AMOUNT</b> | \$ _____ |
| <b>TOTAL PROJECT COST</b>     | \$ _____ |                               |          |

## CERTIFICATION AND SIGNATURES

The undersigned certifies that all statements in this Application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. The undersigned authorizes Small Business Loan Source, Inc. ("Lender") to make such inquiries and gather such information as the Lender deems necessary and reasonable concerning any information provided to the Lender on this Application or on any such required document, including inquiries to the Internal Revenue Services, and any local Credit Bureau Reporting Agencies. The undersigned further agrees to notify the Lender promptly of any material change in any such information.

|                     |       |      |
|---------------------|-------|------|
| PRINCIPAL SIGNATURE | TITLE | DATE |
| PRINCIPAL SIGNATURE | TITLE | DATE |
| PRINCIPAL SIGNATURE | TITLE | DATE |

# INFORMATION REQUEST CHECKLIST

## PERSONAL INFORMATION

- \_\_\_\_\_ Last Three Years Personal Tax Returns on all persons owning 20% or more of applicant business
- \_\_\_\_\_ Personal Financial Statement on all persons owning 20% or more of applicant business (form enclosed)
- \_\_\_\_\_ Personal Profile on all persons owning 20% or more of applicant business (form enclosed)
- \_\_\_\_\_ Personal Profile on all spouses of persons owning 20% or more of applicant business (form enclosed)

## APPLICANT BUSINESS INFORMATION

- \_\_\_\_\_ Last Three Years Business/Corporate Tax Returns on applicant business
- \_\_\_\_\_ Last Three Years Fiscal Year End Financial Statements on applicant business
- \_\_\_\_\_ Current Interim Financial Statement on applicant business ( must be no older than 60 days)
- \_\_\_\_\_ Schedule of Fixed Debt on applicant business (form enclosed)
- \_\_\_\_\_ Copies of any and all notes to be refinanced
- \_\_\_\_\_ One Year Sales & Expense Projections (form enclosed) Must include assumptions
- \_\_\_\_\_ History of applicant business (form enclosed)
- \_\_\_\_\_ Listing of accounts payable and accounts receivable

## REAL ESTATE / EQUIPMENT INFORMATION

- \_\_\_\_\_ Copy of real estate earnest money contract
- \_\_\_\_\_ Estimates of any proposed Construction / Renovations / Remodeling
- \_\_\_\_\_ Plans, specifications, and details of any proposed construction
- \_\_\_\_\_ List of machinery, equipment, furniture & fixtures, now owned by applicant business

## SELLER'S INFORMATION (If Business Purchase)

- \_\_\_\_\_ Cost breakdown of assets (i.e. real estate, equipment, inventory, goodwill, etc.) being purchased
- \_\_\_\_\_ List of machinery, equipment, furniture & fixtures, and inventory to be purchased from seller
- \_\_\_\_\_ Last Three Years Business/Corporate Tax Returns on seller business
- \_\_\_\_\_ Last Three Years Fiscal Year End Financial Statements on seller business
- \_\_\_\_\_ Current Interim Financial Statement on seller business ( must be no older than 60 days)



Small Business Loan Source, Inc.

PERSONAL PROFILE

Please fill in all spaces. If an item is not applicable, please indicate as such. You may include relevant information on a separate exhibit. SIGN/DATE where indicated.

PERSONAL INFORMATION form with fields for state name, birth date, residence, spouse, and employment.

PERSONAL DECLARATIONS

11 numbered questions regarding legal and financial status with YES/NO checkboxes.

CERTIFICATION AND SIGNATURE

The undersigned certifies that all statements in this Application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete.

Signature lines for BY (AUTHORIZED SIGNATURE), TITLE, and DATE.

PLEASE COMPLETE BACK SIDE

## BUSINESS AFFILIATIONS

**List all businesses which are totally or partially owned by you or your spouse.**

| COMPLETE LEGAL BUSINESS NAME | % OWNED | # OF EMPLOYEES | TYPE OF BUSINESS |
|------------------------------|---------|----------------|------------------|
|                              |         |                |                  |
|                              |         |                |                  |
|                              |         |                |                  |
|                              |         |                |                  |

## EDUCATION

| COLLEGE / TECHNICAL TRAINING - NAME - LOCATION | DATES ATTENDED (Mo/Yr)         | MAJOR | DEGREE / CERTIFICATION |
|--|--------------------------------|-------|------------------------|
|  | From:                      To: |       |                        |
|  |                                |       |                        |
|  |                                |       |                        |

## MILITARY SERVICE BACKGROUND

| BRANCH OF SERVICE | DATES OF SERVICE (Mo/Yr)       |
|-------------------|--------------------------------|
|                   | From:                      To: |
|                   |                                |

## WORK EXPERIENCE (Start with present employer and provide all work history back to age 18)

|                         |            |       |
|-------------------------|------------|-------|
| COMPANY NAME / LOCATION |            |       |
| FROM (Mo/Yr)            | TO (Mo/Yr) | TITLE |
| DUTIES                  |            |       |
| COMPANY NAME / LOCATION |            |       |
| FROM (Mo/Yr)            | TO (Mo/Yr) | TITLE |
| DUTIES                  |            |       |
| COMPANY NAME / LOCATION |            |       |
| FROM (Mo/Yr)            | TO (Mo/Yr) | TITLE |
| DUTIES                  |            |       |
| COMPANY NAME / LOCATION |            |       |
| FROM (Mo/Yr)            | TO (Mo/Yr) | TITLE |
| DUTIES                  |            |       |
| COMPANY NAME / LOCATION |            |       |
| FROM (Mo/Yr)            | TO (Mo/Yr) | TITLE |
| DUTIES                  |            |       |
| COMPANY NAME / LOCATION |            |       |
| FROM (Mo/Yr)            | TO (Mo/Yr) | TITLE |
| DUTIES                  |            |       |

ATTACH ADDITIONAL SHEET IF NECESSARY



## PERSONAL FINANCIAL STATEMENT

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_, 19 \_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

| ASSETS   |    | (Omit Cents) | LIABILITIES                             |    | (Omit Cents) |
|--|----|--------------|---|----|--------------|
| Cash on hands & in Banks .....                 | \$ | _____        | Accounts Payable .....                  | \$ | _____        |
| Savings Accounts .....                         | \$ | _____        | Notes Payable to Banks and Others ..... | \$ | _____        |
| IRA or Other Retirement Account .....          | \$ | _____        | (Describe in Section 2)                 |    |              |
| Accounts & Notes Receivable .....              | \$ | _____        | Installment Account (Auto) .....        | \$ | _____        |
| Life Insurance-Cash Surrender Value Only ..... | \$ | _____        | Mo. Payments \$ _____                   |    |              |
| (Complete Section 8)                           |    |              | Installment Account (Other) .....       | \$ | _____        |
| Stocks and Bonds .....                         | \$ | _____        | Mo. Payments \$ _____                   |    |              |
| (Describe in Section 3)                        |    |              | Loan on Life Insurance .....            | \$ | _____        |
| Real Estate .....                              | \$ | _____        | Mortgages on Real Estate .....          | \$ | _____        |
| (Describe in Section 4)                        |    |              | (Describe in Section 4)                 |    |              |
| Automobile-Present Value .....                 | \$ | _____        | Unpaid Taxes .....                      | \$ | _____        |
| Other Personal Property .....                  | \$ | _____        | (Describe in Section 6)                 |    |              |
| (Describe in Section 5)                        |    |              | Other Liabilities .....                 | \$ | _____        |
| Other Assets .....                             | \$ | _____        | (Describe in Section 7)                 |    |              |
| (Describe in Section 5)                        |    |              | Total Liabilities .....                 | \$ | _____        |
| <b>Total</b>                                   | \$ | _____        | Net Worth .....                         | \$ | _____        |
|  |    |              | <b>Total</b>                            | \$ | _____        |

| Section 1. Source of Income          | Contingent Liabilities                 |
|--------------------------------------|--|
| Salary .....                         | As Endorser or Co-Maker .....          |
| Net Investment Income .....          | Legal Claims & Judgments .....         |
| Real Estate Income .....             | Provision for Federal Income Tax ..... |
| Other Income (Describe below)* ..... | Other Special Debt .....               |

Description of Other Income in Section 1.

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or Endorsed Type of Collateral |
|-----------------------------------|------------------|-----------------|----------------|---------------------------|--|
|                                   |                  |                 |                |                           |  |
|                                   |                  |                 |                |                           |  |
|                                   |                  |                 |                |                           |  |
|                                   |                  |                 |                |                           |  |

| <b>Section 3.</b> |                    |      |                                 |                            |             |
|-------------------|--------------------|------|---------------------------------|----------------------------|-------------|
| Number of Shares  | Name of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
|                   |                    |      |                                 |                            |             |
|                   |                    |      |                                 |                            |             |
|                   |                    |      |                                 |                            |             |

| <b>Section 4.</b> (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.) |            |            |            |
|--|------------|------------|------------|
|  | Property A | Property B | Property C |
| Type of Property   |            |            |            |
| Address  |            |            |            |
| Date Purchased   |            |            |            |
| Original Cost  |            |            |            |
| Present Market Value   |            |            |            |
| Name & Address of Mortgage Holder  |            |            |            |
| Mortgage Account Number  |            |            |            |
| Mortgage Balance   |            |            |            |
| Amount of Payment per Month/Year   |            |            |            |
| Status of Mortgage   |            |            |            |

**Section 5.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.



# PERSONAL CASH FLOW STATEMENT

Small Business Loan Source, Inc.

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

**INCOME** **MONTHLY**

Salary (Net after Taxes) \_\_\_\_\_

Spousal Salary (Net after Taxes) \_\_\_\_\_

Rental Income \_\_\_\_\_

Interest Income \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \_\_\_\_\_

**EXPENSES** **MONTHLY**

Home Mortgage Payment (Including taxes & ins.) \_\_\_\_\_

or Rent Expense \_\_\_\_\_

Other Real Estate Mortgage Payments \_\_\_\_\_

Auto Loan Payments \_\_\_\_\_

Other Loan Payments \_\_\_\_\_

Credit Card Payments (Minimum Due Monthly) \_\_\_\_\_

Utilities \_\_\_\_\_

Insurance (Auto, Health, Life, etc.) \_\_\_\_\_

Food \_\_\_\_\_

Clothing \_\_\_\_\_

Child Care \_\_\_\_\_

Other Living Expenses \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:** \_\_\_\_\_

**MONTHLY CASH FLOW SURPLUS (DEFICIT):** \_\_\_\_\_

I / We hereby certify that the above information is valid and correct to the best of my / our knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Small Business Loan Source, Inc.

# SOURCE OF CASH INJECTION

Note: Before a loan application can be processed, it is necessary to establish the source and present location of the funds intended to be invested in a business. SBLS may withdraw the loan request if a change in source of funds in this statement is noted.

| <i>INCOME</i>           | <i>VERIFICATION</i>                 | <i>AMOUNT</i>   |
|-------------------------|-------------------------------------|-----------------|
| Checking/Savings        | Bank Statements                     | \$ _____        |
| Land Equity             | Appraisal, Purchase Agreement       | \$ _____        |
| Retirement/401 k        | Account Statements                  | \$ _____        |
| Early Inheritance       | Inheritance Letter                  | \$ _____        |
| Home Equity             | Appraisal, Account Statements       | \$ _____        |
| Monies Already Invested | Receipts, Paid Invoices             | \$ _____        |
| Gift letter             | Tax returns and F/S of gift grantor | \$ _____        |
| Sale of Assets          | Documents                           | \$ _____        |
| Other (Specify Below)*  |                                     | \$ _____        |
|                         | <b>TOTAL EQUITY INJECTION</b>       | <b>\$ _____</b> |

Other\* Provide detail explanation:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



Small Business Loan Source, Inc.

# CASH FLOW PROJECTIONS

|  | <b>Month 1</b>  |                     | <b>Month 2</b>  |                     | <b>Month 3</b>  |                     | <b>Month 4</b>  |                     | <b>Month 5</b>  |                     | <b>Month 6</b>  |                     |
|--|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|
|  | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts |
| Gross Receipts   | _____           | 100%                | _____           | 100%                | _____           | 100%                | _____           | 100%                | _____           | 100%                | _____           | 100%                |
| Cost of Goods Sold   | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| GROSS PROFIT   | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| EXPENSES:  |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Officer's Salaries   | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Employee's Wages   | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Accounting & Legal Fees                                      | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Advertising  | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Rent   | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Depreciation   | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Supplies   | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Electricity  | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Telephone  | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Interest   | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Repairs  | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Taxes  | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Insurance  | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Bad Debts  | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Miscellaneous  | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Other (explain)  | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| Other (explain)  | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| TOTAL EXPENSES   | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| NET PROFIT BEFORE TAXES                                      | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| LESS: Withdrawals (only if<br>Proprietorship or Partnership) | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |
| NET PROFIT REMAINING<br>FOR PAYMENTS ON LOAN                 | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               | _____           | _____               |

NOTE: Attach narrative explaining basis for figures showing receipts, expenses and profits.

**CASH FLOW PROJECTIONS**

**continued**

|   | <b>Month 7</b>  |                     | <b>Month 8</b>  |                     | <b>Month 9</b>  |                     | <b>Month 10</b> |                     | <b>Month 11</b> |                     | <b>Month 12</b> |                     | <b>TOTAL</b>    |                     |
|---|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|---------------------|
|   | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts | Dollar Estimate | % of Gross Receipts |
| Gross Receipts  |                 | 100%                |                 | 100%                |                 | 100%                |                 | 100%                |                 | 100%                |                 | 100%                |                 | 100%                |
| Cost of Goods Sold  |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| <b>GROSS PROFIT</b>                                       |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| <b>EXPENSES:</b>  |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Officer's Salaries  |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Employee's Wages  |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Accounting & Legal Fees                                   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Advertising   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Rent  |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Depreciation  |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Supplies  |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Electricity   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Telephone   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Interest  |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Repairs   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Taxes   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Insurance   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Bad Debts   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Miscellaneous   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Other (explain)   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| Other (explain)   |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| <b>TOTAL EXPENSES</b>                                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| <b>NET PROFIT BEFORE TAXES</b>                            |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| LESS: Withdrawals (only if Proprietorship or Partnership) |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |
| <b>NET PROFIT REMAINING FOR PAYMENTS ON LOAN</b>          |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |                 |                     |

*NOTE: Attach narrative explaining basis for figures showing receipts, expenses and profits.*

*I certify to the best of my knowledge that this statement is true and correct.*

By: \_\_\_\_\_

Date: \_\_\_\_\_



Small Business Loan Source, Inc.

# SCHEDULE OF FIXED DEBT

APPLICANT NAME: \_\_\_\_\_

AS OF MONTH ENDING: \_\_\_\_\_

| CREDITOR     | ORIGINAL BALANCE | ORIGINAL DATE | PRESENT BALANCE | INTEREST RATE | MATURITY DATE | MONTHLY PAYMENT | COLLATERAL SECURITY | CURRENT OR DELINQUENT |
|--------------|------------------|---------------|-----------------|---------------|---------------|-----------------|---------------------|-----------------------|
|              |                  |               |                 |               |               |                 |                     |                       |
|              |                  |               |                 |               |               |                 |                     |                       |
|              |                  |               |                 |               |               |                 |                     |                       |
|              |                  |               |                 |               |               |                 |                     |                       |
|              |                  |               |                 |               |               |                 |                     |                       |
|              |                  |               |                 |               |               |                 |                     |                       |
|              |                  |               |                 |               |               |                 |                     |                       |
|              |                  |               |                 |               |               |                 |                     |                       |
|              |                  |               |                 |               |               |                 |                     |                       |
| <b>TOTAL</b> |                  |               |                 |               |               |                 |                     |                       |

I certify to the best of my knowledge that this statement is true and correct.

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: Do not use this form to get tax account information. Instead, see instructions below.**

|  |   |
|--|---|
| 1a Name shown on tax form. If a joint return, enter the name shown first.  | 1b First social security number on tax form or employer identification number (see instructions.)   |
| 2a If a joint return, spouse's name shown on tax form  | 2b Second social security number on tax form  |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code  |   |
| 4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3   |   |
| 5 If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address<br><b>Small Business Loan Source, Inc. Attn: 9801 Westheimer, 11th Floor Houston, TX 77042</b>  |   |
| 6 If we cannot find a record of your tax form and you want the payment refunded to the third party, check here <input type="checkbox"/>  |   |
| 7 If name in third party's records differs from line 1a above, enter that name here (see instructions)   |   |
| 8 Check only one box to show what you want. There is no charge for items 8a, b, and c:<br>a <input checked="" type="checkbox"/> Tax return transcript of Form 1040 series filed during the current calendar year and the 3 prior calendar years. (see instructions).<br>b <input type="checkbox"/> Verification of nonfiling.<br>c <input type="checkbox"/> Form(s) W-2 information (see instructions).<br>d <input type="checkbox"/> Copy of tax form and all attachments (Including Form(s) W-2, schedules, or other forms). The charge is \$23 for each period requested. <input type="checkbox"/><br><i>Note: If these copies must be certified for court or administrative proceedings, see instructions and check here</i> |   |
| 9 If this request is to meet a requirement of one of the following, check all boxes that apply.<br><input checked="" type="checkbox"/> Small Business Administration <input type="checkbox"/> Department of Education <input type="checkbox"/> Department of Veterans Affairs <input type="checkbox"/> Financial Institution   |   |
| 10 Tax form number (Form 1040, 1040A, 941, etc.)   | 12 Complete only if line 8d is checked.<br>Amount Due:<br>a Cost for each period .....<br>b Number of tax periods requested on line 11 .....<br>c Total cost. Multiply line 12a by line 12b .....<br><i>Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service"</i> |
| 11 Tax period(s) (year or period ended date). If more than four, see instructions.   | <b>Does not apply to SBA transcript requests</b>  |

**Caution: Before signing, make sure all items are complete and the form is dated.**

I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.

|               |   |   |
|---------------|---|---|
|               |   | Telephone number of requester                                 |
| <b>Please</b> | Signature. See instructions. If other than taxpayer, attach authorization document. | Date  |
| <b>Sign</b>   | Title (if line 1a above is a corporation, partnership, estate, or trust)            | Best time to call   |
| <b>Here</b>   | Spouse's signature  | Date  |
|               |   | <b>TRY A TAX RETURN TRANSCRIPT</b> (see line 8A instructions) |

**Instructions**

Section references are to the Internal Revenue Code.

**TIP:** If you had your tax form filled in by a paid preparer, check first to see if you can get a copy from the preparer. This may save you both time and money.

**Purpose of Form.** — Use Form 4506 to get a tax return transcript, verification that you did not file a Federal tax return, Form W-2 information, or a copy of a tax form. Allow 6 weeks after you file a tax form before you request a copy of it or a transcript. For W-2

information, wait 13 months after the end of the year in which the wages were earned. For example, wait until Feb. 1999 to request W-2 information for wages earned in 1997.

Do not use this form to request Forms 1099 or tax account information. See this page for details on how to get these items.  
**Note:** Form 4506 must be received by the IRS within 60 calendar days after the date you signed and dated the request.

**How Long Will it Take?** — You can get a tax return transcript or verification of nonfiling within 7 to 10 workdays after the IRS receives your request. It can take up to 60 calendar

days to get a copy of a tax form or W-2 information. To avoid any delay, be sure to furnish all the information asked for on Form 4506.

**Forms 1099.** — If you need a copy of a Form 1099, contact the payer. If the payer cannot help you, call or visit the IRS to get Form 1099 information.

**Tax Account Information.** — If you need a statement of your tax account showing any later changes that you or the IRS made to the original return, request tax account information. Tax account information lists