Personal Financial Statement

NOTE: This form to be used for Personal Financial Statements only. NOT TO BE USED FOR BUSINESS STATEMENTS.

Personal financial statement of _____ Social Security #: _____
(Name)

_____
(Street Address, City, State, Zip)

_____HOME PHONE NO. (_____)_____BUS. PHONE NO.(_____)_____
(Name of Wife/Husband)

AS OF _____, 20_____
(Date)

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)		Notes payable to (names and addresses):	
Cash in following banks (names and addresses):			
		Sales Contracts & Chattel Mtgs. (Schedule 6)	
		Accounts payable	
Stocks and bonds (Schedule 1)			
Accounts receivable (Schedule 2)		Current portion of long term debt	
Notes receivable (Schedule 3)		Other current liabilities (Schedule 6)	
Other current assets (itemize):			
		Current Year's Income Taxes Unpaid	
		Prior Year's Income Taxes Unpaid	
		Real Estate Taxes Unpaid	
TOTAL CURRENT ASSETS		**TOTAL CURRENT LIABILITIES**	
FIXED ASSETS		**LONG TERM LIABILITIES**	
Real estate (Schedule 4):		Real estate debt (Schedule 4):	
Residence		Residence	
Other		Other	
Cash Value of life insurance (Schedule 5)		Borrowed on life insurance (Schedule 5)	
Other assets and investments (Schedule 6):		Other long term debt (Schedule 6):	
		TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS		**NET WORTH**	
TOTAL ASSETS		**TOTAL LIABILITIES AND NET WORTH**	

CONTINGENT LIABILITIES

FOR ENDORSEMENTS OR GUARANTEES $_____ FOR OTHER PURPOSES $_____

GIVE DETAILS _____

_____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to Whom And for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
			TOTALS		

2. ACOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
			TOTAL	

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
				TOTAL	

4. REAL ESTATE

Description of Property	Title in Name of	Date Acquired	Cost	Market Value	Amount Encumbrance	Monthly Payments	Monthly Income
		TOTALS					

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

SCHEDULE 6: DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

_____

_____

_____

_____

_____

_____

_____

SIGNATURE_____ DATE_____