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NOTE: THIS FORM IS STRICTLY TO BE USED FOR PERSONAL FINANCIAL STATEMENTS, NOT BUSINESS STATEMENTS

NAME:	SOCIAL SECURITY #:	ADDRESS:	PHONE NUMBER:
SPOUSE NAME:	SOCIAL SECURITY #:	ADDRESS:	PHONE NUMBER:

CURRENT ASSETS		CURRENT LIABILITIES	
Cash		Notes Payable (Include to who, name & address)	
Money in Bank			
Stocks & Bonds (See Sched. No. 1)		Sales Contracts (Attach contract or description)	
Accounts Receivable (See Sched. No. 2)		Accounts Payable	
Notes Receivable (See Sched. No. 3)		Current Portion of Long-Term Debt	
Other Current Assets (attach description)		Other Current Liabilities (attach explanation)	
		Current Year's Income Tax Unpaid	
		Prior Year's Income Taxes Unpaid	
		Real Estate Taxes Unpaid	
Total Current Assets:		Total Current Liabilities:	

FIXED ASSETS		LONG-TERM LIABILITIES	
Real Estate (See Sched. No. 4)		Real Estate Debt (See Sched. No. 4)	
Residence		Residence	
Other		Other	
Cash Value of Life Insurance (See Sched. No. 5)		Borrowed on Life Insurance (See Sched. No. 5)	
Other Assets & Investments (attach description)		Other Long-Term Liabilities (attach explanation)	
Total Current Assets:		Total Current Liabilities:	

TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	

CONTINGENT LIABILITIES	
Endorsements or guarantees	\$
Other Purposes	\$
Details:	

SCHEDULE NO. 1 – STOCKS & BONDS

Name of Security	# Of Shares	If pledged or held by	Cost	Market Value	Book Value
TOTALS:					

SCHEDULE NO. 2 – ACCOUNTS RECEIVABLE

Name & Address of Whom is Due	What is it due for?	How Secure	Date	Maturity	Amount
Total:					

SCHEDULE NO. 3 – NOTES RECEIVABLE

Name & Address of Whom is Due	What is it due for?	How Secure	Date	Maturity	Amount
Total:					

SCHEDULE NO. 4 – REAL ESTATE

Description of Property	Name on Title	Market Value	Date Purchased/Acquired	Cost	Maturity	Amount
Totals:						

SCHEDULE NO. 5 – LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed (if any)

Principal Signature: _____

Date: _____

Spouse Signature: _____

Date: _____