



# BOA-5 Financial Information Statement for Businesses

## Section 1: Tell us about your corporation or partnership

### Part A: Corporation or partnership information

1 Business name \_\_\_\_\_ 5 Federal employer identification number (FEIN) \_\_\_\_\_

2 Street address \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City State ZIP 6 Illinois business tax (IBT) number \_\_\_\_\_ - \_\_\_\_\_

3 Telephone number (\_\_\_\_\_) \_\_\_\_\_ 7 Name of bank for business \_\_\_\_\_

4 Check the appropriate box  Active  Dissolved 8 Estimated average net income for the next six months \$ \_\_\_\_\_

Date of incorporation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

Renewal date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

Date dissolved \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

9 Have you disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner except for full value from the beginning of the taxable period in which the liability was incurred to the present date?  Yes  No

If "yes," attach separate statements to show amounts, dates, and circumstances.

### Part B: Officers or partners information

	A	B	C	D
	Name and title	Address	Number of shares	Social Security number
10	_____	_____	_____	____ - ____ - _____
11	_____	_____	_____	____ - ____ - _____
12	_____	_____	_____	____ - ____ - _____
13	_____	_____	_____	____ - ____ - _____
14	_____	_____	_____	____ - ____ - _____

## Section 2: Complete the following financial information

Note: Attach additional sheets in the same format for any of the following parts if necessary.

### Part A: Bank accounts (include payroll and general, savings, certificates of deposit, etc.)

	A	B	C	D	E
	Name of institution	Address	Type of account	Account number	Balance
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____

20 Add Lines 15 through 19, Column E, and write the total here and on Part F, Line 36, Column D.

20 \_\_\_\_\_

**Part B: Charge cards or credit lines from banks, credit unions, and savings and loans**

A Type of account or card	B Name and address of financial institution	C Current balance
21 _____	_____	_____
22 _____	_____	_____
23 _____	_____	_____
24 _____	_____	_____
25 _____	_____	_____
26 Add Lines 21 through 25, Column C, and write the total here and on Part F, Line 38, Column C.		26 _____

**Part C: Real property**

A Brief description of property	B How property is titled	C Physical address	D County
27 _____	_____	_____	_____
28 _____	_____	_____	_____
29 _____	_____	_____	_____

**Part D: Life and health insurance policies**

A Insurance company	B Policy number	C Type	D Face amount	E Available loan value
30 _____	_____	_____	_____	_____
31 _____	_____	_____	_____	_____
32 Add Lines 30 and 31, Column E, and write the total here and on Part F, Line 41, Column D.				32 _____

**Part E: Miscellaneous information**

- 33 a Are foreclosure, bankruptcy, receivership, or assignment for benefit of creditors proceedings pending?  Yes  No
- b What is the bankruptcy number? \_\_\_\_\_
- c What date was the bankruptcy filed? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Year. If closed, what was the date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Year
- 34 Please identify the preparer of your tax returns.
- Preparer's name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
- Street address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Note:** You may submit copies of your most recent corporate financial statements (*i.e.*, income statement, balance sheet, and statement of assets) instead of completing Parts F and G.

**Part F: Asset and liability analysis**

A	B	C	D	E	F	G
Description	Fair market value	Liabilities balance due	Equity (Column B minus Column C)	Monthly payment amount	Pledgee or obligee	Date of final payment
<b>35</b> Cash						
<b>36</b> Total bank accounts from Section 2, Part A, Line 20						
<b>37</b> Accounts/notes receivable						
<b>38</b> Total charge cards balance from Section 2, Part B, Line 26						
<b>39</b> Vehicles (model, year)						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>40</b> Real property listed in Section 2, Part C, (Line 27) (Line 28) (Line 29)						
<b>41</b> Total cash or loan value of insurance from Section 2, Part D, Line 32						
<b>42</b> Machinery and equipment (specify)						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>43</b> Merchandise inventory (specify)						
<b>a</b> _____						
<b>b</b> _____						
<b>44</b> Other assets (specify)						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>45</b> Other liabilities not covered above (include judgments and notes)						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>46</b> Federal taxes owed						
<b>47</b> State taxes owed						
<b>a</b> Illinois business income tax						
<b>b</b> Other state taxes						
<b>48</b> Total						

## Part G: Monthly income and expense analysis

Income			Necessary monthly operating expenses		
A Source	B Gross	C Net	A Expense	B Amount	
49	Gross receipts from sales, services, etc.	_____	55	Rent (not included in Part F, Line 40)	_____
50	Gross rental income	_____	56	Net wages and salaries (no. of employees _____)	_____
51	Interest	_____	57	Materials purchased	_____
52	Dividends	_____	58	Repairs and maintenance	_____
53	Other income (specify)	_____	59	Supplies	_____
	_____	_____	60	Installment pmts. from Part F, Line 48, Col. E	_____
	_____	_____	61	Utilities/telephone	_____
	_____	_____	62	Gasoline/oil	_____
	_____	_____	63	Insurance	_____
	_____	_____	64	Current taxes	_____
	_____	_____	65	Other (specify)	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
54	Add Lines 49 through 53, Column C. This amount is your total net income.	_____	66	Add Lines 55 through 65. This amount is your total expenses.	_____
67	Subtract Line 66 from Line 54. This amount is your net income after expenses.	_____	67		_____

## Part H: Complete any additional asset or income information

68 Write any additional information you have about your assets or income that was not included in any of the preceding parts. Be sure to include a statement regarding the prospect of any increase in the value of your assets or your present income.

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\_\_\_\_\_

## Section 3: Sign below

Under penalties of perjury, I state that I have examined this statement of assets, liabilities, and other information and, to the best of my knowledge, it is true, correct, and complete.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Authorized corporate officer's or partner's signature Title Date