



Business Entity Financial Condition Statement

Complete and return this financial statement. **Refer to Send Documents.** We will verify the information you provided.

Entity Information

Name of Business Entity	DBA	Type of business or industry	Entity ID
Street address (number and street) or PO box			FEIN
City	State	Zip Code	Phone

Entity Officers/General Partners/Managing Members 1

Name	Title	Phone
Street address (number and street) or PO box		Apt. no./ste. no.
City	State	Zip Code

Entity Officers/General Partners/Managing Members 2

Name	Title	Phone
Street address (number and street) or PO box		Apt. no./ste. no.
City	State	Zip Code

Entity Officers/General Partners/Managing Members 3

Name	Title	Phone
Street address (number and street) or PO box		Apt. no./ste. no.
City	State	Zip Code

Entity Officers/General Partners/Managing Members 4

Name	Title	Phone
Street address (number and street) or PO box		Apt. no./ste. no.
City	State	Zip Code

Authorized Representative

Name	Title	Phone
Street address (number and street) or PO box		Apt. no./ste. no.

Attach FTB 3520 BE, *Business Entity or Group Nonresident Power of Attorney Declaration*, if not previously submitted.

General Financial Information

List all accounts held during the past 12 months including merchant accounts, payroll, checking, savings, certificates of deposits, etc. List the account status as open or closed. Provide copies of bank statements for the last three months for every account held along with this questionnaire.

Institution Name	Account Status	Type of Account Checking/Saving	Account Number	Balance
				\$
				\$
				\$
				\$
				\$

Lines of Credit and Credit Cards

Name of Credit Grantor	Minimum Monthly Payment	Credit Limit	Credit Availability	Amount Owed
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Safe Deposit Boxes

Institution Name and Address	List of Contents	Current Value of Assets
		\$
		\$

Credit Cards and Online Payment Systems Accepted by the Business

List what types of payments are accepted by the business (e.g. VISA, AMEX, PayPal). If applicable, provide the name of issuing bank or third-party payment processor (i.e., Wells Fargo Merchant, Global Direct).

Payments Accepted	Name of Issuing Bank or Third-Party Payment Processor

Pending Litigation and Judgments

Case Number	Court of Jurisdiction	Date Recorded	Judgment Amount	Award Amount
			\$	\$
			\$	\$
			\$	\$

Revocable Trust

Name of Business or Trust	FEIN	Affiliation or Position

Asset and Liability Analysis

Provide the entity's current value of assets and liabilities as of _____.

Assets	Amount
Cash	\$
Cash surrender value of insurance	\$
Accounts receivables	\$
Inventory	\$
Notes receivables	\$
Securities (provide fair market value)	\$
Investments	\$

Real Estate Fixed Assets Enter the amount(s) for each real estate fixed asset described below if applicable.	Amount
Machinery and equipment	\$
Trucks and delivery equipment	\$
Automobiles and motorcycles	\$
Furniture and fixtures	\$
Computer equipment	\$

Additional Real Estate Fixed Assets Provide a short description of any additional real estate fixed assets and the amount, in the space provided below.	Amount
	\$
	\$
	\$

Other Assets Provide a short description and value for each additional other asset, in the space provided below.	Amount
Intangible assets	\$
Judgments and settlements	\$
Loans to officers/shareholders/members/partners	\$

Additional Other Assets Provide a short description and value for each additional other asset, in the space provided below.	Amount
	\$
	\$
	\$

Current Liabilities Enter the amount for the current liabilities described below, if applicable.	Amount
Accounts payable	\$
Notes payable	\$
Other payables	\$
Mortgages	\$
Judgments	\$
Reserves	\$
Loans from officers/shareholders/members/partners	\$

Additional Liabilities Provide a short description and amount of each additional liability, if applicable, in the space below.	Amount
	\$
	\$
	\$

Cash Flow Statement

Using the entity's most recent quarter, provide the entity's taxable year end and the last three consecutive months of cash activity.

Taxable Year End: _____ **Month 1:** _____ **Month 2:** _____ **Month 3:** _____

Complete each line item in the following table and enter the average for each item in the last column.

Operating Cash Receipts	Month 1	Month 2	Month 3	Average
Customer receipts	\$	\$	\$	\$
Other receipts (describe on next page)	\$	\$	\$	\$
Total operating cash receipts	\$	\$	\$	\$

Investment Cash Receipts	Month 1	Month 2	Month 3	Average
Proceeds from sale of property	\$	\$	\$	\$
Proceeds from sale of investments	\$	\$	\$	\$
Other investment receipts (describe on next page)	\$	\$	\$	\$
Rental income	\$	\$	\$	\$
Total investment cash receipts	\$	\$	\$	\$

Financing Cash Receipts	Month 1	Month 2	Month 3	Average
Bank loan received	\$	\$	\$	\$
Proceeds from stock issuance	\$	\$	\$	\$
Capital contributions	\$	\$	\$	\$
Other financing receipts (describe on next page)	\$	\$	\$	\$
Total financing cash receipts	\$	\$	\$	\$
Total cash inflow (A)	\$	\$	\$	\$

Operating Cash Expenditures	Month 1	Month 2	Month 3	Average
Inventory cost	\$	\$	\$	\$
Accounts payable paid	\$	\$	\$	\$
Salaries	\$	\$	\$	\$
Rent and leases	\$	\$	\$	\$
Advertising and marketing	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Interest paid	\$	\$	\$	\$
Taxes and licenses	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Office expenses	\$	\$	\$	\$
Other operating cash expenditures (list on next page)	\$	\$	\$	\$
Total operating cash expenditures	\$	\$	\$	\$

Investment Cash Expenditures	Month 1	Month 2	Month 3	Average
Equipment purchases	\$	\$	\$	\$
Other investment expenditures (describe on next page)	\$	\$	\$	\$
Total investment cash expenditures	\$	\$	\$	\$

Disposal of Assets

List all assets disposed of within the last 12 months with a cost or fair market value of more than [\$500].

Description of Asset	Date of Transfer	Fair Market Value When Transferred	Transferee/Buyer's Name

Provide any expected substantial future cash receipts, such as pending contracts, and expected major expenses to be considered in our review. Also include the corresponding expected date and detailed information if it's a seasonal business.

Signature Authorization

Requests filed by business entities must be signed and dated by an authorized individual, and the signature must be accompanied by the individual's title.

Under penalties of perjury, I declare that I have examined this claim, including any accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete.

Print name	Title	Phone
Signature	Date	

We may periodically review your account to determine if your financial condition has changed.

Send Documents

1. Complete this document and keep a copy for your records.
2. Send this original document to us by:

Electronic Upload: **ftb.ca.gov/respondBusiness**

Mail: STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0511