



# *Community Bank of the South SBA Loan Application*

*SBA Loan Department  
Community Bank of the South  
3016 Atlanta Road  
Smyrna, Georgia 30080*

*Nancy Eaton  
Assistant Vice President, SBA Specialist*  
Phone: (678) 385-7503 • Email: [neaton@cbsouth.com](mailto:neaton@cbsouth.com)



## **SBA LOAN APPLICATION**

This checklist has been provided to assist you through the process of gathering the necessary information of the initial evaluation of your loan request. Complete information will be necessary to process your application.

**Needed**  
**Provided**

- Personal Tax Returns And W-2's** – complete federal and state, if applicable, tax returns for the past three years for all proprietors, guarantors, partners and stockholders with 20% or more of stock issued and any officer with at least 5% ownership.
  
- Business Financial Statements And Tax Returns** – income statements, balance sheets, and federal tax returns for three prior year-end time periods. If sole proprietorship, Schedule C of the personal tax return is required.
  
- Interim Business Financial Statement** – income statement and balance sheet dated no older than 45 days. If business acquisition, provide interim financial statement on seller.
  
- Aging Of Receivables/Payables** – balanced to interim financial statement.
  
- Financials On All Affiliates** – if applicable, we need income statements, balance sheets, and federal tax returns for three prior year-end time periods. In addition, an interim financial statement dated no older than 45 days, with business debt schedule balanced to interim. Please indicated telephone number and number of employees.
  
- Articles of Incorporation and By-Laws, if Corporation; Partnership Agreement if Partnership; or Articles of Organization and Operating Agreement If Limited Liability Company**
  
- List Of Fixtures & Equipment** – if to be purchased from vendor, include description fixtures/equipment and bids. If to be purchased from seller of business or already own, include description of fixtures/equipment and serial numbers and values for unit values over \$500.
  
- Copy Of Executed Sales Contract/Purchase Agreement**, including all addendum or schedules, for property or business to be acquired with detailed allocations
  
- Estimated Cost Of Construction** – supported by bids
  
- Copy Of Franchise Agreement And Uniform Franchise Offering Circular**
  
- Existing Appraisal(s) and Survey(s)** – if available, on properties being pledged as collateral
  
- Copy of Warranty Deed or Previous Title Work** – on properties being pledged as collateral
  
- Mortgage Statement(s)** – on all existing liens for properties being pledged as collateral
  
- Copy Of Lease Or Proposed Lease** – If Leasing Commercial Property. Lease Term Plus Options To Renew Must Equal Term Of Loan
  
- Business Plan & Projections** – must be provided on all start-up businesses and expansions
  
- Copies Of Original Notes To Be Refinanced** – if notes have been renewed, copies of all renewals. Copy of settlement statement if refinancing real estate

**SMALL BUSINESS ADMINISTRATION  
LOAN REQUEST FORM**

**APPLICANT COMPANY**

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Fax # \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Tax ID# \_\_\_\_\_  
 Type of Entity: Corporation  Partnership  Sole Proprietorship  LLC  Date Est. \_\_\_\_\_  
 Number of Employees: Currently Employed : \_\_\_\_\_ After Loan \_\_\_\_\_  
 Franchise? Yes  No  Business Acquisition? Yes  No  If yes, why is seller selling? \_\_\_\_\_

**CONTACT INFORMATION**

Accountant Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Attorney Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Seller Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Landlord Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Franchisor Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Bank Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**AFFILIATES**

List below **all** business concerns in which the applicant company or **any** of the individuals listed in the ownership section above have any ownership.

Company Name	Owner(s)	% Owned	# Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ESTIMATED PROJECT COSTS**

Land / Building Acquisition	_____
Construction / Renovations	_____
Acquisition of Machinery / Equipment	_____
Inventory Purchase	_____
Working capital (include AP & soft costs)	_____
Acquisition of all or part of an Existing Business	_____
Payoff SBA Loan	_____
Payoff Bank loan (non-SBA associated)	_____
Other debt payment (non-SBA associated)	_____
<b>Total Estimated Project Amount</b>	<b>\$0.00</b>
<b>Minus Own Funds To Be Used In Project</b>	<b>( )</b>
<b>Estimated Loan Requested For Project</b>	<b>\$0.00</b>
<b>Source of Equity Injection</b>	_____

**COLLATERAL OFFERED**

SBA requires that **all** business assets and personal assets be pledged to the extent the loan is fully secured.

Description	Est. Value	Description	Est. Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **Details of Business**

Please Complete even if located in Business Plan

**Nature Of Business**

**Type Of Product/Service**

**Customer Profile**

**List Key Customers**

**List Major Competitors**

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**Major Past Accomplishments**

**Future Plans For Growth Expansion**

**How will this loan benefit your company?**

**Will the funding of this loan create new employment opportunities? If yes, state how.**

**Management Experience & Background**

**CERTIFICATE OF ORGANIZATION**

I certify that the following people hold positions in this company and/or own shares in this company:

**Sole Proprietorship**

Sole Proprietor \_\_\_\_\_ Ownership % \_\_\_\_\_

Manager \_\_\_\_\_

**Corporation**

Shareholders \_\_\_\_\_ Ownership % \_\_\_\_\_

\_\_\_\_\_ Ownership % \_\_\_\_\_

\_\_\_\_\_ Ownership % \_\_\_\_\_

\_\_\_\_\_ Ownership % \_\_\_\_\_

Directors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officers:

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Manager \_\_\_\_\_

**Partnership**

Partner \_\_\_\_\_ Ownership % \_\_\_\_\_

Partner \_\_\_\_\_ Ownership % \_\_\_\_\_

Partner \_\_\_\_\_ Ownership % \_\_\_\_\_

Partner \_\_\_\_\_ Ownership % \_\_\_\_\_

Manager \_\_\_\_\_

**LLC**

Managing Member \_\_\_\_\_ Ownership % \_\_\_\_\_

Member \_\_\_\_\_ Ownership % \_\_\_\_\_

Member \_\_\_\_\_ Ownership % \_\_\_\_\_

Manager \_\_\_\_\_ Ownership % \_\_\_\_\_

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

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



## AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to **Community Bank of the South** of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize **Community Bank of the South** to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of **Community Bank of the South**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## ADDITIONAL INFORMATION ON BUSINESS

Please fill in the following information for the following: 1) SBA loan applications pending for the applicant or any of its affiliates; 2) Federal debt, including SBA, received by the applicant including loans that have been paid in full or charged off; 3) Federal debt (including student loans and disaster loans) borrowed by any principal of the applicant; 4) Federal debt borrowed by any other business currently or previously owned by any principal of the applicant. If there has been a loss to the government as a result of a charge off, compromise, or discharge due to Bankruptcy for any of the listed debt, it must be identified below. LOSS is the outstanding principal balance of the loan that the government agency had to write off after all collection activities (including compromises) were finalized.

Name of Agency Agency Loan Number	Borrower's Name	Original Amount of Loan	Date of Application	Loan Status	Outstanding Balance	\$ Amount of Loss to the Gov't
#						
#						

Have you or any officer of your company ever been involved in Bankruptcy or insolvency proceedings? Yes  No   
If so, please provide the details:

Are you or your business involved in any pending lawsuits? Yes  No  If so, please provide the details:

Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or the participating lender? Yes  No  If so, please provide the name and address of the person and the office where employed:

Does your business, its owners or majority stockholders own or have a controlling interest in other businesses? Yes  No  Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? Yes  No  If yes to any of these scenarios, please go to page 1 and complete the Affiliate Information section.

**PERSONAL FINANCIAL STATEMENT**

**U.S SMALL BUSINESS ADMINISTRATION**

**As of**

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 other 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 hand & in Banks .....	_____	Accounts Payable .....	_____
Savings Account .....	_____	Notes Payable to Banks and Others (Describe in Section 2)	_____
IRA or Other Retirement Account .....	_____	Installment Account (Auto) .....	_____
Accounts & Notes Receivable .....	_____	Mo. Payments	_____
Life Insurance-Cash Surrender Value Only (Complete in 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**

Salary .....

Net Investment Income .....

Real Estate Income .....

Other Income (Describe below)\* .....

**Contingent Liabilities**

As Endorser or Co-Maker .....

Legal Claims & Judgment .....

Provision for Federal Income Tax .....

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.

**Section 2. Notes Payable to Bank and Others**

(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

**Section 3. Stocks and Bonds** (Use Attachments if necessary. . Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned** (List each parcel separately. Use attachments 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. Other Personal Property and Other Assets** (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).

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**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).

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**Section 7. Other Liabilities** (Describe details).

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

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I authorize SBA/Lender to make inquires 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 Office, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.

**PRINCIPAL INFORMATION**

Please complete for each owner, officer, director and manager of the company. In addition, any individual who may speak for and/or commit the applicant concern.

**PERSONAL INFORMATION:**

Name (first middle last) \_\_\_\_\_ SS# \_\_\_\_\_

Former Names: \_\_\_\_\_ Dates Used: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Residence Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

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

City, St, Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_

Are you employed by the U.S. Government?  Yes  No Agency/Position \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If no, are you a Lawful Permanent Resident Alien?  Yes  No

If non- U.S. citizen provide alien registration number and a copy of the front and back of alien card: \_\_\_\_\_

Race\*: Amer.Ind/Alaska Native  Black/Afr.-Amer.  Asian  Native Haw./Pacific Islander  White/Cauc.

Ethnicity\*: Hisp./Latino  Not Hisp./Latino

\*This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary. One or more boxes for race may be selected.

Are you presently under indictment, on parole, or probation? (If yes, indicate date parole or probation is to expire : \_\_\_\_\_ Yes  No

Have you ever been charged with or arrested for any criminal offence other than a minor motor vehicle violation? Include offenses that have been dismissed, discharged, or nolle prosequi. (All arrests and charges must be disclosed and explained on an attached sheet.) Yes  No

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? Yes  No

Have you ever defaulted on any government funded or guaranteed loans (incl. Student loans)? Yes  No

**EDUCATION:**

College/Tech Training - Name /Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____

**MILITARY SERVICE BACKGROUND:**

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

**WORK EXPERIENCE:** List chronologically beginning with present employment or attach current resume:

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**This form needs to be filled out by the seller if loan purpose is business acquisition or applicant business if loan is for an existing business. If business is a sole proprietorship, this form should be completed by the sole proprietor. It also needs to be completed by all principals owning 20% or more of the applicant business and all Affiliates. Please make copies of form as needed.**

Form **4506-T**

(Rev. November 2005)

Department of the Treasury  
Internal Revenue Service

**Request for Transcript of Tax Return**

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the Instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**



OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to Order a transcript. If you need a copy of your return, use **Form 4506**, Request Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. <b>SBA Solutions, LLC, 3760 Sixes Road, Suite 126-217, Canton, GA 30114, 678-493-0673</b>	

**Caution:** If a third party requires you to complete Form 4506-T, **do not sign Form 4506-T if lines 6 and 9 are blank.**

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-722-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 Filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/ /                      / /                      / /                      / /

**Signature of Taxpayer(s).** 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. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

▶ <b>Sign Here</b> <b>Signature</b> (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	Date	
▶ <b>Spouse's signature</b>	Date	

## ENVIRONMENTAL QUESTION AND DISCLOSURE STATEMENT

Applicant: \_\_\_\_\_

Address/location of the property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose of this questionnaire is to provide information about past and present ownership and uses of the real property upon which lender will rely in deciding whether to extend credit. Please respond as fully as possible to all questions, including supporting documentary evidence where appropriate. If unable to answer, please respond "unknown" or "not applicable." Where space is inadequate to answer, please attach additional pages as needed. If applicant has an interest (leasehold or fee interest) and conducts business at multiple locations, a separate disclosure statement should be supplied for each location.

1. The present owner(s) (if not applicant or tenant) of the property:
2. The previous and present use of the property (to the extent of your knowledge):
3. The previous and present use of all contiguous properties (based upon your knowledge and visual inspection):
4. To the best of your knowledge has the real property or any contiguous property ever been used for industrial manufacturing, refining, processing, or agricultural purposes? If yes, please describe.
5. To your knowledge has any government agency ever cited, investigated, or reported upon any release or spill of any substance or chemical on the property or adjoining property?
6. To your knowledge has a preacquisition site assessment or environmental audit ever been obtained or required upon the property? If yes, include copy of report.
7. Previous owner(s) and facility name(s) if different from present owner (if known):
8. When was the building on the premises constructed?
9. If buildings or improvements on premises were constructed prior to 1978, do you know if asbestos was used for insulation or any other purpose?
10. Are you aware of disposal facilities or dumpsites storing or using hazardous waste/toxic materials within a 2000-foot radius from the property? If yes, please describe.
11. If the answer to question 10 is yes, disclose whether the Environmental Protection Agency or State Department of Health Services (or other environmental authority) requires a permit for your occupancy of this property.

12. Does your business use chemicals or substances that require permits (including waste disposal permits) or licenses to own, use, or remove from the property?
13. If the answer to 12 is yes, where on the premises and in what containers are those chemicals or substances located?
14. How are those chemicals or substances removed from the property?
15. Are all appropriate licenses and permits current and are you presently in compliance with all regulations for continued utilization of license/permits? If not, and subject to pending suspension or revocation action, please describe basis for and copies of suspension/revocation action.
16. Are there underground tanks, sumps, lines, or pipes on the premises, which store or convey toxic/hazardous chemicals?
17. Have those tanks/lines been tested for structural integrity? When was the last test performed?
18. Are electrical transformers, switchers, capacitors, or other comparable devices on premises? Have they been inspected for the presence of PCBs or other toxic/hazardous substances? If inspection reports have been made, include copies.
19. Has there been or is there physical evidence of any spills, leaks, or other releases of any toxic/hazardous chemicals/substances on the property or contiguous property? If yes please describe.

Applicant certifies that the above information is true, entire, and accurate.

Date: \_\_\_\_\_ Property owner's signature \_\_\_\_\_

**ESTIMATED PROJECTION AND FORECAST OF TWO YEAR'S EARNINGS**

**APPLICANT'S NAME** \_\_\_\_\_

	<u>FIRST YEAR PROJECTIONS</u>		<u>SECOND YEAR PROJECTIONS</u>	
	Dollar Estimates	% of Gross	Dollar Estimates	% of Gross
	<u>(See note below)</u>	<u>Receipts</u>	<u>(See note below)</u>	<u>Receipts</u>
<b>TOTAL SALES</b>				
COGS				
GROSS PROFIT				
DEPRECIATION				
RENT-Equip				
ACCOUNTING AND LEGAL				
ADVERTISING				
BAD DEBT EXPENSE				
DUES AND SUBSCRIPTIONS				
INSURANCE				
MISCELLANEOUS				
OFFICERS SALARIES				
PAYROLL TAXES				
REPAIRS				
SALARIES				
SELLING EXPENSES-Commission				
SUPPLIES				
TAXES				
TELEPHONE				
TRAVEL & ENTERTAINMENT				
UTILITIES				
AMORTIZATION				
OTHER-Misc @ 6% of revenue				
OTHER				
OTHER				
OTHER				
TOTAL OPERATING EXPENSES				
OPER. PROFIT BEFORE TAX				
INTEREST EXP. (INCOME)				
SBA INTEREST				
OTHER				
INCOME TAXES				
WITHDRAWALS/DIVIDENDS				
NET PROFIT AFTER TAXES, WITHDRAWS, DIVIDENDS				

**Note: Attach narrative explaining basis for projections, showing sales, expenses, and profits.**

I CERTIFY THAT THE FOREGOING DATA FAIRLY REPRESENTS POTENTIAL ANNUAL EARNINGS TO THE BEST OF MY (OUR) KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE TITLE DATE

**1st Year Projections by Month**

Month	January	February	March	April	May	June	July	August	September	October	November	December	Total
<b>Total Sales</b>													
Net Sales													
Cost of Goods Sold													
Gross Profit													
Depreciation													
Rent													
Accounting & Legal													
Advertising													
Bad Debt Expense													
Dues & Subscriptions													
Insurance													
Miscellaneous													
Officer's Salaries													
Payroll Taxes													
Repairs													
Salaries													
Selling Expenses													
Supplies													
Taxes													
Telephone													
Travel & Entertainment													
Utilities													
Amortization													
Other													
Other													
Other													
Other													
Total Operating Expenses													
Operating Profit Before Taxes													
Interest Expense (income)													
SBA Interest													
Other													
Income Taxes													
Withdrawals/Dividends													
Net Profit After Taxes, Withdraws & Dividends													

I certify that the foregoing data fairly represents potential annual earnings to the best of my knowledge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date