

# Gaming Resource Supplier/Financial Source Provider - Entity Supplemental Background Information for Finding of Suitability

BGC-APP-024 (Rev. 11/07)



BUREAU OF GAMBLING CONTROL  
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## PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question. Do not misstate or omit any information as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

This supplemental form must be completed for a business entity (corporation, partnership, limited liability company, joint venture or other business) that is applying for a Finding of Suitability or has direct relationship to a business that has applied for a Finding of Suitability.

SECTION 1: BUSINESS INFORMATION				
NAME OF BUSINESS APPLICANT		TRADE NAME TO BE USED (IF APPLICABLE)		
BUSINESS/MAILING ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP
MAIN OFFICE (IF DIFFERENT THAN ABOVE) (NUMBER/STREET)		CITY	STATE	ZIP
ADDRESS WHERE BUSINESS RECORDS ARE MAINTAINED (NUMBER/STREET)		CITY	STATE	ZIP
BUSINESS E-MAIL ADDRESS:		BUSINESS WEBSITE ADDRESS:		
BUSINESS PHONE ( )	BUSINESS FAX ( )	FEDERAL TAX ID NUMBER	STATE TAX ID NUMBER	TYPE OF BUSINESS (CORPORATION, PARTNERSHIP, LLC, ETC.)
HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)?..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.				
A) BUSINESS NAME		JURISDICTION		
B) BUSINESS NAME		JURISDICTION		
DOES THIS BUSINESS HAVE PARENT COMPANIES, SUBSIDIARIES OR AFFILIATES?..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.				
A) BUSINESS NAME AND CONTACT INFORMATION			PARENT/SUBSIDIARY/AFFILIATE	
B) BUSINESS NAME AND CONTACT INFORMATION			PARENT/SUBSIDIARY/AFFILIATE	
LIST ANY CURRENT OR PREVIOUS BUSINESS RELATIONSHIP(S) AND/OR AGREEMENTS WITH THE GAMING INDUSTRY, INCLUDING TRIBAL GAMING.				
NAME OF BUSINESS/TRIBE	ADDRESS	NATURE OF RELATIONSHIP	DATES OF RELATIONSHIP	

SECTION 2: OTHER LICENSING INFORMATION

HAS THIS BUSINESS EVER **HELD** OR **APPLIED** FOR A LICENSE, PERMIT, FINDING OF SUITABILITY, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING IN ANY JURISDICTION?

☐ YES☐ NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL OR INTERNATIONAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT, FINDING OF SUITABILITY, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, FINDING OF SUITABILITY, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED (INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR ARE PENDING).

A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	

HAS THIS BUSINESS EVER **APPLIED** TO ANY LICENSING OR REGULATORY AGENCY FOR A LICENSE, PERMIT, FINDING OF SUITABILITY, CERTIFICATE, REGISTRATION OR AUTHORIZATION **NOT** RELATED TO GAMING, WHETHER OR NOT SUCH A LICENSE, PERMIT, FINDING OF SUITABILITY, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED?

☐ YES☐ NO

IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS (INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR ARE PENDING).

A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: TO:	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)	

LIST ALL STATES AND/OR COUNTRIES WHERE THIS BUSINESS IS INCORPORATED, REGISTERED OR QUALIFIED TO DO BUSINESS; ALSO PROVIDE THE CORPORATION, REGISTRATION, OR LICENSE NUMBER AND DATE QUALIFIED TO DO BUSINESS.

STATE	COUNTRY	CORPORATION/REGISTRATION/LICENSE NUMBER	DATE QUALIFIED TO DO BUSINESS

SECTION 3: LITIGATION HISTORY

HAS THIS BUSINESS BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?

☐ YES ☐ NO

IF YES, EXPLAIN EACH INCIDENT.

A) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

BRIEF EXPLANATION OF ISSUES

B) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

BRIEF EXPLANATION OF ISSUES

C) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

BRIEF EXPLANATION OF ISSUES

SECTION 4: REMUNERATIONS

LIST ANY REMUNERATION EXCEEDING \$200,000 PAID ANNUALLY TO PERSONS OTHER THAN THE DIRECTORS AND OFFICERS OF THIS BUSINESS.

NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$

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SECTION 5: FINANCIAL INFORMATION

HAS ANY INTEREST OR PERCENTAGE OF REVENUE IN THIS BUSINESS BEEN ASSIGNED, PLEDGED OR HYPOTHECATED TO ANY INDIVIDUAL OR ENTITY OR HAS ANY AGREEMENT OR CONTRACT BEEN ENTERED INTO WHEREBY ANY INTEREST IS TO BE ASSIGNED, PLEDGED, OR HYPOTHECATED EITHER IN PART OR IN WHOLE?.....

☐ YES☐ NO

IF YES, EXPLAIN BELOW.

HAS THIS BUSINESS FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?.....

☐ YES☐ NO

IF YES, EXPLAIN BELOW. (Please provide copies of the bankruptcy petition and order, which lists all creditors and discharged debts.)

FEDERAL DISTRICT COURT WHERE FILED	DATE FILED (MM/DD/YYYY)	CASE NUMBER	DATE DISCHARGED (MM/DD/YYYY)	DESCRIBE THE CIRCUMSTANCES THAT RESULTED IN THIS ACTION

HAS THIS BUSINESS HAD ANY MATERIAL REORGANIZATION WITHIN THE LAST THREE YEARS?.....

☐ YES☐ NO

IF YES, PROVIDE COMPLETE DETAILS AND DATES.

HAVE ANY INDIVIDUALS, BUSINESSES OR GOVERNMENTAL AGENCIES FILED LIENS OR JUDGEMENTS AGAINST THIS BUSINESS WITHIN THE LAST 10 YEARS?.....

☐ YES☐ NO

IF YES, PROVIDE DETAILS HERE.

<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT <b>FILED</b> THE LIEN OR JUDGEMENT	AMOUNT \$
EXPLANATION AND STATUS			

<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT <b>FILED</b> THE LIEN OR JUDGEMENT	AMOUNT \$
EXPLANATION AND STATUS			

HAS THIS BUSINESS HAD ANY ASSETS REPOSSESSED, SEIZED, OR ITS DEBT TURNED OVER TO COLLECTION FOR ANY REASON WITHIN THE LAST 10 YEARS? .....

☐ YES☐ NO

IF YES, PROVIDE DETAILS HERE.

ASSETS	REPOSSESSION/SEIZURE/COLLECTION	DATE (MM/DD/YYYY)	REASON	PURCHASE	BOOK VALUE
				\$	\$
				\$	\$
				\$	\$

DOES THIS BUSINESS OWN, CONTROL OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STATES?.....

☐ YES☐ NO

IF YES, PROVIDE DETAILS HERE.

DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION	PURCHASE	BOOK VALUE
			\$	\$
			\$	\$
			\$	\$

DOES THIS BUSINESS OWN, CONTROL, MANAGE OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PROVIDE COMPLETE DETAILS HERE.				
DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	NAME OF INDIVIDUAL OR ENTITY	PURCHASE	BOOK VALUE
			\$	\$
			\$	\$
			\$	\$
IS THIS BUSINESS, OR ANY INTEREST IN THIS BUSINESS HELD BY A TRUST? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR STATE GAMBLING LICENSE (CGCC-030) FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (DGC-APP. 143). WHEN A BUSINESS IS HELD BY A TRUST, ANY CURRENT TRUSTOR(S), TRUSTEE(S), AND BENEFICIARIES (WHO ARE NOT CONTINGENT ON A FUTURE EVENT) MUST ALSO APPLY FOR A FINDING OF SUITABILITY.				
DOES THIS BUSINESS HAVE ANY PLANS TO SELL, MERGE, OR ACQUIRE NEW BUSINESSES IN THE NEXT 24 MONTHS? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PROVIDE COMPLETE DETAILS AND DATES.				
WILL THE BUSINESS BE INVESTING IN OR LOANING MONEY TO A GAMING OPERATION? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, LIST GAMING OPERATION NAME(S) AND AMOUNT OF LOAN OR OTHER INVESTMENTS? ..... \$ _____				
PLEASE DESCRIBE THE SOURCE OF FUNDS FOR THIS LOAN OR INVESTMENT AND ATTACH A COPY OF THE SIGNED AGREEMENT.				

SECTION 6: RENT/LEASE INFORMATION				
NAME OF PROPERTY OWNER		NAME OF LEASING AGENT/LANDLORD		
ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	
PHONE		MONTHLY RENT/LEASE PAYMENT		
DO ANY PERSONS WHO OWN THE BUILDING IN WHICH THIS BUSINESS OPERATES, OR THE LAND UPON WHICH THIS BUSINESS SITS, OR ANY PERSONS EMPLOYED BY THE LESSOR, HAVE A FINANCIAL INTEREST IN THIS BUSINESS?				<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE DETAILS HERE.				
NAME OF PERSON WITH INTEREST	ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS BUSINESS	PERCENTAGE OF INTEREST	
			%	
			%	
			%	

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF \_\_\_\_\_ , 20\_\_\_\_\_.

SECTION 7: STATEMENT OF ASSETS			
LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.			
ASSETS	PURCHASE PRICE	CURRENT MARKET VALUE	BOOK VALUE
CASH (TOTAL FROM SCHEDULE A)		\$	\$
STOCKS AND BONDS (TOTAL FROM SCHEDULE B)		\$	\$
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE C)		\$	\$
BUSINESS INVESTMENTS (TOTAL FROM SCHEDULE D)	\$	\$	\$
CAPITAL IMPROVEMENTS		\$	\$
REAL ESTATE (TOTAL FROM SCHEDULE E)	\$	\$	\$
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$	\$
TOTAL ASSETS		\$	\$

SECTION 8: STATEMENT OF LIABILITIES		
LIST THE VALUE OF ALL LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL AMOUNTS INVESTED IN THE GAMBLING ESTABLISHMENT OR PRODUCT/SERVICES SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.		
LIABILITIES	INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$
NOTES PAYABLE (TOTAL FROM SCHEDULE I)	\$	\$
MORTGAGE PAYABLE (TOTAL FROM SCHEDULE J)	\$	\$
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)		\$
TOTAL LIABILITIES		\$

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

**SECTION 9: SUPPORTING DOCUMENTATION CHECKLIST**

The following items must be submitted in conjunction with an Application for Finding of Suitability (CGCC-100) and this Entity Supplemental Background Investigation Information form (DGC-APP 024). Originals are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide complete documents may result in denial of a license/denial of suitability. Pursuant to Business and Professions Code section 19868(a), an official filing date will not be established until all required forms, documentation and fees have been received by the State.

- ☐ Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
- ☐ Each individual owner/shareholder/member/etc. must submit a Gaming Resource Supplier/Financial Source Provider – Principal Supplemental Background Information form (BGC-APP 025).
- ☐ Trust Supplemental Background Investigation Information form (DGC-APP. 143) if this business is held by a trust.
- ☐ Declaration of Full Disclosure (BGC-APP. 004)
- ☐ Authorization to Release Information (DGC-APP. 006)
- ☐ Appointment of Designated Agent (DGC-APP. 008)
- ☐ Current Articles of Incorporation (if this entity is a corporation) or Articles of Organization (if this entity is a limited liability company)
- ☐ Partnership Agreement, if applicable – copy
- ☐ Current Organizational Chart for this Entity – List Names, Job Titles and Lines of Accountability
- ☐ Management Company/Consultant Agreement, if applicable - copy
- ☐ Loan Documentation for the loan obtained to purchase the business location - copies
- ☐ All Current Lease/Rental Agreements between the business and the lessor - copies
- ☐ Tax Returns - Signed and dated copies of business state and federal (national) for the past three years, including all schedules and attachments.
- ☐ Request for Copy of Corporation, Exempt Organization, Partnership, or Limited Liability Company Tax Return (FTB 3516C1 [Rev. 06-03], side 2).
- ☐ Internal Revenue Service Request for Transcript of Tax Return (4506-T [Rev. 4/2006])
- ☐ Most Recent or Current Balance Sheet and Income Statement
- ☐ Bank Statements – Copies of all monthly statements for all business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- ☐ Investment Account Statements - Copies of all monthly statements for all business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- ☐ Bankruptcy court records, if applicable – copy
- ☐ Signed investment or loan agreements
- ☐ Stock Register

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Department of Justice while conducting a background investigation for a Finding of Suitability. At the conclusion of the investigation, the applicant will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded.

**SECTION 10: DECLARATION**

I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and provided all attachments on behalf of the entity, and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at \_\_\_\_\_ on \_\_\_\_\_.

*City and State**Date*

PRINT FULL NAME

SIGNATURE

DATE

## SCHEDULE A - ASSETS

## Cash

List all cash and where it is located, e.g. financial institutions (foreign and domestic), safes, safe deposit boxes, etc.

Name & Address of Bank or Investment Account	Type of Account	Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Balance	Balance Date
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
				TOTAL*:	\$	

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

SCHEDULE B - ASSETS  
Stocks and Bonds

List all stocks, bonds, mutual funds, or other similar investments other than business investments held or controlled.

Issuer and Address	Registered Owner	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	SIC Code		Number of Shares or Units	Market Value	Book Value
				Publicly Trade Yes or No	Foreign Stock Exchange Yes or No			
							\$	\$
							Date	Date
							\$	\$
							Date	Date
							\$	\$
							Date	Date
							\$	\$
							Date	Date
							\$	\$
							Date	Date
							\$	\$
							Date	Date
							\$	\$
							Date	Date
						TOTAL*:	\$	\$

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE C - ASSETS**  
**Accounts and Notes Receivable**

List all loans, accounts, and notes receivable.

Name & Address of Debtor	Account Number	Date Acquired	Payment Amount and Payment Period (e.g. Weekly, Monthly)	Interest Rate Percentage	Maturity Date (notes receivable)	Original Amount	Unpaid Balance	Date
			\$			\$	\$	
			\$			\$	\$	
			\$			\$	\$	
			\$			\$	\$	
			\$			\$	\$	
			\$			\$	\$	
			\$			\$	\$	
			\$			\$	\$	
TOTAL*:							\$	

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

SCHEDULE D - ASSETS  
Business Investments

List any business investments in which any direct, indirect, or vested interest is held, along with the names of all individuals or business entities who share a direct, indirect, or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liabilities companies, and corporations.

Business Entity/Individual Name and Address	Type of Business Entity	Number of Shares or Units	Name in which Investment is held	Percent of Ownership	Individuals or Business Entities Sharing Interest & Percentage Membership/Ownership	Date of Purchase	Purchase Price	Market Value	Book Value
							\$	\$	\$
								Date	Date
							\$	\$	\$
								Date	Date
							\$	\$	\$
								Date	Date
							\$	\$	\$
								Date	Date
							\$	\$	\$
								Date	Date
							\$	\$	\$
								Date	Date
							\$	\$	\$
								Date	Date
							\$	\$	\$
								Date	Date
							TOTAL*:	\$	\$

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

SCHEDULE E - ASSETS  
Real Estate

List any direct or indirect interest held in real property.

Address or Parcel Number & Location	Type (Residential, Commercial, Vacant Land)	Date of Purchase	Current Income (Rent/Lease) (indicate per month, year, etc.) if applicable	Percentage of Ownership	Purchase Price	Market Value	Book Value
					\$	\$	\$
						Date	Date
					\$	\$	\$
						Date	Date
					\$	\$	\$
						Date	Date
					\$	\$	\$
						Date	Date
					\$	\$	\$
						Date	Date
					\$	\$	\$
						Date	Date
					\$	\$	\$
						Date	Date
					\$	\$	\$
						Date	Date
					TOTAL*:	\$	\$

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE F - ASSETS**  
**Other Assets**

List all other assets (e.g., art collections, coin collections, antiques, automobiles, boats, airplanes, patents, copyrights, etc.)

Type of Asset	Account, Serial, VIN Numbers	Date of Purchase	Purchase Price	Current Market Value	Book Value	Date
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			TOTAL*:	\$	\$	

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE G - LIABILITIES

## Accounts Payable

List all accounts payable (e.g. revolving accounts, credit cards, leases, lines of credit, contracts and agreements, etc.).

Name and Address of Creditor	Account Number	Date Incurred	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Interest Rate	Collateral UCC Files Yes/No	Original Amount	Unpaid Balance	Date
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						TOTAL*:	\$	

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE H - LIABILITIES**  
**Taxes Payable**

List all unpaid and estimated taxes.

<b>Taxing Authority</b> <b>City, County, State, Federal, Foreign, (ALL)</b> <b>Franchise Tax Board/Internal</b> <b>Revenue Service/Board of Equalization, etc.</b>	<b>Related Tax Period</b>	<b>Original Amount</b>	<b>Payment Amount &amp;</b> <b>Payment Period</b> <b>(e.g., Weekly, Monthly,</b> <b>etc.)</b>	<b>Total Fines,</b> <b>Penalties and</b> <b>Interest Amount</b>	<b>Unpaid</b> <b>Balance</b>	<b>Date</b>
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				<b>TOTAL*:</b>	\$	

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE I - LIABILITIES**  
**Notes Payable**

List all notes and loans payable.

Name and Address of Creditor City, State, Country	Account Number	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Interest Rate	Maturity Date	Collateral UCC Filing Yes/No	Original Note Amount	Unpaid Balance	Date
							\$	\$	
							\$	\$	
							\$	\$	
							\$	\$	
							\$	\$	
							\$	\$	
							\$	\$	
							TOTAL*:	\$	

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE J - LIABILITIES**  
**Mortgages Payable**

List all mortgages or liens on real estate.

Name and Address of Creditor	Account Number	Address or Parcel Number and Location of Real Estate	Type (Residential, Commercial, Vacant Land)	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Interest Rate	Original Loan/Lien Amount	Unpaid Balance	Date
					\$		\$	\$	
					\$		\$	\$	
					\$		\$	\$	
					\$		\$	\$	
					\$		\$	\$	
					\$		\$	\$	
					\$		\$	\$	
							TOTAL*:	\$	

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE K - LIABILITIES

### Contingent and Other Liabilities

List any other indebtedness or liability, e.g., co-signer on a loan, pending litigation, lien, etc.

Name and Address of Creditor City, State, Country	Description of Liability and Account Number	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Interest Rate	Collateral	Original Amount	Unpaid Balance	Date
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						TOTAL*:	\$	

\*This total should match the corresponding total reported on page 6.

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_