

Income Statement Spreadsheet

	Year 1	Year 2	Year 3	Trends
Sales				
Cost of Goods Sold				
Gross Profit				
Expenses				
Salary				
Payroll Taxes				
Advertising				
Rent				
Utilities				
Office Supplies				
Insurance				
Bad Debts				
Depreciation				
Vehicles				
Accounting				
Travel / Entertainment				
Shop Supplies				
Taxes				
Other				
Other				
Total Expenses				
Operating Profit				
Other Income/ (Expense)				
Interest				
Other Income				
Net Profit Before Taxes				
Tax				
Net Profit After Tax				

Balance Sheet Spreadsheet

	Year 1	Year 2	Year 3	Trends
ASSETS				
Cash				
Accounts Receivable				
Inventory				
Other - A/R Officer				
Prepaid				
Other				
Total Current Assets				
Leasehold Improvements				
Vehicles				
Furniture/Fixtures/Office Equip.				
Equipment				
Buildings				
Land				
Accumulated Depreciation				
Fixed Assets (net)				
Other - patent acquisition				
Total Assets				
LIABILITIES & NET WORTH				
Notes Payable - bank				
Current Portion - long-term debt				
Accounts Payable - trade				
Accruals				
Other				
Other				
Total Current Liabilities				
Long-Term Debt				
Mortgages				
Other				
Total Long-Term Liabilities				
Total Liabilities				
Capital Stock				
Additional Paid-In Capital				
Retained Earnings				
Net Worth				
Total Liabilities & Net Worth				

OMB No. 3245-0017

Date of Schedule _____

[illegible]

Title

SBA Form 2202 (11-01)

Business Debt Schedule

Company Name:

Information as of (date):

[illegible]

FSA-2037
(11-04-10)U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

FARM BUSINESS PLAN WORKSHEET

Balance Sheet

1. NAME					2. Date of Balance Sheet					
A – CURRENT ASSETS					B – CURRENT LIABILITIES					
1A. Cash and Equivalents				\$ Value	2A. Accounts Payable				\$ Amount	
1B. Marketable Bonds and Securities										
1C. Accounts Receivable					2B. Income Taxes Payable					
					2C. Real Estate Taxes Payable					
1D. Crop Inventory	1E. Measure	1F. # Units	1G. \$/Unit	\$ Value						
					Notes Payable Due Within 12 Months					
					2D. Creditor			2E. Purpose		
						2F. Interest Rate	2G. Accrued Interest	2H. Payment Amount	2I. Next Payment Date	2J. Principal Balance
					(1)					
1H. Growing Crops		1I. # Acres	1J. Cost/Acre	\$ Value						
					(2)					
					(3)					
1K. Market Livestock-Poultry	1L. # Head	1M. Weight	1N. \$/Unit	\$ Value	(4)					
					2K. Accrued Interest On:				\$ Amount	
					(1) Current Liabilities					
					(2) Intermediate Liabilities					
					(3) Long Term Liabilities					
1O. Livestock Products	1P. Measure	1Q. # Units	1R. \$/Unit	\$ Value	2L. Current Portion of Principal Due On:					
					(1) Intermediate Liabilities					
					(2) Long Term Liabilities					
1S. Prepaid Expenses and Supplies					2M. Other Current Liabilities					
1T. Other Current Assets										
1U. TOTAL CURRENT ASSETS (Items 1A through 1T)					2N. TOTAL CURRENT LIABILITIES (Items 2A through 2M)					

C – INTERMEDIATE ASSETS**E – INTERMEDIATE LIABILITIES**

3A. Machinery & Equipment/Farm Vehicles (Entered on Page 4)						5A. Creditor				5B. Purpose	
3B. Breeding Stock	3C. Raised/Purch	3D. # Head	3E. \$/Head	\$ Value		5C. Interest Rate	5D. Accrued Interest	5E. Payment Amount	5F. Next Payment Date	5G. Principal Balance	
						(1)					
						(2)					
						(3)					
3F. Notes Receivable						(4)					
						(5)					
3G. Not Readily Marketable Bonds and Securities											
						(6)					
3H. Other Intermediate Assets						(7)					
3I. TOTAL INTERMEDIATE ASSETS (Items 3A through 3H)					5H. TOTAL INTERMEDIATE LIABILITIES (Item 5G (1 through 7))						

D – LONG TERM ASSETS**F – LONG TERM LIABILITIES**

4A. Building and Improvements					\$ Value	6A. Creditor				6B. Purpose	
							6C. Interest Rate	6D. Accrued Interest	6E. Payment Amount	6F. Next Payment Date	6G. Principal Balance
						(1)					
						(2)					
4B. Real Estate-Land	4C. Total Acres	4D. Crop Acres	4E. %Owned	4F. \$/Acre							
						(3)					
						(4)					
						(5)					
						(6)					
4G. Other Long Term Assets				\$ Value		(7)					
4H. TOTAL LONG TERM ASSETS (Items 4A through 4G)					6H. TOTAL LONG TERM LIABILITIES (Item 6GA (1 through 7))						
4I. TOTAL FARM ASSETS (From Items 1U, 3I and 4H)					6I. TOTAL FARM LIABILITIES (From Items 2N, 5H, and 6H)						
					6J. TOTAL FARM EQUITY (Item 4I minus Item 6I)						

G – PERSONAL ASSETS		H – PERSONAL LIABILITIES				
	\$ Value	8A. Creditor			8B. Purpose	
		8C. Interest Rate	8D. Accrued Interest	8E. Payment Amount	8F. Next Payment Date	8G. Principal Balance
7A. Cash and Equivalents						
7B. Stocks, Bonds		(1)				
7C. Cash Value Life Insurance						
7D. Other Current Assets		(2)				
7E. Household Goods						
7F. Car, Recreational Vehicle, Etc.		(3)				
7G. Other Intermediate Assets						
7H. Retirement Accounts		(4)				
7I. Non-Farm Business						
7J. Non-Farm Real Estate		8H. Other Liabilities				
7K. Other Long Term Assets						
7L. TOTAL PERSONAL ASSETS (Items 7A through 7K)		8I. TOTAL PERSONAL LIABILITIES				
7M. TOTAL ASSETS (Item 4I and Item 7L)		8J. TOTAL LIABILITIES (Item 6I and Item 8I)				
		8K. TOTAL EQUITY (Item 7M minus Item 8J)				

I - WARNING

I certify that the information provided is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)

9A. SIGNATURE

9B. DATE

10. COMMENTS

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[illegible]

K – FARM VEHICLES

12I. TOTAL \$ VALUE OF (12H)

12J. TOTAL \$ VALUE OF (ITEMS 11I AND 12I) TRANSFER TO ITEM 3A)

FSA-2005
(03-22-10)**U.S. DEPARTMENT OF AGRICULTURE**
Farm Service Agency

Position 3

CREDITOR LIST**A. INSTRUCTIONS:** List all creditors to whom you are presently indebted, or provide alternate documents that provide the same information. In the case of an entity, the entity and each individual member must complete this form or provide alternate documents.

1. Name:

B. CREDITORS (Complete a separate entry for each creditor)

1A. Name and Address	1B. Telephone Number
	1C. Account Number
	1D. Contact Person
2A. Name and Address	2B. Telephone Number
	2C. Account Number
	2D. Contact Person
3A. Name and Address	3B. Telephone Number
	3C. Account Number
	3D. Contact Person
4A. Name and Address	4B. Telephone Number
	4C. Account Number
	4D. Contact Person
5A. Name and Address	5B. Telephone Number
	5C. Account Number
	5D. Contact Person

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6A. Name and Address	6B. Telephone Number
	6C. Account Number
	6D. Contact Person
7A. Name and Address	7B. Telephone Number
	7C. Account Number
	7D. Contact Person
8A. Name and Address	8B. Telephone Number
	8C. Account Number
	8D. Contact Person
9A. Name and Address	9B. Telephone Number
	9C. Account Number
	9D. Contact Person

C. SIGNATURE

I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)

1. Signature

2. Date

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FSA-2002
(08-20-14)**U.S. DEPARTMENT OF AGRICULTURE**
Farm Service Agency

Position 3

THREE-YEAR FINANCIAL HISTORY

1. Name	FORM IS NOT REQUIRED. Applicant may submit alternate documents that provide the information collected on this form.
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A. OPERATING INCOME

	20 ____	20 ____	20 ____
1. Crop Sales			
2. Livestock & Poultry Sales			
3. Dairy Livestock Sales			
4. Milk Sales			
5. Livestock Product Sales			
6. Ag. Program Payments			
7. Crop Insurance Proceeds			
8. Custom Hire Income			
9. Other Income			
10. TOTAL OPERATING INCOME			

B. OPERATING EXPENSES

1. Car and Truck			
2. Chemicals			
3. Conservation			
4. Custom Hire			
5. Depreciation			
6. Feed Supplement			
7. Feed, Grain and Roughage			
8. Fertilizers and Lime			
9. Freight and Trucking			
10. Gas/Fuel/Oil			
11. Insurance			
12. Labor Hired			
13. Rent - Machinery/Equipment/Vehicle			
14. Rent - Land/Animals			
15. Repairs and Maintenance			
16. Seeds and Plants			
17. Supplies			
18. Taxes - Real Estate			
19. Utilities			
20. Veterinary/Breeding/Medicine			
21. Purchases for Resale			
22. Other Expenses			
23. Other - Irrigation			
24. Interest			
25. TOTAL OPERATING EXPENSES			

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C. NON-OPERATING

	20 <u> </u>	20 <u> </u>	20 <u> </u>
1. Owner Withdrawal (Total Family Living Expenses and Non-Farm Debt Payments)			
2. Income Taxes			
3. Non-Farm Income			
4. Non-Farm Expense			

D. FINANCING

1. Term Principal Payment			
2. Operating Loan Advance			
3. Term Loan Advance			
4. Operating Loan Payment			

E. CAPITAL

1. Capital Sales			
2. Capital Contributions			
3. Capital Expenditures			
4. Capital Withdrawals			

F. SIGNATURE

I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith.

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1. Signature	2. Date
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RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

FSA-2038
(08-19-14)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

FARM BUSINESS PLAN WORKSHEET
Projected/Actual Income and Expense

1. NAME

2. For Production Cycle Beginning:

Projected

Actual

20

 Thru:

20

A - INCOME

1. Crop Production and Sales:

1A. Description	Production				1F. Farm Use	Purchases			Sales		
	1B. Acres	1C. Yield	1D. % Share	1E. # Units		1G. # Units	1H. \$/Unit	1I. Total \$	1J. # Units	1K. \$/Unit	1L. Total \$

2. Livestock and Poultry Production and Sales:

2A. Description	2B. Purch/Raised		2C. # Units	Purchases			2G. Death Loss	Sales			
	P	R		2D. Weight	2E. \$/Unit	2F. Total \$		2H. # Units	2I. Weight	2J. \$/Unit	2K. Total \$

3. Dairy Livestock Production and Sales:

3A. Description	3B. Purch/Raised		3C. # Head	Purchases			3G. Death Loss	Sales			
	P	R		3D. Weight	3E. \$/Unit	3F. Total \$		3H. # Units	3I. Weight	3J. \$/Unit	3K. Total \$

4. Milk Sales:

4A. Description	4B. # Head	4C. Production/Head/Year	4D. Total Production	4E. Price	4F. Sales \$

5. Livestock Product Sales:

5A. Description	5B. Production	5C. Measure	Sales		
			5D. Units	5E. \$/Unit	5F. Total \$

A - INCOME (Continued)

6. Ag Program Payments	\$ Amount	8. Custom Hire Income	\$ Amount
7. Crop Insurance Proceeds	\$ Amount	9. Other Income	\$ Amount
		10. Total Income (Items 1 through 9)	

B - EXPENSES

11. Car and Truck	\$ Amount	23. Rent – Land/Animals	\$ Amount
12. Chemicals		24. Repairs and Maintenance	
13. Conservation		25. Seeds and Plants	
14. Custom Hire		26. Supplies	
15. Feed Supplement		27. Taxes – Real Estate	
16. Feed, Grain and Roughage		28. Utilities	
17. Fertilizers and Lime		29. Veterinary/Breeding/Medicine	
18. Freight and Trucking		30. Other Expenses	
19. Gas/Fuel/Oil		31. Other - Irrigation	
20. Insurance			
21. Labor Hired			
22. Rent – Machinery/Equipment/Vehicles		32. Interest	
		33. Total Expenses (Items 11 through 32)	

C – NON-OPERATING

34. Owner Withdrawal (Total Family Living Expenses and Non-Farm Debt Payments)		36. Non-Farm Income	
35. Income Taxes		37. Non-Farm Expense	

D - CAPITAL

38. Capital Sales		40. Capital Expenditures	
39. Capital Contributions		41. Capital Withdrawals	

E - WARNING

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42A. SIGNATURE	42B. DATE
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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 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		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others	\$
IRA or Other Retirement Account	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments \$	
(Complete 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	\$
Total	\$	Net Worth	\$
		Total	\$

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	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 Banks 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 attachment 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)

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.)

Section 7. Other Liabilities.	(Describe in detail.)

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

I authorize SBA/Lender to make inquiries 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 Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.
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