

FINANCIAL STATEMENT - COMPLETE THIS FORM IF YOU ARE APPLYING ONLINE FOR HOUSEHOLD GOODS AUTHORITY, PASSENGER OTHER THAN IN CHARTER AUTHORITY, OR PASSENGER AUTHORITY IF YOU HAVE LESS THAN 16 PASSENGERS.

BALANCE SHEET

If applicant is an **individual partnership**, complete Column A.

For Partnerships, also complete a balance sheet for each partner. If applicant is a **corporation or limited liability company**, complete Columns A & B.

The Balance Sheet and Income Statement (Columns A & B) must be completed on a calendar year basis (January 1 through December 31). Column B reflects actual data for the current calendar year OR for new corporations just starting business. If you are an existing business and do not have any actual current year data available to report, please note N/A in this column. You may add, by attachment, supplemental information to this financial statement if you feel it will help support the application. Additional information may also be requested by our agency if your financial statement appears incomplete or questionable.

(A)
For Year
Ending
(Month/Year)

(B)
Current Year
Ending
(Month/Year)

1. TOTAL CURRENT ASSETS

Include cash in checking and savings; amounts due from others; prepaid insurance, taxes, or other payments; cost of materials and supplies on hand; and other near cash assets.

\$

\$

2. OTHER ASSETS

Include trucks, trailers (or buses) and other equipment shown in Section 10 above, minus depreciation; and other property.

\$

\$

3. TOTAL ASSETS (Add lines 1 and 2 above)

\$

\$

4. TOTAL CURRENT LIABILITIES

Include any amount due to others within 1 year or less on any loans, accounts due, or other debt.

\$

\$

5. TOTAL LONG TERM LIABILITIES

Include any amount due to others after 1 year on any loans, accounts due, or other debt.

\$

\$

6. CAPITAL STOCK (Corporations only)

\$

\$

7. RETAINED EARNINGS, CONTRIBUTED CAPITAL, OR EQUITY OF LIMITED COMPANIES (Corporations only)

\$

\$

8. NET WORTH-PARTNERS OR INDIVIDUALS

\$

\$

9. TOTAL LIABILITIES AND EQUITY (Add Lines 4 through 8)

\$

\$

PRO-FORMA BALANCE SHEET

If applicant is a **partnership, corporation, or limited liability company**, check only one box below and provide information if needed.

- In order to provide the proposed service if this authority is granted, applicant does NOT intend to acquire any additional assets or liabilities.
- In order to provide the proposed service if this authority is granted, applicant does intend to purchase additional assets or incur additional liabilities as follows:
(Include a description of the items, the amount of the purchase and any associated debt or loan amount)

INCOME AND EXPENSE STATEMENT

WAGE EARNER ONLY (IF CHECKED, DO NOT COMPLETE LINES 1-5 BELOW)

(A)
For Year
Ending
(Month/Year)

(B)
Current Year
Ending
(Month/Year)

1. TOTAL REVENUE

Include all sales/revenue minus any costs of goods sold.

\$

\$

2. TOTAL EXPENSES

Include all operating expenses such as salaries and fringes, depreciation, insurance, repairs, fuel and oil, tires, office, and other expenses, insurance, utilities, rent paid for vehicles or office equipment, operating taxes and licenses, legal and professional fees and other expenses.

\$

\$

3. NET OPERATING REVENUE (Line 1 minus Line 2)

\$

\$

4. OTHER OPERATING INCOME AND EXPENSES

Include mortgage or other interest expense; and gain (or loss) on sale of assets

\$

\$

5. NET INCOME (OR LOSS) (Line 3 minus Line 4)

\$

\$