



Company Financial Statement

Principal Primary Licensed Location:

Company Name: License #:

Doing Business As:

Information on the financial statement must be for the entity only. Do not include personal items or the consolidation of other businesses.

1. Balance Sheet: (As of the end of the reporting period)

Table with columns: ASSETS, LIABILITIES & EQUITY, Period Ending Date, Previous Calendar Year, Current Year. Rows include Current Assets (Cash, Accounts Receivable, Investments, Other Current Assets), Fixed Assets (Furniture, Fixtures and Equipment, Accumulated Depreciation, Other Assets), and Equity (Common Stock, Additional Paid In Capital, Distributions/Dividends, Retained Earnings, Net Income).



Company Financial Statement

Other Current Assets *(From Page 1 of Balance Sheet)*

Balance

Total \$ _____

Other Assets *(From Page 1 of Balance Sheet)*

Balance

Total \$ _____

Other Current Liabilities *(From Page 1 of Balance Sheet)*

Balance

Total \$ _____

Long Term Liabilities *(From Page 1 of Balance Sheet)*

Balance

Total \$ _____

Client Trust Balance

Client Outstanding Trust Liability

**Licensee may also submit internally prepared financials or
CPA prepared compiled, reviewed, or audited financial
statements in lieu of this form.**



| Financial Statement | | |
|--|----|----|
| Statement of YTD Income and Expenses | | |
| 1 Income | \$ | |
| 2 Income from Collections | \$ | |
| 3 Profit (or loss) on investments | \$ | |
| 4 Income from investments | \$ | |
| 5 Other Income | \$ | |
| 6 Total Income (sum of lines 1 thru 5) | | \$ |
| 7 Expenses | \$ | |
| 8 Salaries | \$ | |
| 9 Accounting Services | \$ | |
| 10 FICA taxes | \$ | |
| 11 Other taxes | \$ | |
| 12 Supplies | \$ | |
| 13 Depreciation | \$ | |
| 14 Insurance & bonds | \$ | |
| 15 Advertising | \$ | |
| 16 Interest | \$ | |
| 17 License & examination fees | \$ | |
| 18 Office expenses | \$ | |
| 19 Other expenses | \$ | |
| 20 Total Expenses (sum of lines 7 thru 19) | | \$ |
| 21 Profit (Loss) (line 6 less line 20) | | \$ |
| 22 Income Taxes | | \$ |
| 23 Net Profit (Loss) (line 21 less line 22) | | \$ |
| 24 Arizona Gross Annual Income Include in line 6 (above) | | \$ |



Statement of Income and Expenses

(A) Schedule of Other Income (Line 5 of Statement of Income and Expenses)

Detail all items that exceed 10% of total "Other Income"

Table with 2 columns for item description and amount. Includes rows for 'All other income' and 'Total Other Income' with dollar signs.

(B) Schedule of Other Expenses (Line 19 of Statement of Income and Expenses)

Detail all items that exceed 10% of total "Other Expenses"

Table with 2 columns for item description and amount. Includes rows for 'All other expenses' and 'Total Other Expenses' with dollar signs.

Date: _____

Prepared by: _____ Phone: _____

Affidavit For Financial Statement

- (a) I have read and understand the items and instructions on this form;
(b) My answers (including attachments) are true and complete to the best of my knowledge;
(c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;
(d) I have read and understand applicable federal and state law, and will be in compliance at all times;
(e) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;
(f) I understand this form must be signed by one of the owners or officers on file with the Department of Financial Institutions.

Signature of Individual: _____

Printed Name _____

Date (MM/DD/YYYY) _____