



Farmers & Merchants Bank of Colby

COMMERCIAL BALANCE SHEET

240 W. 4th St. • P.O. 797 • Colby, KS 67701 • (786) 460-3321 • (786) 460-9727 Fax

Name(s):	SSN or Tax ID No.	Date:
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Residence Address:	Telephone Number:
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GENERAL INFORMATION

Ownership of Assets/Liabilities listed below

Individual: Joint
 Corp: Partnership

Are any of these assets held in a revocable Trust?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	If yes, please explain on an attached paper.
Are (either of) you currently a defendant in any legal actions?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	If yes, please explain on an attached paper.
Are there any disputed tax claims against (either of) you?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	If yes, please explain on an attached paper.
Are you a partner or officer in any other venture?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	If yes, please explain on an attached paper.
Do you have any contingent liabilities?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	If yes, please explain on an attached paper.
Do you have crop insurance (either Multi-Peril or Hall)?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	If yes, please explain on an attached paper.
Do you have hazard insurance on farm assets?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	If yes, please explain on an attached paper.
Do you have disability insurance?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	If yes, please explain on an attached paper.
Do you rent or lease any farm ground?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	If yes, please explain on an attached paper.

PERSONAL INFORMATION: (Completion of this section is optional)

Age: _____	Number of Dependents: _____	
Approximate Date of Will: _____	Name of Attorney: _____	
	Name of Accountant: _____	

LISTING OF ASSETS AND LIABILITIES AS OF:

Fill all blanks in the following balance sheet, clearly indicate if a space is not applicable

ASSETS	LIABILITIES
Current Assets:	Current Liabilities:
Cash (Including Checking Accounts)	Accounts Payable (Including Credit Cards) (Sch. M)
Cash in Other Banks	Notes Due Within 1 Year (Schedule M)
Savings & Investments (Schedule A)	Current Portion of Long-Term Debt (Schedule N)
Accounts Receivable (Schedule B)	Accrued Interest (Schedules M & N)
Prepaid Expenses	Other Current Liabilities (Schedule E)
Inventory	Income Taxes Payable
Cash Value Life Insurance (Schedule D)	Sales Tax Payable
Other Current Assets (Itemize)	Payroll Liabilities
	Current Portion Personal Liabilities (Schedule M)
	Other Current Liabilities (Itemize)
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES
Non-Current Assets:	Long-Term Liabilities:
Vehicles, Machinery & Equipment (Schedule C)	Real Estate Mortgages (Schedule G)
Real Estate (Schedule G)	Long-Term Liabilities (Notes Payable>1Yr) (Sch. N)
Investment in Other Entities (Schedule H)	Long-Term Portion Personal Liabilities (Schedule N)
Shareholder Loans	Deferred Taxes
Other Personal Property	Other Long-Term Liabilities (Itemize)
Other Non-Current Assets (Itemize)	
	TOTAL LONG-TERM LIABILITIES
	TOTAL LIABILITIES
TOTAL NON-CURRENT ASSETS:	NET WORTH
TOTAL ASSETS	TOTAL LIABILITIES & NET WORTH

SCHEDULE A

U.S. GOVERNMENT & MARKETABLE SECURITIES

Description	# of Shares	Face Value	In Name Of	Pledged or Held by Others?	Market Value
TOTALS					

SCHEDULE B

ACCOUNTS RECEIVABLE

Description	Maturity Date	Current Value
TOTAL		

SCHEDULE C

VEHICLES, MACHINERY & EQUIPMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

Description (including Year, Make, Model #, & Identification #)	Original Loan Amt	Maturity Date	List Collateral	Amount Owed	Current Mkt Value
TOTALS					

SCHEDULE D

LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary & Relationship	Face Amount	Policy Loans	Cash Surrender Value
TOTALS					

SCHEDULE E

BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured	Amount Owed	List Collateral
TOTALS						

SCHEDULE F

BUSINESS VENTURES

List Name & Address of Any Business Venture in Which You Are a Principal or Partner	Total Assets Listed in Section 3	% of Ownership	Business Position/Title	Business Total Assets	Line of Business	Years in Business

