

Appendix 20: Form FS-6500-24, Financial Statement

USDA FOREST SERVICE		OMB No. 0596-0082 (Expires 5/31/01)	
(Ref. 36 CFR 223.7(e), 36 CFR 251.54(e), Federal Acquisition Regulation 48 CFR 9.104.1.)			
INSTRUCTIONS: Forest Service (FS) requires the respondent to provide the most recent fiscal year financial statement. FS may also request the respondent to provide two additional years of financial data, on a case by case basis. If more space is needed to fully answer any item below, attach additional sheets.			
1. NAME OF CORPORATION, PARTNERSHIP, OR PROPRIETORSHIP (Include any names the organization/firm operated under during past three years and specify the year operated for each name):			
2. STATE INCORPORATED	3. DATE INCORPORATED	4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS (with ZIP CODE)	
5. IF PARTNERSHIP, NAMES OF PARTNERS, AND THEIR PARTNERSHIP INTERESTS			
6. NAMES, TITLES, AND ADDRESSES OF CORPORATE OFFICERS AND DIRECTORS, with number of shares of stock owned by each:			
FULL NAME	TITLE	ADDRESS <i>(Number, Street, City, State, and ZIP CODE)</i>	SHARES OWNED
7. REFERENCES <i>(At least three should be given, preferably blanks):</i>			
FULL NAME		ADDRESS <i>(Number, Street, City, State, and ZIP CODE)</i>	

NOTE: Respondents may submit certified financial statements in lieu of answering PARTS A through C on the next pages. However, respondents must complete either certification statement PART D (1) or PART D (2) at the bottom of the last page.

PART A. BALANCE SHEET			
	CURRENT YEAR (MO/DA/YR)	PAST YEAR (MO/DA/YR)	THIRD YEAR (MO/DA/YR)
YEAR ENDED	//	//	//
ASSETS			
CURRENT ASSETS:			
CASH			
RECEIVABLES-TRADE LESS ALLOWANCES FOR DOUBTFUL ACCOUNTS	<>	<>	<>
INVENTORIES (list major categories):			
SUPPLIES AND MISCELLANEOUS MARKETABLE SECURITIES			
PREPAID EXPENSES SUPPLIES INVENTORY			
OTHER CURRENT ASSETS:			
TOTAL CURRENT ASSETS			
FIXED ASSETS:			
LAND			
BUILDINGS			
MACHINERY AND EQUIPMENT			
PLANT			
LEASEHOLD IMPROVEMENTS			
OTHER			
LESS ALLOWANCE FOR DEPRECIATION	<>	<>	<>
BOOK VALUE-FIXED ASSETS			
OTHER ASSETS:			
DEPOSITS-CASH			
DEPOSITS-SECURITIES			
TOTAL-OTHER ASSETS			
TOTAL ASSETS			

LIABILITIES AND OWNER EQUITY	CURRENT YEAR	PAST YEAR	THIRD YEAR
CURRENT LIABILITIES:			
ACCOUNTS PAYABLE-TRADE			
ACCRUED PAYROLL			
ACCRUED PAYROLL TAXES AND INSURANCE			
NOTES PAYABLE			
INCOME TAXES-CURRENT			
OTHER TAXES			
CURRENT PORTION OF LONG-TERM DEBT			
OTHER CURRENT LIABILITIES (SPECIFY)			
TOTAL CURRENT LIABILITIES			
OTHER LIABILITIES:			
DEFERRED INCOME TAXES			
LOANS FROM OFFICERS/PARTNERS			
LONG-TERM OBLIGATIONS-LESS CURRENT AMOUNT			
TOTAL OTHER LIABILITIES			
TOTAL LIABILITIES			
OWNER EQUITY:			
CAPITAL STOCK OUTSTANDING			
RETAINED EARNINGS (DEFICIT)			
PARTNERS' INVESTMENT (DEFICIT)			
TOTAL OWNER EQUITY			
TOTAL LIABILITIES AND OWNER EQUITY			

PART B. SUPPLEMENTAL DATA

THIS STATEMENT IS ON THE-CASH BASIS _____ ACCRUAL BASIS _____
 INVENTORIES ARE-LIFO _____ FIFO _____ COST OR MARKET WHICHEVER
 IS LOWER _____

NAMES OF CONTRACTORS OR SUB-CONTRACTORS USED (IF ANY):

PART C. INCOME STATEMENT	CURRENT YR	PAST YR	THIRD YR
GROSS SALES			
LESS-RETURNS AND ALLOWANCES	<>	<>	<>
NET SALES			
LESS-COST OF GOODS SOLD	<>	<>	<>
GROSS PROFIT ON SALES			
LESS-SELLING EXPENSE	<>	<>	<>
NET PROFIT (LOSS) ON SALES			
GENERAL EXPENSE:			
OFFICERS SALARIES			
LEGAL AND OTHER PROFESSIONAL EXPENSE			
OFFICE EXPENSE			
OTHER			
TOTAL GENERAL EXPENSE			
NET OPERATING PROFIT (LOSS)			
ADD-OTHER INCOME			
LESS-INTEREST EXPENSE			
INCOME TAXES	<>	<>	<>
OTHER EXPENSE	<>	<>	<>
NET AMOUNT OF OTHER INCOME AND EXPENSE	<>	<>	<>
NET PROFIT (LOSS) FOR YEAR			

NOTE: Offers must set forth full, accurate, and complete information as required in this Financial Statement (*including any attachments*). The penalty for making false statements in this Financial Statement is prescribed in 18 U.S.C. 1001.

PART D (1). CERTIFICATION FOR CORPORATIONS OR PARTNERSHIPS

We, the undersigned, general officers (*or members*) of

_____ (*name of corporation or partnership*) being severally sworn, each declares that the above or attached financial statements are true and correct, and that it covers all of the financial affairs of said company (*or*) firm up to and including the date of _____, 20_____.

CERTIFYING OFFICIAL'S NAME AND TITLE

SIGNATURE (*Sign in ink*)

DATE

CERTIFYING OFFICIAL'S NAME AND TITLE

SIGNATURE (*Sign in ink*)

DATE

SWORN TO AND SUBSCRIBED before me this _____ day of _____ (*Month/Year*)

(*Affix Notary Seal*)

SIGNATURE

TITLE

PART D (2). CERTIFICATION FOR INDIVIDUALS

I swear (*or affirm*) that the above or attached financial statements are true and correct to the best of my knowledge.

INDIVIDUAL'S NAME AND TITLE

SIGNATURE (*Sign in ink*)

DATE

SWORN TO AND SUBSCRIBED before me this _____ day of _____ (*Month/Year*)

(*Affix Notary Seal*)

SIGNATURE

TITLE

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture Forest Service, Information Collection Coordinator, Room 800/RPE, P.O. Box 96090, Washington D.C. 20250; and to the Office of Management and Budget, Desk Officer for Forest Service (OMB #0596-0082), Washington D.C. 20503

