

**U.S. DEPARTMENT OF AGRICULTURE
FOREST SERVICE**

FINANCIAL STATEMENT

AUTHORITY:
36 CFR 251.54(e)(5)(iv) and FSH 6509.18

INSTRUCTIONS: Provide your most recent fiscal year financial statement. The Forest Service may also request 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. Complete and accurate information must be provided as required in this form. Anyone who knowingly or willfully makes any false statement or representation on this form is subject to a fine, imprisonment, or both under 18 U.S.C. 1001(a).

1. NAME OF CORPORATION, LIMITED LIABILITY COMPANY (LLC), 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 OF
INCORPORATION

3. DATE OF
INCORPORATION

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

5. FOR PARTNERSHIPS, NAMES OR PARTNERS AND THEIR PARTNERSHIP INTERESTS:

6. NAME, TITLE, AND ADDRESS OF CORPORATE OFFICERS AND DIRECTORS AND NUMBER OF SHARES OF STOCK OWNED BY EACH

FULL NAME	TITLE	ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS	SHARES OWNED

7. REFERENCES (at least three, preferably from banks):			
Full Name	ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS		
You may submit certified financial statements in lieu of completing PARTS A through C below. However, you must complete either the certification statement in PART D.1 or PART D.2 at the bottom of the last page.			
PART A. BALANCE SHEET	CURRENT YEAR (MM/DD/YYYY)	PREVIOUS YEAR (MM/DD/YYYY)	YEAR BEFORE PREVIOUS YEAR (MM/DD/YYYY)
YEAR ENDED			
ASSETS			
CURRENT ASSETS			
CASH			
RECEIVABLES			
LESS ALLOWANCES FOR DOUBTFUL ACCOUNTS	()	()	()
INVENTORIES (LIST MAJOR CATEGORIES)			
SUPPLIES AND MISCELLANEOUS ITEMS			
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 OF FIXED ASSETS			
OTHER ASSETS			
CASH DEPOSITS			
SECURITIES			
TOTAL OTHER ASSETS			
TOTAL ASSETS			
LIABILITIES AND OWNER EQUITY	CURRENT YEAR (MM/DD/YYYY)	PREVIOUS YEAR (MM/DD/YYYY)	YEAR BEFORE PREVIOUS YEAR (MM/DD/YYYY)
CURRENT LIABILITIES			
ACCOUNTS PAYABLE			
ACCRUED PAYROLL			
ACCRUED PAYROLL TAXES AND INSURANCE			
NOTES PAYABLE			
CURRENT INCOME TAXES			
OTHER TAXES			
CURRENT PORTION OF LONG-TERM DEBT			
OTHER CURRENT LIABILITIES (SPECIFY)			
TOTAL CURRENT LIABILITIES			
OTHER LIABILITIES			
DEFERRED INCOME TAXES			
LOANS FROM OFFICERS OR PARTNERS			
LONG-TERM DEBT LESS CURRENT PORTION OF LONG-TERM DEBT			
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			
THE INCOME STATEMENT IN PART C IS CASH BASIS _____ ACCRUAL BASIS _____.			
INVENTORIES ARE LIFO _____, FIFO _____, COST, OR MARKET, WHICHEVER IS LOWER _____.			
NAME, ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS OF CONTRACTORS OR SUBCONTRACTORS USED TO PREPARE THE INCOME STATEMENT IN PART C (IF ANY):			
PART C. INCOME STATEMENT	CURRENT YEAR (MM/DD/YYYY)	PREVIOUS YEAR (MM/DD/YYYY)	YEAR BEFORE PREVIOUS YEAR (MM/DD/YYYY)
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 SALERIES			
LEGAL AND OTHER PROFESSIONAL EXPENSE			
OFFICE EXPENSE			
TOTAL GENERAL EXPENSE			
NET OPERATING PROFIT (LOSS)			
PLUS OTHER INCOME			
LESS INTEREST EXPENSE			
INCOME TAXES	()	()	()
OTHER EXPENSES	()	()	()
NET AMOUNT OF OTHER INCOME AND EXPENSES	()	()	()
NET PROFIT (LOSS) FOR YEAR:			

PART D.1. CERTIFICATION FOR CORPORATIONS, LLCs, AND PARTNERSHIPS

We, the undersigned, general officers (or members) of _____ [name of corporation, LLC, or partnership], swear that the above or attached financial statements are true and correct and cover all of the financial affairs of [name of corporation, LLC, or partnership] up to and including [date].

CERTIFYING OFFICIAL'S NAME AND TITLE	SIGNATURE (Sign in ink)	DATE
CERTIFYING OFFICIAL'S NAME AND TITLE	SIGNATURE (Sign in ink)	DATE
SUBSCRIBED AND SWORN TO before me this _____ day of _____, [year].		(Affix Notary Seal)
SIGNATURE	TITLE	

PART D.2. CERTIFICATION FOR INDIVIDUALS

I swear that the above or attached financial statements are true and correct.

INDIVIDUAL'S NAME AND TITLE	SIGNATURE (Sign in ink)	DATE
SUBSCRIBED AND SWORN TO before me this _____ day of _____ [year].		(Affix Notary Seal)
SIGNATURE	TITLE	

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082. Response to this collection of information is mandatory. The authority to collect the information is the Organic Administration Act, 16 U.S.C. 551. The time required to complete this information collection 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

The Privacy Act of 1974, 5 U.S.C. 552a, and the Freedom of Information Act, 5 U.S.C. 552, govern the confidentiality to be provided for information received by the Forest Service.

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