

Complete this form if your business is a Corporation, Partnership, Limited Liability Company (LLC) classified as a corporation, other multi-owner/multi-member LLC, single member LLC. If your business is a sole proprietorship (filing Schedule C), do not use this form. Instead, complete Form TAX-693, Financial and Income Statement for Wage Earners and Self-Employed Individuals.

Include attachments if additional space is needed to respond completely to any question.

FINANCIAL AND INCOME

STATEMENT FOR BUSINESSES

SECTION 1 BUSINESS INFORMATION

VT Schedule

TAX-692

Business Name	Employer Identification Number					
Trade Name or d/b/a					Description of Business	
Mailing Address					County of Business Location	
City	City State ZIP Code			Primary Telephone Number		
Foreign Country (if not United States) Business Website Addre			ss Website Address	;		
Email Address						
State Contractor?	Total Number of Employees Frequency of Tax Deposits				Average Gross Monthly Payroll	
Does the business use a payroll service provider?	If yes, enter Provider's Name			Mailing Addres	ss of Provider	
🗌 Yes 📄 No	City			State	ZIP Code	

Provide information about all partners, officers, LLC members, major shareholders (foreign and domestic), etc., associated with the business.

Partner, Officer, LLC Member, Major Shareholder, etc. #1

Last Name	First Name		MI	Social Security Number	
Home Mailing Address					Title
City		State	ZIP Code		Primary Telephone Number
Foreign Country (if not United States)		Percent of Ownership		0/	Secondary Telephone Number
				%	

Partner, Officer, LLC Member, Major Shareholder, etc. #2

Last Name	First Name			MI	Social Security Number
Home Mailing Address					Title
City			ZIP Code		Primary Telephone Number
Foreign Country (if not United States)		Percent	of Ownership	%	Secondary Telephone Number

Entity name

Federal ID Number



SECTION 2 BUSINESS ASSET INFORMATION

If any total in this section results in a negative number, enter -0-.

Enter the total amount available for each of the following (if additional space is needed, please include attachments). Gather the **most current** statement from banks, lenders on loans, mortgages (including second mortgages), monthly payments, loan balances, and accountant's depreciation schedules, if applicable. Also, include make/model/year/mileage of vehicles and current value of businesses assets. To estimate the current value, you may consult resources like Kelley Blue Book (www.kbb.com), NADA (www.nada.com), local real estate postings of properties similar to yours, and any other websites or publications that show what the businesses assets would be worth if you were to sell them.

Bank Accounts					
Account Type (check ON	E)	Money Market	Online Account	Stored Value Card	1a. Amount
Bank Name		Acco	unt Number		
Account Type (check ON	E)	Money Market	Online Account	Stored Value Card	1b. Amount
Bank Name		Acco	unt Number		
Account Type (check ON	E)	Money Market	Online Account	Stored Value Card	1c. Amount
Bank Name		Acco	unt Number		
1d. Total of bank a	account(s) list	ed from attachmer	t		1d. Total bank account(s) from attachment
					1e. Add Lines 1a through 1d

Investment Accounts			
Account Type (check ONE)	Other		2a. Amount (CMV x 0.8 - Loan Balance)
Name of Financial Institution	Account Number		
Current Market Value (CMV)	Multiply Current Market Value by 0.8	Loan Balance	
Account Type (check ONE)	2b. Amount (CMV x 0.8 - Loan Balance)		
Name of Financial Institution	Account Number		
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Balance	
2c. Total of investment(s) lister	2c. Total investment(s) from attachment		
2d. Total of all investment(s) (A	2d. Add Lines 2a through 2c		

Notes Receivable							
Do you have notes receivable?		3.	Total notes receivable from attachment				
No Yes. Attach current listing which includes name and amount of note(s) receivable.							



SECTION 2 BUSINESS ASSET INFORMATION (cont.)

Real Estate (Buildings, Lots	, Commercial Property, etc.)
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Property Address (physical address)				4a. Value (CMV x 0.8 - Loan Balance)
City		State	ZIP Code	
Foreign Country (if not United States	5)			
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Ba	alance	
Property Address (physical address)	1	I		4b. Value (CMV x 0.8 - Loan Balance)
City		State	ZIP Code	
Foreign Country (if not United States	5)			
Current Market Value (CMV)	Multiply CMV by 0.8	Loan Ba	alance	
		I		4c. Total property(s) from attachment
4c. Total of property(s) list	ed from attachment (CMV	x 0.8 - Loan I	Balance)	4d. Add Lines 4a through 4c
4d. Total of all property(s)	(Add Lines 4a through 4c)			· · · · · · · · · · · · · · · · · · ·

Business Vehicles

Vehicle Make	Model	Year	Mileage or Use Hours	Lease or Loan?	Monthly Lease / Loan Payment	5a. Value (CMV x 0.8 - Loan Balance) If leased, enter -0-
Current Market Value	e (CMV)	Multiply CMV	by 0.8	Loan Balance		
Vehicle Make	Model	Year	Mileage or Use Hours	Lease or Loan?	Monthly Lease / Loan Payment	5a. Value (CMV x 0.8 - Loan Balance) If leased, enter -0-
Current Market Value	e (CMV)					
5c. Total of business vehicle(s) listed from attachment (CMV x 0.8 - Loan Balance)						
	business vehic	5d. Add Lines 5a through 5c				

Other Business Equipment

Current Market Value (CMV)		Multiply CMV by 0.8	Iultiply CMV by 0.8 Loan Balance		Value (CMV x 0.8 - Loan Balance)
				6h	Total business equipment from attachment
6b. Total of business equipment listed from attachment (CMV x 0.8 - Loan Balance)					rotar business equipment nom attachment
6c.					Add Lines 6a and 6b
0C.	Total of all busiliess equip	inieni (Add Lines oa and ob)			

Total Available Assets

BOX 1 Add Lines 1e, 2d, 3, 4d, 5d, and 6c....

BOX 1 Total Available Assets

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Entity n	ame
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Federal ID Number



SECTION 3 BUSINESS INCOME INFORMATION

Enter the **average** gross monthly income of your business. To determine your gross monthly income, use the most recent 6-12 months documentation of commissions, invoices, gross receipts from sales/services, etc.; most recent 6-12 months earnings statements, etc., from every other source of income (such as rental income, interest and dividends, or subsidies); or you may use a most recent 6-12 months Profit and Loss (P&L) to provide the information of income and expenses.

7.	Gross receipts	.7	
8.	Gross rental income.	.8	
9.	Interest income	.9	
10.	Dividends	10	
11.	Other income (specify on attachment)	11	
		BOX 2	Total Business Income
BOX	Add Lines 7 through 11 and enter the amount in BOX 2		

SECTION 4 BUSINESS EXPENSE INFORMATION

Enter the **average** gross monthly expenses for your business using your most recent 6-12 months statements, bills, receipts, or other documents showing monthly recurring expenses.

12.	Materials purchased (e.g., items directly related to the production of a product or service)
13.	Inventory purchased (e.g., goods bought for resale)
14.	Gross wages and salaries
15.	Rent
16.	Supplies (items used to conduct business and used up within one year, e.g., books, office supplies, professional equipment, etc.)
17.	Utilities / telephones
18.	Vehicle costs (gas, oil, repairs, maintenance)
19.	Insurance (other than life)
20.	Taxes (e.g., real estate, state and local income tax, excise franchise, occupational, personal property, sales and employer's portion of employment taxes, etc.) 20.
21.	Other expenses (e.g., secured debt payments. Specify on attachment. Do not include credit card payments)
BOX	3 Add Lines 12 through 21 and enter the amount in BOX 3 BOX 3 Total Business Income BOX 4 Remaining Monthly Income
BOX	4 Subtract BOX 3 from BOX 2 and enter the amount in BOX 4

Federal ID Number



SECTION 5 OTHER INFORMATION

Please provide the additional information requested, which is needed to understand your financial situation.

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A.	Is the business currently in bankruptcy?	Yes	No			
B.	Has the business ever filed bankruptcy?	Yes	No			
	If "Yes," Date Filed (mmddyyyy) Da	e Dismissed or Discharged (mmddyyyy)				
	Petition No Lo	cation				
C.	Does this business have other business affiliations (e.g., subsidiary o	r parent companies)? Yes	No			
	If "Yes," Name					
	Employer Identification Number					
D.	Do any related parties (e.g., partners, officers, employees) owe money to the business?					
E.	Has the business been party to a lawsuit?					
F.	In the past 10 years, has the business transferred any assets for less than their full value? I Yes					
G.	Has the business been located outside the U.S. for 6 months or longe	r in the past 10 years? 🗌 Yes	🗌 No			
H.	Does the business have any funds being held in trust by a third party?					
I.	Does the business have any lines of credit?	Yes	🗌 No			
	If "Yes," Credit limit: \$ An	ount owed: \$				
	What property secures the line of credit?					

SECTION 6 SIGNATURES

Under penalties of perjury, I declare that I have examined this offer, including accompanying documents, and to the best of my knowledge, it is true, correct, and complete.

Signature of Responsible Officer	Title	Date
Printed name	Email address	

Remember to include all applicable attachments from list below.

A current Profit and Loss statement covering at least the most recent 6-12 month period, if appropriate.

Copies of the three most re	cent statements for eac	ch bank, investment,	and retirement account.
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If an asset is used as collateral on a loan, include copies of the most recent statement from lender(s) on loans, month	ıly
payments, loan payoffs, and balances.	

- Copies of the most recent statement of outstanding notes receivable (if applicable).
 - Copies of the most recent statements from lenders on loans, mortgages (including second mortgages), monthly payments, loan payoffs, and balances.



- Documentation for any claims of exceptional circumstances. Examples of possible documentation to include are: copies of actual monthly expenses, out-of-pocket medical expenses, physician's statements detailing illness, etc.
- Attach a Form PA-1, Power of Attorney, if you would like your attorney, account or tax preparer, or other party to represent you and you do not have a current form on file with the Vermont Department of Taxes.