



U.S. Small Business Administration Portfolio Financing Report

OMB No. 3245--0078

Expiration Date: 07/31/2007

Name of Licensee _____**License Number** _____**Part A - Small Business Concern Data**

1. Name of Small Business _____ 2. Employer Identification Number _____
 3. Street Address _____ 4. City _____ 5. State _____
 6. ZIP Code _____ 7. County _____ 8. Small Business FAX _____
 9. Contact Person for FAX _____ 10. Date Business Established ____ / ____ / ____
 11. Form of Business (select one) _____ 1) Corporation 2) Partnership 3) Proprietor 4) Limited Liability Company
 12. SIC Code _____ or Industry (if SIC Code is not known) _____
 13. Percentage of Small Concern (if any) Owned by: Blacks _____% Hispanics _____% Native Americans _____%
 Asian Pacific Americans _____% Subcontinent Asian Americans _____%
 14. Percentage of Small Concern Owned by Women (if any) _____%

Part B - Prefinancing Information

- Prefinancing Info Status (select one) _____ 1) New Information 2) Previously Submitted 3) Acquired Business 4) New Business
 15. Fiscal Year End Immediately Prior to Date of Financing (Month/Day/Year) ____ / ____ / ____
 16. Gross Revenue for Prior Fiscal Year \$ _____ 17. After-Tax Profit or (Loss) for Prior Fiscal Year \$ _____
 18. Income Taxes for Prior Fiscal Year: Federal \$ _____ State \$ _____ Local \$ _____
 19. Employee Payroll Tax Withholdings for Prior Fiscal Year: Federal \$ _____ State and Local \$ _____
 20. Total Assets \$ _____ 21. Net Worth (Deficit) \$ _____
 22. Retained Earnings (Deficit) \$ _____ 23. Number of Employees _____

Part C - Financing Information

24. Date of Financing ____ / ____ / ____ 25. Date of Disbursement ____ / ____ / ____
 26. Purpose of Financing (enter appropriate number(s); 1-10) _____
 1) Working Capital or Inventory Purchase 6) Acquisition of Machinery and Equipment
 2) Plant Modernization or Leasehold Improvement 7) Land Acquisition or Dwelling Construction
 3) Acquisition of All or Part of an Existing Business 8) Marketing Activities
 4) Consolidation of Obligations or Non-SBIC Debt Refunding 9) Research and Development
 5) New Building or Plant Construction 10) Other (specify) _____
 27. Is this the First Financing of this Small Business by the Licensee? ___ Yes ___ No
 28. Financing Instruments and Applicable Amounts (for participations, include Licensee's portion only):
- | <u>Instrument</u> | <u>Amount</u> | <u>Initial Interest Rate(s)</u> | <u>% Ownership</u> |
|---------------------------|-----------------|---------------------------------|--------------------|
| Loan Only | \$ _____ | _____ % | |
| Debt with Equity Features | \$ _____ | _____ % | |
| Equity Only | \$ _____ | | _____ % |
| Total Financing | \$ _____ | | |
29. Comments _____

Part D - Licensee Verification

Transmission Date ____ / ____ / ____

PLEASE NOTE: The estimated burden for the completion of this form is 12 minutes per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0078), Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**