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0560-0155

Form Approved - OMB No.

FSA-2254
(08-18-08)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

GUARANTEED LOAN REPORT OF LOSS

PART A - BORROWER INFORMATION

1. Borrower's Name	2. FSA ID Number
3. State/County Code *(For FSA Use Only)*	4. Agency Loan Number
5. Report Type Code	6. Loan Type

7. Interest Rate	8A. Lender's Identification Number	8B. Lender's Branch Number

9. Lender's Routing Number	10. Lender's Account Number
11. Lender's Account Type	12. Payment Type Code *(For FSA Use Only)*
13. Payment Date *(For FSA Use Only)*	14. Date of Deposit *(For FSA Use Only)*
15. Date of Settlement	16. Original Loan Amount $
17. Original Date of Loan	18. Percent of Guaranteed Portion Held by Lender %

PART B - LOAN INFORMATION

Guaranteed Loan Items:		Adjustments:	
19. Principal Balance	$	35. Funds Being Held	$
20. Accrued Interest Owed	$	36. Income to be Applied to Debt	$
21. Emergency Advances	$	37. Borrower's Debt Payment Ability-Present Value	$
22. Total Guaranteed Loan Items *(Items 19+20+21)*	$	38. Other Deductions	$
Protective Advances/Legal Expenses:		39. Total Adjustments *(Items 35+36+37+38)*	$
23. Principal Balance on Protective Advances	$	**Loss Guaranteed:**	
24. Accrued Interest on Protective Advances	$	40. Basic Loss *(Items [(22+25+26)-34]-39)*	$
25. Total Protective Advances *(Items 23+24)*	$	41. Percent of Loss Guarantee	%
26. Legal Expenses	$	42. Maximum Loss *(Items 40x41)*	$
Collateral:		**Adjustments to Protective Advances & Interest:**	
27. Collateral/Proceeds	$	43. Total Protective Advance Payment *(Items 25x41)*	$
28. Value of Personal and Corporate Guarantee	$	44. Legal Expenses Payment *(Items 26x41)*	$
29. Total Collateral *(Items 27+28)*	$	45. Remaining Balance Loss Guarantee *(Items [42-(43+44)]x18)*	$
Prior Lien/Liquidation Expenses:		**Amount Due Lender or FSA:**	
30. Liquidation Cost	$	46. Amount Due Lender *(Items 43+44+45)*	$
31. Prior Liens	$	47. Amount Paid on Estimated Loss	$
32. Unpaid Taxes, Assessments, Ground Rents	$	48. Balance Due Lender *(Items 46-47) (If positive)*	$
33. Total Prior Liens/Liquidation Exp. *(Items 30+31+32)*	$	49. Amount of Overpayment *(Items 46-47) (If negative)*	$
34. Net Collateral *(Items 29-33) (If negative, enter 0.00)*	$	50. Interest on Overpayment	$
		51. Amount due FSA by Lender *(Items 49+50)*	$
		52. Additional Interest Indicator *(For FSA Use Only)*	YES ☐ NO ☐
		53. Principal Portion of Loss Claim *(For FSA Use Only)*	$

PART C – SIGNATURE

54. Lender Representative Signature	55. Name of Lender	56. Date

PART D - FSA USE ONLY

57. FSA Review Official Signature	58. FSA, SED Signature	59. Date Approved

60. Comments