



PLEASE NOTE: The estimated burden for completing this form is 1 hour per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0185).

PLEASE DO NOT SEND FORMS TO OMB. INFORMATION COLLECTED BY THIS FORM IS USED TO RECORD PAYMENTS AND FEES ON THE GUARANTEED PORTION OF AN SBA LOAN. THE INFORMATION IS REQUIRED TO COMPLY WITH PROGRAM REQUIREMENTS AND PROGRAM PARTICIPATION. THE LENDER COMPLETES THE FORM AND SUBMITS IT TO THE OFFICES OF THE FISCAL TRANSFER AGENT (FTA).

OMB No. 3245-0185

Expiration Date: XX-XX-XXXX

Guaranty Loan Status & Lender Remittance Form

Check box if lender information reflects changes

Lender's Name:

Lender's Street Address:

Lender's City, State, Zip:

Lender's Contact Person:

Contact Person's Telephone No.:

Contact Person's Fax No:

F
O
L
D

Check box if secondary market payment reported is a late payment or prepayment

Month Ending: _____

SBA GP Number	Lender Loan Number	Next Installment Due Date	Status (4 - 9)	Amt Disbursed this Period on Total Loan	Amount Undisbursed on Total Loan	Interest Rate	Guar. Portion Interest	Guar. Portion Principal	Total to FTA		Interest Period		# of Days	Calendar Basis	Guar. Portion Closing Balance	Remittance Penalty (if any)	
									Guar. Portion Pymt or Fee		From	To					
Total:										0.00							Total: 0.00

Status Codes	
4 Deferred	7 Transferred
5 In Liquidation	8 Purchased by SBA
6 Paid-in-Full	9 Fully Undisbursed

Grand Total: 0.00

Total to FTA + Penalty

Check/Wire Amt: 0.00