

## Instructions For WA 51-2

### **FINANCIAL STATEMENT SUPPLEMENT**

Warehouse operators use this form to file information for review by the Financial Review Branch in meeting the financial reporting requirements for the United States Warehouse Act and the Commodity Credit Corporation Storage Agreements.

Submit the original of the completed form in hard copy or facsimile to the Kansas City Commodity Office (KCCO), Contract Reconciliation Division STOP 8758, P.O. Box 419205, Kansas City, MO 64141-6205; or FAX 816-823-1805. Customers who have established electronic access credentials with KCCO may electronically transmit this form to KCCO. Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

***Warehouse Operator applicants and annual reporters must complete Items 1 through 16.***

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
1 Name	<p>1A. Enter the warehouse operator's full legal name. <b>See Examples below:</b></p> <p><b>Example 1:</b> For a <b>proprietor</b>, enter, for example, "Susan Doe".</p> <p><b>Example 2:</b> For a <b>corporation</b>, enter, for example, "Doe, Inc."</p> <p><b>Example 3.</b> For a <b>general partnership</b>, enter, for example "Letitia Doe, Frank Doe, Selma Doe, and James Doe, co-partners, trading as Doe Farms"</p> <p><b>Example 4.</b> For a <b>limited partnership</b>, enter, for example "Doe Farms Limited Partnership, Selma Doe, General Partner"</p> <p>1B. Enter warehouse operator's telephone number as XXX-XXX-XXXX.</p> <p>1C. Enter warehouse operator's fax number as XXX-XXX-XXXX.</p>

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2 Address	Enter the applicant's complete mailing address and email ( <i>if applicable</i> ).
3 Statement Prepared by	Check the box that describes the person who prepared the accompanying financial statement.
4 Form of Business	Check the box that describes the nature of the organization of the applicant or reporting entity.
5 Reserved	Leave blank.
6 Fiscal Closing Date	Enter the date of the fiscal year close (month, day, year).
7 Date of Entity Formation	Enter the date of entity formation. In the case of a corporation that is the date of incorporation. In the case of a partnership, enter the date the agreement was signed. In the case of an LLC, enter the date documents were filed with the secretary of state. <i>Do not complete if a proprietor.</i>
8 A - E Organizational Information	<p><b>8 A-E. For a corporation:</b> Enter the name of each officer and the general manager where indicated, their home address, their home phone number, and the total number of shares of stock owned.</p> <p><b>For a limited liability company:</b> Enter the name of each member, their home address (if an individual) or office address (if a corporation or entity other than individual).</p> <p><b>For a partnership:</b> Enter the name of each of the partners, their home address (if an individual) or office address (if a corporation or entity other than individual).</p> <p><b>For a proprietor:</b> Enter the name, home address and phone number of the individual.</p>
9 A-D Directors of Corporation	<p>9A. Enter the name of each of the directors of a corporation.</p> <p>9B. Enter the occupation of each of the directors of a corporation.</p> <p>9C. Enter the home address of each of the directors of a</p>

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	<p>corporation.</p> <p>9D. Enter the number of shares of stock held for each of the directors of the corporation.</p>
10 A-C All Banks (etc.)	<p>Enter the name of each bank used by the applicant or reporting entity, its mailing address, and telephone number where indicated.</p> <p>10A. Enter the name of the bank.</p> <p>10B. Enter the complete location address of the bank.</p> <p>10C. Enter the complete phone number of the bank including the area code.</p>
11 A-C Do you have a line of credit?	<p>Enter "X" or checkmark in the appropriate box the fact of a line of credit.</p> <p>11A. If "YES" enter the name of the lending institution with whom the applicant or reporting entity has a line of credit.</p> <p>11B. Enter the complete mailing address of the lending institution in Item 11A.</p> <p>11C. Enter the amount of the line of credit of the lending institution in Item 11A.</p>
12 Who is (etc.)	<p>Enter the name of the beneficiary of any cash value life insurance.</p>
13 A - D Insurance	<p>13A. Enter the dollar value of limits of insurance covering the buildings that are on the accompanying balance sheet.</p> <p>13B. Enter the dollar value of limits of insurance covering the fixtures and equipment that are on the accompanying balance sheet.</p> <p>13C. Enter the dollar values of limits of insurance covering the total fixed assets that are on the accompanying balance sheet.</p> <p>13D. Enter the dollar values of limits of insurance covering the vehicles or rolling stock that are on the accompanying balance sheet.</p>
14 Inventory	<p>Enter the limit of liability of insurance on inventory and check the box the nature of that insurance, whether provisional stock reporting policy or specific limit insurance policy.</p>
15 Remarks	<p>Enter any information needed to interpret or clarify the financial information presented.</p>
16 Certification	<p>16A. Warehouse Operator – Enter the name of the applicant</p>

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
	<p>16B Enter the signature of the applicant.</p> <p>16C. Title – Enter the business title of the individual applicant or reporting entity.</p> <p>16D. Enter the date of signature (mm, dd, yy)</p> <p><b>BE SURE TO INCLUDE A FINANCIAL STATEMENT.</b></p>