



OMB No.

Expiration Date:

Guaranty Loan Status & Lender Remittance Form

Check box if lender information reflects changes

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

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:

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
									Guar. Portion Pymt or Fee		From	To			
										Total:					Total:

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

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.
OMB Approval (3245-0185). PLEASE DO NOT SEND FORMS TO OMB.

3245-0185

XX/XX/2023

**Remittance
Penalty
(if any)**

0.00

C. 20503.