

**SBA FORM 172 - TRANSACTION REPORT ON LOAN SERVICED BY LENDER**

This form is to be used by Lenders to remit SBA's share of amounts received from liquidation of loan assets or as payments on loans that have been purchased by SBA. Reporting of this information is necessary for lenders to comply with SBA loan program requirements and obtain payment on the loan guarantee.

<p>1. Type of Payment</p> <input type="checkbox"/> Principal and Interest OR Interest Only <input type="checkbox"/> Principal Only <input type="checkbox"/> America's Recovery Capital (ARC) <input type="checkbox"/> Paycheck Protection Program (PPP)	<p>2. Lender's Name and Address</p> <p>Lender's Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p>
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**NOTE: Please select the type of payment you are making before filling out the form.**

3. Loan Number	4. Borrower's Name
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5. Interest Rates	6. Percent Shares
_____ SBA      _____ Lender	_____ % SBA      _____ % Lender

7. Date Repayment Received	8. Installment Due Date Paid
_____ (mm/dd/yyyy)	_____ (mm/dd/yyyy)

9. Interest Period Paid	10. No. of Days Interest
From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)	_____

11. Application of Repayment:	TOTAL	LENDER SHARE	SBA SHARE
Repayment Amount.....	_____	_____	_____
a. To Interest.....	_____	_____	_____
b. To Principal.....	0.00	0.00	0.00
c. Less: Recoverable Expenses* .....	_____	0.00	0.00
d. Less: Service Fee ** .....	_____	_____	0
e. Amount Remitted to SBA.....	_____	_____	_____

**\*\* Compute Service Fee as follows:**  
 Multiply SBA's Share of Beginning Principal Balance by:  
 (Number of Days Interest times Daily Factor)  
 Daily Factor = .0000068 if SBA's Percent Share Exceeds 75%  
 Daily Factor = .0000103 if SBA's Percent Share is 75% or less.

\* Explanation of expenses in Comments - Block 13

12. Principal Loan Balance:	TOTAL	LENDER SHARE	SBA SHARE
a. Last Report Date _____	_____	0.00	0.00
b. Plus Principal Additions	_____	0.00	0.00
c. Less Repayments/Credits	0.00	0.00	0.00
d. Ending Balance This Report	0.00	0.00	0.00

13. Comments	14. ---OFO USE ONLY---
	T/C _____
	Offline Code _____
	Next Due Date _____

15. Signature and Title	16. Telephone No.      Ext.	17. Report Date
Name _____ Title _____	_____	_____ (mm/dd/yyyy)

PLEASE NOTE: The estimated burden hours for the completion of this form is 10 minutes per response. If you have any questions or comments concerning this estimate or any other aspect of this information collections please contact, Chief, Administrative Information Branch, U.S. Small Business Administration, 409 3rd St., S.W. Washington, D.C. 20416 and OMB Clearance Officer, Paperwork Reduction Project (3245-0131), Office of Management and Budget, Washington, D.C. 20503.