



FIRST FINANCIAL BANK

Farm and Ranch Division

5111 Commerce Crossings Drive, Suite 112, Louisville, KY 40229
(888) 398-4119 Fax: (502) 267-9484

BALANCE SHEET

STATEMENT FOR: _____ LLC Individual Corporation
 AS OF: _____ Partnership Trust

*List all assets at fair market value. List all debts to whom owed, interest rates, and payments.
 Attach additional sheets if more space is required.*

1. CURRENT ASSETS			CURRENT VALUE	5. CURRENT LIABILITIES (Due in less than 1 year)					AMOUNT(S) OWED
Checking				Accounts Payable					
Savings									
Bank Name									
Accounts Receivable									
Marketable Securities									
Livestock & Commodities For Sale & Feed				Rental(s)/ Lease(s)					
Describe	No. of Units	Unit Value		Income Tax & Social Security					
				R.E. Taxes & Property Taxes					
				Operating Loans					
				Lender	Date Due	Rate			
				Other Current Liabilities					
Investments in Growing Crops									
Supplies on Hand									
1. TOTAL CURRENT ASSETS									
2. INTERMEDIATE ASSETS (Assets not normally sold during the yr.)				6. INTERMEDIATE LIABILITIES (Due in 1-10 yrs.)					
Breeding Livestock	Number	Unit Value		Lender	Collateral	Date Due	Rate	Principal & Int. Due in 12 Mos.	
				2. TOTAL CURRENT LIABILITIES					
Personal Vehicles									
Farm Machinery and Equipment									
Securities - Not Readily Marketable									
Retirement Accounts									
Household Goods				Contingent Liabilities					
2. TOTAL INTERMEDIATE ASSETS				6. TOTAL INTERMEDIATE LIABILITIES					



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3. LONG TERM ASSETS				CURRENT VALUE	7. LONG TERM LIABILITIES (Due in more than 10 yrs.)					AMOUNT(S) OWED	
(Real Estate & Improvements)											
Number Of Acres	Original Cost	Description	Year Acquired		Lender	Collateral	Date Due	Rate	Principal & Int. Due in 12 Mos.		
Non-Farm Business					Other Real Estate						
Other Real Estate											
3. TOTAL LONG TERM ASSETS					7. TOTAL LONG TERM LIABILITIES						
4. TOTAL ASSETS (1+2+3)					8. TOTAL LIABILITIES (5+6+7)						
Lease Obligations:				Amount due in 12 Mos.	Total Unpaid Balance	9. NET WORTH (4-8)					
Lessor(s):				\$	\$						
Lessor(s):				\$	\$						

FAMILY LIVING EXPENSES - ACTUAL THREE YEAR HISTORY

Year	
Year	
Year	

DEPENDENTS

Name	Age	Name	Age

Also indicate any unusual circumstances such as increase or decrease in size of family from one year to the next or unexpected medical expenses, etc. that might account for fluctuations in family living expenses:

INSURANCE CARRIER

Name _____ Phone _____ Property Life

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____