



Balance Sheet Worksheet

NAME: _____ DATE: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

NUMBER OF YEARS AS BUSINESS OWNER: _____

BALANCES AS OF DECEMBER 31, 20____

ASSETS:

What are your balances for the following?	Type of account	Total value
	Cash/Checking Accounts	\$
	Savings Accounts	\$
	CDs	\$
	Money Market Accounts	\$
	Stocks & Bonds	\$
	IRAs/Retirement Accounts	\$

What is the amount of the <u>gross</u> milk check expected to be received in January for December milk?	Total value
	\$

What other amounts are owed to you? <i>(accounts, notes, etc.)</i>	Describe	Total value
		\$
		\$
		\$

What is the value of your feed inventories?	Type	Quantity	\$/Unit	Total value
	Corn Silage		\$	\$
	Haylage		\$	\$
	Shelled Corn		\$	\$
	Ear Corn		\$	\$
	Hay		\$	\$
	Feed Concentrates		\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

What expenses have you prepaid?	Type	Quantity	\$/Unit	Total value
	Fertilizer		\$	\$
	Chemicals		\$	\$
	Seed		\$	\$
	Feed		\$	\$
			\$	\$
			\$	\$



FARM CREDIT

What is the value of supplies you have?	Type	Quantity	\$/Unit	Total value
			\$	\$
			\$	\$
			\$	\$
			\$	\$

What cash do you have invested in growing crops?	Crop	# of acres	Cash invested/acre	Total value
			\$	\$
			\$	\$

What is the value of crops are you holding for resale? (in addition to inventories above)	Crop	Units	\$/Unit	Total value
			\$	\$
			\$	\$

What is the value of market livestock you own? (steers, market hogs, etc.)	Type of market animal	# of animals	Avg. weight	Total value
				\$
				\$
				\$

What life insurance policies do you have?	Type (whole life or term) and who is covered	Face value amount	Cash value
		\$	\$
		\$	\$

What is the value of breeding livestock you own?	Type	# of head	\$/head	Total value
	Dairy Cows		\$	\$
	Bred Heifers		\$	\$
	Yearling Heifers		\$	\$
	Calves		\$	\$
	Bulls		\$	\$
	Beef Cows		\$	\$
	Bred Beef Cows		\$	\$
	Open Beef Cows		\$	\$
	Sows		\$	\$
	Other Hogs		\$	\$
	Other Livestock - Horses, etc.		\$	\$

What vehicles do you own, and what are their values?	Describe the automobile, truck or other type of vehicle	Total value
		\$
		\$
		\$
		\$



What is the value of your machinery and equipment?	Type		Total value
	Leased Equipment (value should equal the lease balance)		\$
	Owned Equipment (market value, not the replacement cost)		\$

What is the value of cooperative stock owned? (Farm Credit, milk cooperative, etc)	Total value
	\$

What farmland do you own?	Type	# of acres	Total value
	Home farm		\$
	Other farms:		
			\$
			\$
	Value of residences (not included above)		\$

Do you have any other real estate investments?	Type	% ownership	Total value
			\$
			\$
			\$

What other assets not listed above do you own?	Type	% ownership	Total value
			\$
			\$
			\$

Total Assets	\$
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LIABILITIES:

What are your balances for any unpaid taxes?	Type (federal income taxes, state income taxes, real estate taxes, etc)	\$ Balance
		\$
		\$
		\$

What bills were received but not paid as of December 31?	Type (feed, fertilizer, supplies, utilities, etc)	\$ Balance
		\$
		\$
		\$

What are your outstanding balances on any credit cards?	Bank / Purpose	\$ Limit	\$ Balance
		\$	\$
		\$	\$
		\$	\$

What are your outstanding balances on any credit lines or checking account/ overdraft protection accounts.	Bank / Purpose	\$ Limit	\$ Balance
		\$	\$
		\$	\$
		\$	\$
		\$	\$



What, if any, accrued interest exist on notes or mortgages payable that have not been paid?	<i>Bank / Purpose</i>		<i>\$ Accrued Interest</i>
			\$
			\$
			\$

What, if any, loans against cash value of life insurance are there?	<i>Type / Purpose</i>		<i>\$ Balance</i>
			\$
			\$
			\$

What, if any, cash rent is due?	<i>Description</i>		<i>\$ Balance</i>
			\$
			\$

What are your loans outstanding?	<i>Bank / Purpose</i>	<i>Interest Rate</i>	<i>\$ Original Amount</i>	<i>\$ Monthly Payment</i>	<i>\$ Balance</i>
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

What lease payments are you obligated to make?	<i>Leasing Company / Purpose</i>	<i>Date Incurred</i>	<i>\$ Original Amount</i>	<i>\$ Monthly Payment</i>	<i>\$ Balance</i>
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Total Liabilities	\$
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NET WORTH	\$
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Please respond to the following contingent liabilities:	<i>Contingent Liabilities</i>		<i>Response</i>
	Are any lawsuits pending against you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you endorsed or co-signed loans for others?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount:</i>
	Do you have any annual operating lease payments?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have legal obligations for child support?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have any other contingent liabilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>

By signature hereto, the undersigned certifies the information set forth above is true and correct, containing no material misrepresentations or omissions.

Date: _____ Signature: _____

Date: _____ Signature: _____