

**KANSAS DEPARTMENT OF REVENUE  
FINANCIAL STATEMENT**

641601

To accompany application for manufacturer's, importer's, distributor's, special fuel dealer-user's or LP-gas user-dealer's license. If partnership, each partner must prepare a separate financial statement. This statement prepared on behalf of: individual [ ], partner [ ], partnership [ ], corporation [ ], other [ ].

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

TO: Motor Fuel Tax Correspondence, Kansas Department of Revenue, PO Box 750680, Topeka, Kansas 66625-0680.

DEAR SIR: As a basis of information for the Director of Taxation in determining the amount of bond required before the granting of a license, the following financial statement is submitted as of \_\_\_\_\_ 20\_\_\_\_.

| NAMES OF PARTNERS IF A PARTNERSHIP, OR OFFICERS, IF A CORPORATION | Official Title if Any | Amount of Company Stock or Partnership Interest Owned by Each |
|---|-----------------------|---|
| Name  |                       |   |
| Name  |                       |   |
| Name  |                       |   |

| ASSETS                                      |           | LIABILITIES                                      |           |
|---|-----------|--|-----------|
| Cash on Hand and in Bank.....               | \$        | Notes Payable—To Whom.....                       | \$        |
| Merchandise on Hand, Cash Value .....       |           |  |           |
| Notes Receivable—Good .....                 |           | Accounts Payable—Due .....                       |           |
| Accounts Receivable—Good.....               |           | Accounts Payable—Not Due .....                   |           |
| Government Bonds and Savings Stamps .....   |           | Owing to Banks—What Bank.....                    |           |
| Other Stocks and Bonds .....                |           |  |           |
|   |           | Accrued Motor Fuel Tax.....                      |           |
| Real Estate as Listed on Reverse Side ..... |           | Accrued Other Taxes .....                        |           |
| Personal Property and Equipment.....        |           | Mortgages on Real Estate—Reverse Side .....      |           |
| Other.....                                  |           | Liens or Encumbrances on Personal Property ..... |           |
|   |           | Capital Stock Paid Up—If Incorporated .....      |           |
|   |           | Other Obligations .....                          |           |
|   |           | Surplus and Undivided Profits .....              |           |
|   |           | Net Worth.....                                   |           |
| <b>Total .....</b>                          | <b>\$</b> | <b>Total.....</b>                                | <b>\$</b> |

INSURANCE: On Merchandise \$ \_\_\_\_\_ Buildings \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_ Total Insurance \$ \_\_\_\_\_

BUSINESS LIFE INSURANCE: To Whom Payable \_\_\_\_\_ Amount \$ \_\_\_\_\_

BANK ACCOUNTS: Where Kept? \_\_\_\_\_

What do you estimate your monthly tax liability to the Department of Revenue will be? \$ \_\_\_\_\_

Do you have lawsuits pending? \_\_\_\_\_ Did your Surety Company require you to post security? \_\_\_\_\_ How much? \_\_\_\_\_

Do you have any judgments against you? \_\_\_\_\_ By Whom? \_\_\_\_\_

Have you ever taken advantage of the bankruptcy laws of the United States? \_\_\_\_\_ When? \_\_\_\_\_

From whom do you buy your motor-vehicle fuels? \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, SS.:

I do solemnly swear that the above statement is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My commission expires \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Mail this financial statement to: Kansas Department of Revenue, Customer Relations / Motor Fuel, PO Box 750680, Topeka, Kansas 66625-0680  
Location Address: 120 SE 10<sup>th</sup> Ave Online Filing: www.ksrevenue.org Phone: 785-368-8222 Fax: 785-296-4993.

| REAL ESTATE - MARKET VALUE - DESCRIBE AND VALUE SEPARATELY |             |        |       |               |                  | MORTGAGES ON REAL ESTATE |          |
|--|-------------|--------|-------|---------------|------------------|--------------------------|----------|
|  | DESCRIPTION | COUNTY | STATE | PRESENT VALUE | TITLE IN NAME OF | AMOUNT OF ENCUMBRANCE    | WHEN DUE |
| HOMESTEAD  |             |        |       | \$            |                  | \$                       |          |
| FARM PROPERTY  |             |        |       |               |                  |                          |          |
| CITY PROPERTY  |             |        |       |               |                  |                          |          |
| STATION LOCATION   |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
| OTHER  |             |        |       |               |                  |                          |          |
|  | TOTAL       |        |       | \$            |                  | \$                       |          |