



Member F.D.I.C.

BUSINESS LOAN APPLICATION

Please return to the address shown below by fax or email.

P.O. Box 160 | One Commerce Park | Shallowater, TX 79363

Phone- 806.832.4525 | Fax-806.832.5849

Email: mark@fsbshallowater.com

Commercial Loan Application:

INFORMATION CONCERNING OWNER(S) AND GUARANTOR(S)

Business Name:

Business Physical Address:

Business Mailing Address:

Type of Business (Manufacturing, Type of Service, etc.):

Date of Organization: _____ Years in Business: _____

Business Phone Number: _____

Main Contact: _____ Phone _____ Cell Phone _____

Are you applying as a:

Corporation (x) _____ Tax I. D. #: _____

Partnership (x) _____ Tax I. D. #: _____

Sole Proprietorship (x) _____ Tax I. D. #: _____

Please list below information on all individuals involved in signing or serving as a guarantor for the business:

Name _____ Cell Phone _____

Officer/Title _____

Address _____

City, State, Zip _____

Name _____ Cell Phone _____

Officer/Title _____

Address _____

City, State, Zip _____

Name _____ Cell Phone _____

Officer/Title _____

Address _____

City, State, Zip _____

Name _____ Cell Phone _____

Officer/Title _____

Address _____

City, State, Zip _____

Name _____ Cell Phone _____

Officer/Title _____

Address _____

City, State, Zip _____

Has the company or any of the above individuals ever declared bankruptcy? YES NO

Primary Accountant's Name and Address of the business: _____

Loan Purpose _____

Loan Amount Requested \$ _____ Down Payment Amount \$ _____

Are there any debts not listed on the financial statements for which your business is obligated?

YES NO If yes, what is the total liability? \$

Is your business party to any unsettled claim or lawsuit? YES NO

If yes, please describe nature and amount of suit _____

Have you ever owned or operated a business which declared bankruptcy? _____

Does your business owe any taxes of any kind for prior years? _____

If you answered yes to any of these questions, please provide the details on an attachment.

Collateral offered for this loan request: _____

Desired Length of Term: _____ Desired Monthly Payment Amount _____

I/We certify that all of the above statements made are true and complete and are made for the purpose of obtaining credit from First State Bank, Shallowater, Texas (FSB) for the amount and purpose as stated. I/We authorize FSB to make any credit, employment or investigative inquiry that FSB determines appropriate for the extension of credit or the collection of amount owed to FSB. FSB may furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. If I/We ask, I/We will be informed whether or not a consumer report (credit report) was obtained; and if a report was obtained, I/We will be informed of the name and address of the consumer reporting agency that furnished the report.

Commercial Loan Application Checklist

We are providing you with a checklist of documents we are required to obtain to process your loan application. This checklist will help speed up your loan process.

If Applicant is a CORPORATION: Please provide the following:

(x) COMPLETE	(x) NOT APPLICABLE	
_____	_____	Commercial Loan Application (Enclosed)
_____	_____	Consumer Loan Application on all individuals and/or loan guarantors A blank copy is included with this application. Please feel free to make as many copies as necessary so that each individual applicant has completed one.
_____	_____	Financial Statement – Business - Dated and Signed - A blank copy is included.
_____	_____	Financial Statements – Personal - Dated and Signed - A blank copy is included.
_____	_____	Tax Returns (3 yrs) – Corporate
_____	_____	Tax Returns (3 yrs) – Personal
_____	_____	Corporate Resolution
_____	_____	Articles of Incorporation
_____	_____	Corporate Bylaws
_____	_____	Total shares issued and outstanding

Please list the shareholders of the corporation:

Name _____	Number of shares owned _____	Percentage owned _____	%
Name _____	Number of shares owned _____	Percentage owned _____	%
Name _____	Number of shares owned _____	Percentage owned _____	%
Name _____	Number of shares owned _____	Percentage owned _____	%

Please list all of the officers of the Corporation:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

List Officers above are authorized to sign and procure loans on behalf of the corporation. How many signers are required? _____

List Officers above are authorized to sign and open depository accounts on behalf of the corporation. How many signers are required to write checks? _____

Partnership Loan Application Checklist

We are providing you with a checklist of documents we are required to obtain to process your loan application. This checklist will help speed up your loan process.

If Applicant is a PARTNERSHIP: Please provide the following:

(x) COMPLETE	(x) NOT APPLICABLE	
_____	_____	Commercial Loan Application (Enclosed)
_____	_____	Consumer Loan Application on all individuals and/or loan guarantors
_____	_____	Financial Statement – Partnership - Dated and Signed
_____	_____	Financial Statements – Personal - Dated and Signed
_____	_____	Tax Returns (3 yrs) – Partnership
_____	_____	Tax Returns (3 yrs) – Personal
_____	_____	Partnership Agreement

Collateral Checklist

Please provide and attach the following information based on the collateral and security that you plan to use to secure your loan:

1. **Real Estate:**

1. Legal Description of the real estate (Copy of Deed)
2. Any Real Estate Appraisal
3. Photographs
4. Copy of real estate sales contract signed by both seller and purchaser if purchasing real estate.
5. Property Survey if available
6. Property Appraisal if available

2. **Furniture, Fixtures, Equipment, Inventory:**

1. List and valuation of items to be purchased
2. List and valuation of items already owned
3. Location of items
4. Make, Model and serial numbers on items valued over \$1,000 if applicable

3. **Vehicles, Trailers, Boats and other Titled Vehicles**

1. Make, Model and Vehicle I. D. Numbers on those already owned or to be purchased.
2. Copies of existing vehicle titles, if applicable.
3. Copy of Dealer's Buyer's Order (Deal Sheet) if purchasing new vehicle

CREDIT APPLICATION

IMPORTANT: Please read these directions before completing this Application, and check (✓) the appropriate box below.

- If you are applying for individual credit in your own name, are not married, and are not relying on alimony, child support, or separate maintenance payments or on the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.
- In all other situations, complete all Sections except E, providing information in B about your spouse, a joint applicant or user, or the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, also complete Section E.

IF YOU INTEND TO APPLY FOR JOINT CREDIT, PLEASE INITIAL HERE: _____

APPLICANT

CO-APPLICANT

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

AMOUNT REQUESTED \$	PAYMENT DATE DESIRED	PROCEEDS OF CREDIT TO BE USED FOR
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SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First Middle)				BIRTH DATE	HOME PHONE	BUSINESS PHONE	Ext.		
IF U.S. PERSON: (Complete all that apply)	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D. NO.				
	STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	OTHER (MILITARY ID, TRIBAL ID, ETC.)				
IF NON U.S. PERSON: (Complete all that apply)	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D. NO.	STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION
	PASSPORT NO. & COUNTRY OF ISSUANCE:		INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:	GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:		OTHER		
PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND							HOW LONG AT PRESENT ADDRESS?		
PREVIOUS ADDRESS (Street, City, State, & Zip)				HOW LONG AT PREVIOUS ADDRESS?	EMAIL ADDRESS				
PRESENT EMPLOYER (Company Name & Address)			OCCUPATION	POSITION OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR			
PREVIOUS EMPLOYER (Company Name & Address)						HOW LONG WITH PREVIOUS EMPLOYER?			
YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER		YOUR PRESENT NET SALARY OR COMMISSION \$ PER		NO. DEPENDENTS	AGES OF DEPENDENTS				
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.									
Alimony, child support, or separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding									
OTHER INCOME \$ PER		SOURCES OF OTHER INCOME			Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?				
Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Checking Acct. No. Where?		Savings Acct. No. Where?			
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					RELATIONSHIP	TELEPHONE NO. (Include Area Code)			

SECTION B - INFORMATION REGARDING SPOUSE, JOINT APPLICANT, USER, OR OTHER PARTY (Use separate sheets if necessary.)

FULL NAME (Last, First, Middle)				RELATIONSHIP TO APPLICANT (If Any)	BIRTH DATE	HOME PHONE	BUSINESS PHONE	Ext.	
IF U.S. PERSON: (Complete all that apply)	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D. NO.				
	STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	OTHER (MILITARY ID, TRIBAL ID, ETC.)				
IF NON U.S. PERSON: (Complete all that apply)	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D. NO.	STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION
	PASSPORT NO. & COUNTRY OF ISSUANCE:		INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:	GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:		OTHER		
PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND							HOW LONG AT PRESENT ADDRESS?		
PRESENT EMPLOYER (Company Name & Address)			OCCUPATION	POSITION OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR			
PREVIOUS EMPLOYER (Company Name & Address)						HOW LONG WITH PREVIOUS EMPLOYER?			
YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER		YOUR PRESENT NET SALARY OR COMMISSION \$ PER		NO. DEPENDENTS	AGES OF DEPENDENTS				
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.									
Alimony, child support, or separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding									
OTHER INCOME \$ PER		SOURCES OF OTHER INCOME			Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?				
Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Checking Account No. Where?		Savings Account No. Where?			
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH SPOUSE, JOINT APPLICANT, USER OR OTHER PARTY					RELATIONSHIP	TELEPHONE NO. (Include Area Code)			

SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (Including single, divorced, or widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (Including single, divorced, or widowed)

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Spouse, Joint Applicant, User, or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? Yes / No	NAME(S) OF OWNERS
CASH	\$		
AUTOMOBILES (Make, Model, Year)			
1.			
2.			
3.			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
TOTAL ASSETS	\$		

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT (Omit Rent)	PRESENT BALANCE (Omit Rent)	MONTHLY PAYMENTS	PAST DUE? Yes / No
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$	\$	\$	
TOTAL DEBTS			\$	\$	\$	

CREDIT REFERENCES (Paid off Accounts)

CREDITOR	DATE PAID OFF

MY AUTO INSURANCE AGENT IS: (Name & Address)

Are you the co-maker, endorser, or guarantor on any loan or contract? No Yes - For Whom? To Whom?

Are there any unsatisfied judgments against you? No Yes - Amount \$ If "Yes", To Whom Owed?

Have you been declared bankrupt in the last 14 years? No Yes - Where? Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

SECTION E - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

.....

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

.....

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

SIGNATURES

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me.

APPLICANT'S SIGNATURE: **X** DATE: _____

Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below, I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature.

OTHER SIGNATURE (Where Applicable): **X** DATE: _____

FEDERAL CONSUMER CREDIT DISCLOSURES

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

CUSTOMER COPY - PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

PERSONAL FINANCIAL STATEMENT

Name _____ Applicant _____

Statement of Financial Condition as of _____, 20____ for the period
 _____, _____ to _____, _____

(Round to the nearest hundred)

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand & in Banks (Schedule 1)	\$	Notes Payable to Banks-Secured & Unsecured (Schedule 6)	\$
U.S. Government Securities		Notes Payable to Relatives (Schedule 6)	
Accounts, Loans, & Notes Receivable (Sch 2)		Accounts & Notes Payable to Others (Schedule 6)	
Marketable Stocks & Bonds (Schedule 3)*		Rents & Interest Due	
Real Estate (Schedule 4)		Real Estate Taxes Due (Schedule 4)	
Automobiles - Number ()		Liens on Real Estate (Schedule 4)	
Proprietary Interests (Schedule 5)**		Other Taxes Due	
Other Assets (Itemize)***		Other Liabilities (Itemize)	
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

ANNUAL INCOME		CONTINGENT LIABILITIES	
Salary		As Endorser or Co-Maker	
Bonus & Commissions		On Leases or Contracts	
Dividends & Interest		Legal Claims	
Real Estate Income		Provision for Federal Income Tax	
Other Income (Itemize)		Other Special Debt (Itemize)	
TOTAL INCOME	\$	TOTAL CONTINGENT LIABILITIES	\$

Assets pledged or hypothecated valued at \$ _____ are pledged to secure notes or obligations aggregating \$ _____.
 I have additionally endorsed, guaranteed or am contingently liable for debts of others amounting to \$ _____.

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and complete and further acknowledge that there are no misrepresentation or omissions of material facts.

Dated and signed this ____ day of _____, 20 ____.

(Signature)

(Typed or Printed Name)

- * Marketable securities are generally only those which are listed on the NY, American Stock Exchanges and NASDAQ.
- ** If the stock of a company amounts to 25% or more of an individual's net worth, financial statements, including balance sheet, profit and loss, cash flow statements of the company must be provided for the past year.
- *** If total reflected on this line represents 10% or more of your net worth, a schedule must be provided listing each item separately and providing a complete description, including financial information, if appropriate.

****PROPRIETARY INTERESTS
(Schedule 5)**

Provide the following information regarding all business enterprises in which you hold a beneficial interest. The term "business enterprise" includes any corporation, association, partnership, business trust, sole proprietorship or other business which shares are not listed on a securities exchange or otherwise regularly traded. Under the heading "Form of Business", state the legal form of the business. Under "Nature of Business and Percentage of Ownership", explain what the business enterprise does and percentage of your ownership interest. Submit year-end financial statements, including profit and loss and cash flow statements, for the last year for each business interest in which you have an interest equal to 25% or more of your net worth.

Name and Address of Business	Legal Form of Business	Nature of Business and % of Ownership	Date Acquired	Current Value
			TOTAL	

Schedule 6. Notes or Accounts Payable.

Name of Lender	Lender's Address	Due Dates and Payments	Security or Collateral	Balance Owed
			TOTAL	

CASH FLOW STATEMENT

Provide the following information regarding sources and uses of cash during the last two years, the current year, and a projected year.

Sources of Cash	20__	20__	Current*	Projected
Salaries, Wages, Commissions, Bonuses, or Other Income from Employment (Net of Deduction)				
Dividends				
Interest				
Royalties				
Distributions				
Cash Received from Individual Business, Partnership, or Joint Ventures				
Real Estate				
Other**				
Total Cash Received				

Uses of Cash	20__	20__	Current*	Projected
Personal Expenses (Management, Rent and Household, Etc.)				
Bank Loan – Principal and Interest				
Others Loans – Principal and Interest				
Insurance Payments				
Income Taxes Not Covered by Withholding				
Other**				
Total Cash Outlays				
Cash Flow Surplus (Deficit)				

If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported.

**Itemize any items amounting to 10% or more of total income on separate page.

BUSINESS FINANCIAL STATEMENT

Name of Business _____ Applicant _____
 Prepared By _____ Title (Position) _____
 Limited Liability Company _____ Partnership _____ Corporation _____ Other _____

Statement of Financial Condition as of _____, 20____ for the period
 _____, _____ to _____, _____

(Round to the nearest hundred)

ASSETS		LIABILITIES AND NET WORTH	
CURRENT ASSETS:		CURRENT LIABILITIES:	
Cash on Premises	\$	Accounts Payable (Schedule 6)	\$
Cash in Banks (Schedule 1a)		Accrued Interest on Borrowings	
Certificates of Deposit (Schedule 1b)		Notes Payable - Current Portion	
Stock, Bonds, & Other Marketable Assets (Sch. 2)		Accrued Taxes on Real Estate (Schedule 7)	
Accounts, Loans, & Notes Receivable (Sch. 3)		Accrued Taxes, Other (Schedule 7)	
Advances to Employees		Other Current Payables (Itemize)	
Prepaid Expenses (Schedule 4)			
Other Current Assets (Itemize)			
		TOTAL CURRENT LIABILITIES	\$
TOTAL CURRENT ASSETS	\$	LONG-TERM LIABILITIES:	
		Notes Payable (Itemize)	\$
FIXED ASSETS:			
Real Estate & Buildings (Schedule 5)	\$		
Less: Accumulated Depreciation			
Furniture, Equipment & Vehicles		Notes Payable on Real Estate (Schedule 5)	
Less: Accumulated Depreciation		Other Long-Term Liabilities (Itemize)	
Other Fixed Assets (Itemize)			
Other Long Term Assets (Itemize if over 5% of total)		TOTAL LONG-TERM LIABILITIES	\$
		NET WORTH OR STOCKHOLDERS' EQUITY	\$
		(Schedule 8)	
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

Assets pledged or hypothecated valued at \$ _____ are pledged to secure notes or obligations aggregating \$ _____.
 I have additionally endorsed, guaranteed or am contingently liable for debts of others amounting to \$ _____.

SCHEDULES

Schedule 1a. Cash in Financial Institutions.

Name of Financial Institution and Address	Account in Name Of	Type of Account	Account Number	Balance
			TOTAL	

Schedule 1b. Certificates of Deposit.

Name of Financial Institution and Address	Account in Name Of	If Pledged, State to Whom	Maturity Date	Account Number	Balance
				TOTAL	

Schedule 2. Stocks, Bonds & Other Marketable Assets.

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Income Received Last Year	If Pledged, State to Whom	Present Market Value
					TOTAL	

Schedule 3. Accounts, Loans & Notes Receivable.

Name and Address of Debtor	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected	Amount Owning
				TOTAL	

Schedule 4. Prepaid Expenses.

Type of Prepaid	To Whom Paid	Expiration Date	Original Amount	Current Balance
			TOTAL	

Schedule 5. Real Estate & Buildings.

Location or Street No. & Description	Mortgages or Liens	Due Dates & Payment Amount	Unpaid Taxes		Cost	Present Market Value
			Year	Amt.		
					TOTAL	

Schedule 6. Accounts Payable.

Nature of Account	Payable To	When Due	Amount Due
		TOTAL	

Schedule 7. Accrued Taxes.

Type of Tax	Payable To	When Due	Amount Due
		TOTAL	

Schedule 8. Net Worth or Stockholders' Equity.

CORPORATIONS	
Type	Amount
Common Stock (Shares)	
Preferred Stock	
Additional Paid-In Capital	
Retained Earnings	
TOTAL	

STATEMENT OF INCOME AND EXPENSES

For The Period _____, _____ To _____, _____

INCOME:

Other Income (Itemize)		
TOTAL INCOME		_____ (+)

EXPENSES

Advertising		
Cash (Over) Short		
Depreciation & Amortization		
Equipment Rental		
Insurance		
Interest & Bank Charges		
Legal, Audit, Bookkeeping		
Office Supplies		
Rent		
Salaries		
Security & Janitor		
Taxes & Payroll		
Utilities & Telephone		
Vehicle Expense		
Other Expenses (Itemize)		
TOTAL EXPENSES		_____ (+)

NET OPERATING INCOME (LOSS) _____

OTHER INCOME (EXPENSES)
(Itemize)

TOTAL OTHER INCOME (EXPENSES)		_____ (+)

INCOME BEFORE TAXES _____

INCOME TAXES _____ (-)

NET INCOME (LOSS) _____

CASH FLOW STATEMENT

Provide the following information regarding sources and uses of cash during the last two years, the current year, and a projected year.

Sources of Cash	20__	20__	Current*	Projected
Sales				
Dividends				
Interest				
Royalties				
Cash Received from Individual Business, Partnership, or Joint Ventures				
Real Estate				
Other**				
Total Cash Received				

Uses of Cash	20__	20__	Current*	Projected
Expenses				
Bank Loan - Principal and Interest				
Others Loans - Principal and Interest				
Other**				
Total Cash Outlays				
Cash Flow Surplus (Deficit)				

*If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported.

**Itemize any items amounting to 10% or more of total income on separate page.

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and complete and further acknowledge that there are no misrepresentation or omissions of material facts.

Dated and signed this ____ day of _____, 20 ____.

(Signature)

(Typed or Printed Name)

(Title)

PRIVACY NOTICE

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms:
- Information about your transactions with us, our affiliates, or others: and
- Information we receive from a consumer reporting agency

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal standards to guard your nonpublic personal information.

We do not disclose any nonpublic information about our customers or former customers or anyone, except as permitted by law. First State Bank, Shallowater is chartered under the laws of the State of Texas and by state law is subject to regulatory oversight by the Texas Department of Banking. First State Bank also engages in business of selling money orders and traveler's checks as an agent for American Express, which is licensed under the laws of the State of Texas and is subject to regulatory oversight by the Texas Department of Banking. Any consumer wishing to file a complaint against The First State Bank, Shallowater should first contact First State Bank, Shallowater, if you still have unresolved complaints regarding the company's money transmission or currency exchange activity, consumers may file complaints with the Texas Department of Banking through one of the means indicated below:

In Person or U.S. Mail: 2601 Lamar Boulevard, Suite 300, Austin, TX 78705-4294
Telephone Number: 877-276-5554
Fax Number: 512-475-1313
Email: consumer.complaints@banking.state.tx.us
Website: www.banking.state.tx.us

Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	▶ Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
	▶ Spouse's signature	Date	