

Appendix T
Worksheet WS2 (Partnerships)

Please indicate which financial services your business currently uses by checking yes or no in Rows A-J below. Record up to three sources for each service used. Be sure to include any personal loans or accounts for which 50% or more of the loan or account is used in the business. For each financial institution or source of financing that you record in the columns below, please go to the Financial Institutions table at the bottom of the page and record the full name of the institution and ZIP code of the office or branch you used most often. Sources that typically offer financial services include commercial banks, savings institutions, credit unions, finance companies, insurance companies, mortgage companies, and sometimes individuals and other firms. If there are more than 8 institutions, please list additional names and ZIP codes on a separate piece of paper.

Please also note that this list represents all the possible financial services a business might have; many businesses may only use one or two sources for one or two services.

If you have any questions, please call 1-800-692-4192 or send e-mail to 2003-SSBF@norc.uchicago.edu

Financial Service	SOURCES OF FINANCIAL SERVICES		
	Most Important or Largest Balance	Secondary or Next Largest	Third or all Others Combined
A. Any Checking Accounts?			
<i>Record Institution Name and Other Requested Information Below</i>			
<input type="checkbox"/> No <input type="checkbox"/> Yes \longrightarrow ↓ _____ Institution Name _____ Total balance currently or as of last statement date			
B. Any Savings Accounts?			
<input type="checkbox"/> No <input type="checkbox"/> Yes \longrightarrow ↓ _____ Institution Name _____ Total balance currently or as of last statement date			
C. Any Lines of Credit? (include home equity lines used for business purposes; do not include credit cards, trade credit with suppliers, or overdraft protection)			
<input type="checkbox"/> No <input type="checkbox"/> Yes \longrightarrow ↓ _____ Institution Name _____ Number of Credit Lines _____ Total Credit Limit _____ Amount owed currently or as of last statement date			
D. Any Mortgages? (include any mortgages where the funds are used for business purposes; do not include home equity lines of credit)			
<input type="checkbox"/> No <input type="checkbox"/> Yes \longrightarrow ↓ _____ Institution Name _____ Number of Mortgages _____ Total principal owed currently or as of last statement date			
E. Any Motor Vehicle Loans?			
<input type="checkbox"/> No <input type="checkbox"/> Yes \longrightarrow ↓ _____ Institution Name _____ Number of Motor Vehicle Loans _____ Total principal owed currently or as of last statement date			
F. Any Equipment Loans?			
<input type="checkbox"/> No <input type="checkbox"/> Yes \longrightarrow ↓ _____ Institution Name _____ Number of Equipment Loans _____ Total principal owed currently or as of last statement date			
G. Any Loans from Partners?			
<input type="checkbox"/> No <input type="checkbox"/> Yes \longrightarrow ↓ _____ Number of Loans from Partners _____ Total principal owed currently or as of last statement date			
H. Any Capital Leases? (a form of financing where payments are referred to as lease payments but ownership of the asset purchased normally transfers to the firm at the end of the lease)			
<input type="checkbox"/> No <input type="checkbox"/> Yes \longrightarrow ↓ _____ Institution Name _____ Number of Leases _____ Total principal owed currently or as of last statement date			
I. Any Other Loans?			
<input type="checkbox"/> No <input type="checkbox"/> Yes ↓ _____ Institution Name _____ Number of Other Loans _____ Total principal owed currently or as of last statement date			
J. Any Other Financial Services? (such as coins and currency, wire transfers, night depository, cash management, sweep or zero balance accounts, lock box, bankers acceptance, letters of credit, sales financing or factoring, 401(K) plan, pension fund, business trust, brokerage, credit card receipt processing, signature-based (check card) transactions processing, and PIN-based debit transactions processing)			
<input type="checkbox"/> No <input type="checkbox"/> Yes \longrightarrow ↓ _____ Institution Name			

FINANCIAL INSTITUTIONS TABLE	
Full Name of Financial Institution or Other Source of Financing	ZIP Code of Most Frequently Used Office
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

After you speak with an NORC interviewer, please return completed worksheet in the enclosed prepaid envelope to:
 NORC, 1 North State Street, Suite 1600, Chicago, Illinois 60602 or FAX toll free to 1-866-435-5637.

Thank you!

