

Appendix S
Worksheet WS1 (Sole Proprietors)

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?			
<input type="checkbox"/> No <input type="checkbox"/> Yes \longrightarrow			
<i>Record Institution Name and Other Requested Information Below</i>			
↓	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 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 \longrightarrow			
↓	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!

Many of the following items may be obtained from your **2003 1040 or 1040-EZ income tax form**. Please answer questions 1-19 in reference to your firm's fiscal year that ended December 31, 2003. Include business receipts, assets, and liabilities only. If an asset is used 50% or more of the time in the business or a business is responsible for 50% or more of a liability, then include these in your answers below.

If your firm was not under the current ownership for all of 2003, please indicate the date on which ownership began: _____ (write in month)

Item and Description	Form 1040 Schedule C Line #	Amount
1. Did your firm use cash or accrual accounting to prepare its financial records? (check <input checked="" type="checkbox"/> one) <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	Line F	
2. Total Sales or Business Receipts. Total sales less amounts for returned merchandise. Also called "gross receipts or sales less returns and allowances."	Part I Line 3 or Schedule C-EZ Part II Line 1	\$ _____
3. Total Amount of Other Income. This amount is any other business income the firm may have had that was not included in gross receipts or sales, such as federal and state gasoline tax refunds or a fuel tax refund; this amount might also include income from the business's investments, such as securities or rental property.	Part I Line 6	\$ _____
4a. Total Cost of Conducting Business. The cost of doing business is the sum of the cost of all goods and services sold, marketing expenses, administrative expenses, and other expenses.	Part I Line 4 + Part II Lines 28 + 30 or Schedule C-EZ Part II, Line 2	\$ _____
4b. Total Amount Paid in Salaries and Wages. Amount paid in salaries and wages less employment credits paid in previous fiscal year.	Part II Lines 26 + 37 If using form C-EZ, record 0	\$ _____
5. Firm's Total Profit (Loss). Profit is the firm's income after all expenses and taxes have been deducted. Please put parentheses around negative amounts.	Part II Line 31 or Schedule C-EZ Part II, Line 3	\$ _____
6. Total Dollar Amount of Cash Holdings. This includes the amount of cash on hand, in checking, savings, money market accounts, certificates of deposit (CDs), and other time deposits. Please put parentheses around negative amounts.	Not available on tax form	\$ _____
7. Dollar Amount of Accounts Receivable and Trade Notes Less Allowance for Bad Debts. Money owed to the firm by customers who bought goods or services on account.	Not available on tax form	\$ _____
8. Total Amount of Business's Inventories. Merchandise held for sale or materials for production such as raw materials, work in progress, or finished goods. Do not include office equipment or office supplies.	Part III, Line 41 If using form C-EZ, record 0	\$ _____
9. Total Amount of Stocks, Bonds, Prepaid Expenses, and Other Current Assets. <u>Bonds</u> include Treasury bonds and bills, bonds issued by federally sponsored credit agencies or corporations, and municipal bonds; <u>stocks</u> include publicly traded stocks held as temporary investment (do not include long term investment stock); <u>prepaid expenses</u> are payments for items such as insurance, interest, rents, taxes, advertising, and operating supplies that were made in advance but have not been used as of December 31, 2003.	Not available on tax form	\$ _____
10. Total Amount of Other Investments. These include amounts owed TO the firm, not owed BY the firm, such as real estate loans owed to the business, investments in other companies, and artwork owned by the firm, etc.	Not available on tax form	\$ _____
11. Book Value of the Land. Book value of the land represents the cost of the land at the time the land was acquired by the firm. The value reported here should not include the cost of buildings or equipment that may have been purchased at the time it was acquired.	Not available on tax form	\$ _____
12. Net Book Value of Depreciable, Depletable, and Intangible Assets (including buildings). The acquisition cost minus any accumulated depreciation, depletion, and amortization claimed for tax purposes. Depreciable assets are those whose usefulness wears out over time; depletable assets include natural resources; intangible assets include patents and copyrights. Include the depreciated value of buildings. Do not include the value of land.	Not available on tax form	\$ _____
13. Total Amount of Other Assets Not Yet Described. These assets might be insurance, security deposits, or notes receivable. Type and amount of the 3 largest other assets. <i>Please describe.</i> 1. _____ 2. _____ 3. _____	Not available on tax form	\$ _____ \$ _____ \$ _____
14. Total Dollar Amount of All Assets. Total assets is equal to the sum of the recorded year-end values of the firm's assets.	Not available on tax form	\$ _____
15. Total Amount Owed on All Loans, Mortgages, Notes and Bonds. Combined short and long term loans, mortgages, notes, and bonds.	Not available on tax form	\$ _____
16. Total Amount of Accounts Payable. Accounts payable is typically money the firm owes to other businesses for supplies and services.	Not available on tax form	\$ _____
17. Total Amount of Other Current Liabilities. Other current liabilities are those that are due for payment within one year. They include accrued expenses, taxes payable, prepayments, deposits, and advances from customers.	Not available on tax form	\$ _____
18. Total Amount Owed on Other Debts or Liabilities Not Yet Described. Type and amount of the 3 largest liabilities. <i>Please describe.</i> 1. _____ 2. _____ 3. _____	Not available on tax form	\$ _____ \$ _____ \$ _____
19. Total Dollar Amount of All Debts and Liabilities. Total liabilities equal the sum of recorded year-end values for all liability accounts.	Not available on tax form	\$ _____
20. Does the owner own his/her home or primary residence? No → Go to 21 Yes → What is the equity in the home? Please deduct all primary and secondary mortgages, as well as any other home equity loans, from the market value of the house.		\$ _____
21. Total Net Worth of Owner. Excluding the value of the primary residence and the firm, what is the total net worth of the owner? That is, all personal assets minus all personal debts?		\$ _____