



Financial Statement of Distributors of Alcoholic Beverages

Date of statement
 Month _____
 20____

TP-229
 (12/14)

Name	Federal EIN or social security number	SLA license Number
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Current assets

Cash on hand and in banks		
Notes receivable.....		
Accounts receivable		
Less accounts receivable assigned		
Subtotal of accounts receivable.....		
Less reserve for bad debts		
Total accounts receivable		
Inventories		
Merchandise in bond.....		
Merchandise in federal tax paid.....		
Sundry supplies		
Total inventories		
Advances to officers, owners and employees		
Special deposits		
Securities (use market value)		
Total current assets	a	

Fixed assets

Land and buildings (list details on back)		
Machinery and equipment		
Furnishings and fixtures (including delivery equipment)		
Subtotal of fixed assets		
Less reserve for depreciation.....		
Total fixed assets	b	

Other assets

Investments		
Prepaid licenses		
Other deferred charges		
Other assets (list details on back).....		
Total other assets	c	

Total assets (add lines a, b and c)

Current liabilities

Accounts payable		
Notes payable for merchandise		
Notes payable to banks		
Notes payable to others (list details on back)		
Wages payable		
Accrued interest		
Accrued taxes (enter amount of New York State alcoholic beverages tax: _____)		
Other current liabilities (list details on back)		
Total current liabilities	a	

Fixed liabilities

Chattel mortgages		
Mortgages on real estate.....		
Other fixed liabilities (list details on back)		
Total fixed liabilities	b	

Total liabilities (add lines a and b)

Net worth

Corporations		
Capital stocks		
Surplus		
Corporation's net worth	d	
Individuals or partnerships		
Capital		
Undistributed profits or deficit		
Individual's or partnership's net worth	e	

Total (add lines c and d or e)

Land and Buildings

Description and location	Title in name of	Estimated value	Assessed value	Mortgaged for	Mortgage held by	Payments on mortgage	Rate (%)	Insured for	Annual rental

Notes Payable to Others

Date of note	Due date	Name and address of payee	Face value

Description

Other assets:	
Other current liabilities:	
Other fixed liabilities:	

Are you an endorser of any note of an individual, firm or corporation? Yes No If Yes, give amount of note(s) \$ _____

Bank references: Name ⁽¹⁾ _____ Address ⁽¹⁾ _____
⁽²⁾ _____ ⁽²⁾ _____
⁽³⁾ _____ ⁽³⁾ _____

Sworn to _____ day of _____ 20 ____		Signature of applicant	
Signature of attesting officer	Title of attesting officer	State whether owner or member of firm, or officer of corporation	
Investigated by (examiner)			Date

Attach additional sheets if necessary.