Gambling Establishment Key Employee Supplemental Background Investigation Information

DGC-APP. 016A Rev. 03/08

DIVISION OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408; Fax (916) 263-3403

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Business and Professions Code section 19854 requires every gambling establishment key employee to apply for and obtain a key employee license issued by the California Gambling Control Commission. Licenses issued to key employees shall be for specified positions only, and shall be detailed on the endorsement described in Business and Professions Code section 19851(b). The purpose of this Gambling Establishment Key Employee Supplemental Background Investigation Information form is to obtain information from you that is necessary to determine whether you meet the requirements for licensure under state law. By completing this form, you are providing information that will be used to make that determination.

You must provide truthful information in all your responses in this application. All answers to questions in this application, and all supplemental documentation provided by you, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type or print legibly in blue or black ink, all information requested on this application. If a question does not apply to you, indicate with “N/A” (Not Applicable). Applications not fully and accurately completed will be returned to the sender for completion.

Please send you completed Gambling Establishment Key Employee Background Investigation Information form and Application (CGCC-031) to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Ste 100, Sacramento, CA 95833-4231. Include a background deposit fee as required in Title 11, California Code of Regulations, section 2037.

_____
Applicant's Full Name

_____
Date of Photograph

Affix a passport quality photograph taken within the last 30 days here

Instructions: Type or print legibly (in blue or black ink) an answer to every question. If a question does not apply to you, write "N/A" (Not Applicable). If more is needed to answer a question, please use page 11 of the form and precede each answer with applicable section.

SECTION 1: PERSONAL INFORMATION

YOUR FULL NAME

LAST | FIRST | MIDDLE

YOUR RESIDENCE ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP

BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)	DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER	STATE	EXPIRATION DATE

PHYSICAL DESCRIPTION

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION

ARE YOU A U.S. CITIZEN? IF NO, PROVIDE COPY OFYOUR RESIDENT ALIEND CARD (FRONT AND BACK)	☐ YES ☐ NO	IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN?

ALIEN REGISTRATION NUMBER	IF NATURALIZED, CERTIFICATE NUMBER (PROVIDE COPY OF NATURALIZATION CERTIFICATE)
DATE NATURALIZED (MM/DD/YYYY)	PLACE

DO YOU HAVE ANY FAMILY MEMBERS CURRENTLY WORKING IN ANY POSITION IN ANY GAMING FACILITY IN CALIFORNIA? ☐ YES ☐ NO

IF YES, COMPLETE INFORMATION BELOW.

NAME OF FAMILY MEMBER	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP

RELATIONSHIP	POSITION HELD	SUPERVISOR'S NAME

NAME OF FAMILY MEMBER	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP

RELATIONSHIP	POSITION HELD	SUPERVISOR'S NAME

SECTION 2: FAMILY INFORMATION

☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

CURRENT SPOUSE

NAME	DATE OF BIRTH	YEARS OF MARRIAGE

☐ N/A **FORMER SPOUSE**

NAME	DATE OF BIRTH	YEARS OF MARRIAGE

SECTION 3: RESIDENCES

LIST ALL RESIDENCES DURING THE LAST TEN YEARS *(MOST RECENT FIRST, INCLUDING YOUR CURRENT RESIDENCE)*. PROVIDE COMPLETE ADDRESSES AND MARKERS SUCH AS STREET, DRIVE, ETC., AND UNIT OR APARTMENT NUMBER. DO NOT USE P.O. BOXES.

A) CURRENT ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM//YYYY)
CITY	COUNTY	STATE	ZIP	☐ OWN ☐ RENT
B) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM//YYYY)
CITY	COUNTY	STATE	ZIP	☐ OWN ☐ RENT
C) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM//YYYY)
CITY	COUNTY	STATE	ZIP	☐ OWN ☐ RENT
D) FORMER ADDRESS (NUMBER/STREET/APT)			FROM (MM/YYYY)	TO (MM//YYYY)
CITY	COUNTY	STATE	ZIP	☐ OWN ☐ RENT

SECTION 4: EXPERIENCE AND EMPLOYMENT

BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST **ALL** JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT, AND VOLUNTEER ACTIVITIES, DURING THE PREVIOUS 10 YEARS. INCLUDE ALL PERIODS OF UNEMPLOYMENT AND IN THE DUTIES/ASSIGNMENTS SECTION, EXPLAIN HOW YOU SUPPORTED YOURSELF WHILE UNEMPLOYED.

A) NAME OF EMPLOYER			FROM (MM/YYYY)	TO (MM//YYYY)
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED?	☐ YES ☐ NO
DUTIES/ASSIGNMENT				

B) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM//YYYY)
ADDRESS				SUPERVISOR	
CITY	STATE	ZIP		CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING			GAMBLING RELATED?	☐ YES ☐ NO
DUTIES/ASSIGNMENT					

C) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM//YYYY)
ADDRESS				SUPERVISOR	
CITY	STATE	ZIP		CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING			GAMBLING RELATED?	☐ YES ☐ NO
DUTIES/ASSIGNMENT					

D) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM//YYYY)
ADDRESS				SUPERVISOR	
CITY	STATE	ZIP		CONTACT NUMBER	EXT
JOB TITLE	REASON FOR LEAVING			GAMBLING RELATED?	☐ YES ☐ NO
DUTIES/ASSIGNMENT					

SECTION 5: MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S.ARMED FORCES? IF YES, ATTACH A COPY OF YOUR DD-214	☐ YES ☐ NO

BRANCH OF SERVICE		DATES OF SERVICE FROM TO
COUNTRY OF SERVICE	RANK AT SEPARATION	SERVICE NUMBER

TYPE OF DISCHARGE: ☐ ENTRY LEVEL ☐ HONORABLE ☐ GENERAL ☐ OTHER THAN HONORABLE ☐ BAD CONDUCT ☐ DISHONORABLE

HAVE YOU EVER BEEN DISCIPLINED IN THE MILITARY?	☐ YES ☐ NO
DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE DETAILS BELOW.	☐ YES ☐ NO

DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)

SECTION 6: CRIMINAL HISTORY INFORMATION

HAVE YOU EVER BEEN **CONVICTED** OF A CRIME, PLED GUILTY, OR PLED NOLO CONTENDRE (NO CONTEST) TO A CRIME(OTHER THAN A VEHICLE CODE INFRACTION)? INCLUDE ANY CONVICTIONS REDUCED OR EXPUNGED, **UNLESS** THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER.	☐ YES ☐ NO

IF YES, EXPLAIN EACH INCIDENT.

A) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
OF WHAT CRIMES WERE YOU CONVICTED OF?	
B) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
OF WHAT CRIMES WERE YOU CONVICTED OF?	
C) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
OF WHAT CRIMES WERE YOU CONVICTED OF?	

HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITES?	☐ YES ☐ NO

SECTION 7: OTHER LICENSING INFORMATION

HAVE YOU EVER **HELD** OR **APPLIED** FOR A PERMIT, LICENSE, CERTIFICATE RELATED TO GAMING? ☐ YES ☐ NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, OR LOCAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT, OR CERTIFICATE RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, OR CERTIFICATE WAS GRANTED (INCLUDE ANY APPLICATIONS THAT WERE DENIED, WITHDRAWN, AND/OR ARE PENDING).

A) LICENSE/PERMIT/CERTIFICATE NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY)	TO (MM//YYYY)	ISSUING AGENCY

CITY, COUNTY, STATE, COUNTRY	ACTION TAKEN	GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER

B) LICENSE/PERMIT/CERTIFICATE NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY)	TO (MM//YYYY)	ISSUING AGENCY

CITY, COUNTY, STATE, COUNTRY	ACTION TAKEN	GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER

HAVE YOU EVER **HELD** OR **APPLIED** FOR A PRIVILEGED REGISTRATION, PROFESSIONAL LICENSE, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING? ☐ YES ☐ NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY TO WHICH YOU HAVE APPLIED FOR A LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL WAS ISSUED (INCLUDE ANY APPLICATIONS THAT WERE DENIED, WITHDRAWN AND/OR ARE PENDING).

TYPE OF LICENSE	LICESNING AGENCY/JURISDCTION	APPROVED/DENIED/ SUSPENDED	LICENSE NUMBER

DATES HELD OR SURRENDERED FROM (MM/YYYY) AND TO (MM/YYYY)	REASON FOR DENIAL OR SURRENDER

TYPE OF LICENSE	LICESNING AGENCY/JURISDCTION	APPROVED/DENIED/ SUSPENDED	LICENSE NUMBER

DATES HELD OR SURRENDERED FROM (MM/YYYY) AND TO (MM/YYYY)	REASON FOR DENIAL OR SURRENDER

SECTION 8: BUSINESS INTEREST

LIST ALL BUSINESS ENTITIES, SUCH AS CORPORATIONS AND PARTNERSHIPS, WITH WHICH YOU ARE CURRENTLY ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER, OR OTHER SIMILAR CAPACITY.

LIST ALL GAMBLING RELATED BUSINESSES WITH WHICH YOU HAVE BEEN ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER, OR OTHER SIMILAR CAPACITY WITHIN THE LAST 10 YEARS. ATTACH ADDITIONAL SHEETS AS NECESSARY.

A) NAME OF BUSINESS ENTITY	DATES INVOLVED FROM (MM/YYYY)	TO (MM//YYYY)	BUSINESS ENTITY MAILING ADDRESS

BUSINESS TELEPHONE NUMBER	YOUR CAPACITY/TITLE	CURRENT AMOUNT OF INVESTMENT

PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED	GAMBLING RELATED? ☐ YES ☐ NO

B) NAME OF BUSINESS ENTITY	DATES INVOLVED FROM (MM/YYYY)	TO (MM//YYYY)	BUSINESS ENTITY MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER	YOUR CAPACITY/TITLE	CURRENT AMOUNT OF INVESTMENT		
PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED		GAMBLING RELATED?	☐ YES ☐ NO

C) NAME OF BUSINESS ENTITY	DATES INVOLVED FROM (MM/YYYY)	TO (MM//YYYY)	BUSINESS ENTITY MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER	YOUR CAPACITY/TITLE	CURRENT AMOUNT OF INVESTMENT		
PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED		GAMBLING RELATED?	☐ YES ☐ NO

D) NAME OF BUSINESS ENTITY	DATES INVOLVED FROM (MM/YYYY)	TO (MM//YYYY)	BUSINESS ENTITY MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER	YOUR CAPACITY/TITLE	CURRENT AMOUNT OF INVESTMENT		
PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED		GAMBLING RELATED?	☐ YES ☐ NO

E) NAME OF BUSINESS ENTITY	DATES INVOLVED FROM (MM/YYYY)	TO (MM//YYYY)	BUSINESS ENTITY MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER	YOUR CAPACITY/TITLE	CURRENT AMOUNT OF INVESTMENT		
PRIMARY PURPOSE OF BUSINESS	% OF OWNERSHIP/NUMBER OF SHARES OWNED		GAMBLING RELATED?	☐ YES ☐ NO

SECTION 9: FINANCIAL HISTORY INFORMATION

HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?			☐ YES ☐ NO
IF YES, EXPLAIN BELOW. (Please provide copies of your bankruptcy petition and order, which lists all creditors and discharged debts.)			
DATE FILED (MM/YYYY)	DATE OF DISHCARGE (MM/YYYY)	WHERE FILED	
HAVE YOU HAD A JUDGMENT OR LIEN FILED AGAINST YOU WITHIN THE LAST 10 YEARS?			☐ YES ☐ NO
IF YES, EXPLAIN EACH INCDIENT AND GIVE COURT NAME AND ADDRESS.			

HAVE YOU EVER BEEN A PARTY TO ANY LITIGATION OR ARBITRATION?	☐ YES ☐ NO
IF YES, PROVIDE THE NAMES OF THOSE INVOLVED, THE DATES FILED, THE COURT CASE NUMBER AND LOCATION, AND THE DISPOSITION DATE.	
DO YOU OWN OR CONTROL ANY ASSETS OUTSIDE THE UNITED STATES?	☐ YES ☐ NO
IF YES, PROVIDE COMPLETE DETAILS BELOW.	

SECTION 11: GROSS ANNUAL HOUSEHOLD INCOME

CURRENT GROSS ANNUAL INCOME	$
BUSINESS INCOME (EXPLAIN TYPE OF BUSINESS)	$
INTEREST INCOME	$
DIVIDENT INCOME	$
RENTAL INCOME	$
CHILD SUPPORT	$
GIFTS	$
SPOUSAL SUPPORT/ALIMONY	$
OTHER (SPECIFY)	$
OTHER (SPECIFY)	$
OTHER (SPECIFY)	$
TOTAL GROSS INCOME	$

DO YOU RECEIVE BONUSES OR PROFIT SHARING FROM YOUR CURRENT EMPLOYER WHICH ARE BASED ON A PERCENTAGE OF THE GAMBLING ESTABLISHMENT'S REVENUE?	☐ YES ☐ NO

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____ , 20 _____ .

SECTION 13: STATEMENT OF ASSETS

LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.

ASSETS	* INITIAL COST	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		
STOCKS AND BONDS (TOTAL FROM SCHEDULE B)		
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE C)		
BUSINESS INVESTMENTS * (TOTAL FROM SCHEDULE D)		
REAL ESTATE (TOTAL FROM SCHEDULE E)		
OTHER ASSETS (TOTAL FROM SCHEDULE F)		
TOTAL ASSETS		

SECTION 14: STATEMENT OF LIABILITIES

LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOWS.

LIABILITIES	* INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		
NOTES PAYABLE * (TOTAL FROM SCHEDULE I)		
MORTAGE PAYABLE * (TOTAL FROM SCHEDULE J)		
CONTINGENT AND OTHER LIABILITIES (SCHEDULE K)		
TOTAL LIABILITIES		

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.

SECTION 15: SUPPORTING DOCUMENTATION CHECKLIST

KEY EMPLOYEE APPLICANTS MUST INCLUDE THE FOLLOWING ADDITTIONAL DOCUMENTS WITH THIS APPLICATION . ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY ALL PARTIES WILL BE ACCEPTED. FAILURE TO PROVIDE COMPLETED DOCUMENTS MAY RESLUT IN A DENIAL OF YOUR LICENSE REQUEST.

- ☐ Authorization to Release Information (BGC-APP. 006 [Rev. 03/08])
- ☐ Tax Returns - Signed and dated copies of federal taxes for the last three years, including all schedules and attachments - both individual and for any businesses you own.
- ☐ Bank Statements - Copies of all personal and business accounts corresponding only to the most recent tax return
- ☐ Naturalization Certificate or Permanent Resident Identification - If a naturalized citizen, copy of front and back of your Naturalization Certificate.
- ☐ Request for Live Scan Service (BCII 8016, Rev. 04/01)
- ☐ Employment contract - copy
- ☐ Local Cardroom Employee License, Permit, Badge, etc.- copy
- ☐ Military form DD-214, if applicable - copy
- ☐ Alien Registration Card, if applicable - copy
- ☐ Bankruptcy Court Records, if applicable - copy

SECTION 16: DECLARATION

I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at

_____ on _____ .

City and State *Date*

SIGNATURE	PRINT FULL NAME	DATE

ADDITIONAL SPACE

Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., residences, employers, explanations to questions, etc.).

Identify the corresponding question and specific item being referenced.

SCHEDULE A - ASSETS
Cash

List all cash and where it is located, e.g. financial institutions (foreign and domestic), safe deposit boxes, etc.

Name and Address of Bank or Investment Account	Type of Account	Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Balance
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
				TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____

SCHEDULE B - ASSETS
Stocks and Bonds

List all stocks, bonds, mutual funds, or other similar investments held or controlled.

Issuer	Registered Owner	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	Number of Shares or Units	Current Market Value
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
				TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____

SCHEDULE C - ASSETS
Accounts and Notes Receivable

List all loans, accounts, and notes receivable.

Name and Address of Debtor	Date Acquired	Maturity Date (Notes Receivable)	Payment Amount and Payment Period (e.g. Weekly, Monthly)	Interest Rate	Original Amount	Unpaid Balance
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____

SCHEDULE D - ASSETS
Business Investments

List any business investments in which any direct, indirect, or vested interest is held, along with the names of all individuals or entities who share a direct, indirect or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liability companies, and corporations.

Entity Name	Type of Entity	Number of Shares or Units	Name in Which Held	Percent of Ownership	Individuals or Entities Sharing Interest and Percentage Ownership	Date of Purchase	Purchase Price	Current Market Value
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							$	$
							TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____

SCHEDULE E - ASSETS
Real Estate

List any direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address or Parcel Number and Location	Type (Residential or Commercial)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) (Indicate per month, year, etc.)	Purchase Price	Current Market Value
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____

SCHEDULE F - ASSETS
Other Assets

List all other assets (e.g., art collections, coin collections, antiques, automobiles, etc.).

Type of Asset	Description	Date of Purchase	Purchase Price	Current Market Value
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____

SCHEDULE G - LIABILITIES
Accounts Payable

List all accounts payable (e.g. revolving accounts, credit cards, leases, lines of credit).

Name and Address of Creditor	Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Interest Rate	Unpaid Balance
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
					TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____

SCHEDULE H - LIABILITIES
Taxes Payable

List all unpaid and estimated taxes.

Taxing Authority (e.g., Franchise Tax Board, Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Original Amount	Fines, Penalties, and Interest	Unpaid Balance
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
				TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____

SCHEDULE I - LIABILITIES
Notes Payable

List all notes payable.

Name and Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Original Note Amount	Interest Rate	Unpaid Balance
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
						TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____

SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate.

Name and Address of Creditor Account Number	Address or Parcel Number and Location of Real Estate	Date Incurred	Interest Rate	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Original Loan Amount	Unpaid Balance
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____

SCHEDULE K - LIABILITIES
Contingent and Other Liabilities

List any other indebtedness or liability, e.g., co-signer on a loan, pending litigation, child support, alimony, etc.

Name and Address of Creditor	Date Incurred	Collateral	Description of Liability and Account Number	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Interest Rate	Original Amount	Balance
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						TOTAL *	$

* This total should match the corresponding total reported on page 9.

Signature or Preparer _____ Date _____