Gambling Establishment Owner Entity
Supplemental Information for State Gambling License

DGC-APP. 015B 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

Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any information as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

This Supplemental Form must be completed by a business entity (corporation, partnership, limited liability company, joint venture or other business) that is applying for a state gambling license as an owner of a gambling establishment.

SECTION 1: BUSINESS INFORMATION

NAME OF BUSINESS APPLICANT		TRADE NAME TO BE USED (IF APPLICABLE)		
BUSINESS/MAILING ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP
MAIN OFFICE (IF DIFFERENT THAN ABOVE) (NUMBER/STREET)		CITY	STATE	ZIP
ADDRESS WHERE BUSINESS RECORDS ARE MAINTAINED (NUMBER/STREET)		CITY	STATE	ZIP
BUSINESS PHONE	BUSINESS FAX	FEDERAL TAX ID NUMBER	STATE TAX ID NUMBER	

HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)? ☐ YES ☐ NO

IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.

A) BUSINESS NAME	JURISDICTION
B) BUSINESS NAME	JURISDICTION

DOES THIS BUSINESS HAVE PARENT COMPANIES, SUBSIDIARIES, OR AFFILIATES?	☐ YES ☐ NO

IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.

A) BUSINESS NAME	JURISDICTION	RELATIONSHIP TO GAMBLING ESTABLISHMENT
B) BUSINESS NAME	JURISDICTION	RELATIONSHIP TO GAMBLING ESTABLISHMENT

LIST ANY CURRENT OR PREVIOUS BUSINESS RELATIONSHIP(S) AND/OR AGREEMENTS WITH THE GAMING INDUSTRY, INCLUDING TRIBAL GAMING.

NAME OF BUSINESS/TRIBE	ADDRESS	NATURE OF RELATIONSHIP	DATES OF RELATIONSHIP

SECTION 2: OTHER LICENSING INFORMATION

HAS THIS BUSINESS EVER **HELD** OR **APPLIED** FOR A PERMIT, LICENSE, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING IN ANY JURISDICTION?	☐ YES ☐ NO

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

A) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY)	TO (MM//YYYY)	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
B) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY)	TO (MM//YYYY)	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		
C) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY)	TO (MM//YYYY)	ISSUING AGENCY
CITY, COUNTY, STATE, COUNTRY		ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)		

HAS THIS BUSINESS EVER **APPLIED** TO ANY LICENSING OR REGULATORY AGENCY FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION **NOT** RELATED TO GAMING, WHETHER OR NOT SUCH A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED?	☐ YES ☐ NO

IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS (INCLUDE ANY APPLICATIONS THAT WERE APPROVED, SURRENDERED, WITHDRAWN, DENIED, AND/OR ARE PENDING).

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

CITY, COUNTY, STATE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)

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

CITY, COUNTY, STATE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)

C) LICENSE/PERMIT/CERTIFICATION/AUTHORIZATION NUMBER	TYPE OF APPLICATION	DATES HELD FROM (MM/YYYY)	TO (MM//YYYY)	ISSUING AGENCY

CITY, COUNTY, STATE, COUNTRY	ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)

LIST ALL STATES AND/OR COUNTRIES WHERE THIS BUSINESS IS INCORPORATED, REGISTERED, OR QUALIFIED TO DO BUSINESS; ALSO PROVIDE THE CORPORATION, REGISTRATION, OR LICENSE NUMBER AND DATE QUALIFIED TO DO BUSINESS.

STATE	COUNTRY	CORPORATION/REGISTRATION/LICENSE NUMBER	DATE QUALIFIED TO DO BUSINESS

SECTION 3: LITIGATION HISTORY

HAS THIS BUSINESS BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?	☐ YES ☐ NO

A) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)		
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION
BRIEF EXPLANATION OF ISSUES		

B) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)		
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION
BRIEF EXPLANATION OF ISSUES		

C) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)		
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER
CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION
BRIEF EXPLANATION OF ISSUES		

SECTION 4: REMUNERATIONS

LIST ANY REMUNERATION EXCEEDING $50,000 PAID ANNUALLY TO PERSONS OTHER THAN THE DIRECTORS AND OFFICERS OF THIS BUSINESS.

NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			$

SECTION 5: FINANCIAL INFORMATION

HAS ANY INTEREST IN THIS BUSINESS BEEN ASSIGNED, PLEDGED, OR HYPOTHECATED TO ANY INDIVIDUAL OR ENTITY OR HAS ANY AGREEMENT BEEN ENTERED INTO WHEREBY YOUR INTEREST IS TO BE ASSIGNED, PLEDGED, OR SOLD EITHER IN PART OR WHOLE?	☐ YES ☐ NO
IF YES, EXPLAIN BELOW.	
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.)	

FEDERAL DISTRICT COURT WHERE FILED	DATE FILED (MM/YYYY)	CASE NUMBER	DATE OF DISHCARGE (MM/YYYY)	DESCRIBE THE CIRCUMSTANCE THAT RESULTED IN ACTION

HAS THIS BUSINESS HAD A MATERIAL REORGANIZATION WITHIN THE LAST THREE YEARS?	☐ YES ☐ NO
IF YES, PROVIDE COMPLETE DETAILS AND DATES.	
HAVE ANY INDIVIDUALS, BUSINESSES, OR GOVERNMENTAL AGENCIES FILED LIENS OR JUDGMENTS AGAINST THE BUSINESS WITHIN THE LAST 10 YEARS?	☐ YES ☐ NO
IF YES, PROVIDE DETIALS HERE.	

☐ LIEN ☐ JUDGMENT	DATE FILED (MM/YYYY)	NAME OF PERSON THAT ***FILED*** THE LIEN OR JUDGMENT
EXPLAIN THE STATUS		
☐ LIEN ☐ JUDGMENT	DATE FILED (MM/YYYY)	NAME OF PERSON THAT ***FILED*** THE LIEN OR JUDGMENT
EXPLAIN THE STATUS		

HAS THIS BUSINESS HAD ANY ASSETS REPOSSESSED, SEIZED, OR DEBT TURNED OVER TO COLLECTION FOR ANY REASON WITHIN THE LAST 10 YEARS?	☐ YES ☐ NO
IF YES, PROVIDE DETAILS HERE.	

ASSET	REPOSSESSION/SEIZURE/ COLLECTION	DATE (MM/YYYY)	REASON

DOES THIS BUSINESS OWN, MANAGE, CONTROL, OR MANAGE ANY ASSETS OR LIABILITIES OUTSIDE THE UNITED STTES?	☐ YES	☐ NO
IF YES, PROVIDE DETAILS HERE.		

DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/YYYY)	LOCATION

DOES THIS BUSINESS OWN, CONTROL, MANAGE OR HOLD ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY?	☐ YES	☐ NO
IF YES, EXPLAIN BELOW.		

IS THIS BUSINESS, OR ANY INTEREST IN THIS BUSINESS, HELD BY A TRUST?	☐ YES	☐ NO
IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLIATION FOR A STATE GAMBLIG LICENSE (CGCC-030) FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (DGC-APP. 143). WHEN A GAMBLING ESTABLISHMENT IS HELD BY A TRUST, ANY CURRENT TRUSTOR(S), TRUSTEE(S), AND BENEFICIARIES (WHO ARE NOT CONTINGENT ON A FUTURE EVENT) MUST ALSO APPLY FOR A STATE GAMBLING LICENSE.		
DOES THIS BUSINESS HAVE ANY PLANS TO SELL, MERGE, OR ACQUIRE NEW BUSINESSES IN THE NEXT 24 MONTHS?	☐ YES	☐ NO
IF YES, PROVIDE COMPLETE DETAILS AND DATES.		

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

SECTION 6: STATEMENT OF ASSETS

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

ASSETS	* PURCHASE PRICE	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)		
CAPITAL IMPROVEMENTS		
REAL ESTATE (TOTAL FROM SCHEDULE E)		
OTHER ASSETS (TOTAL FROM SCHEDULE F)		
TOTAL ASSETS		

SECTION 7: 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

The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Owner Entity Supplemental Background Investigation Information form (DGC-APP 015B). Originals are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide complete documents may result in denial of a license/denial of suitability. Pursuant to Business and Professions Code section 19868(a), an official filing date will not be established until all required forms, documentation and fees have been received by the State.

- ☐ Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
- ☐ Gambling Establishment Supplemental Information form (DGC-APP 15C) for the gambling establishment. Individual owners/shareholders/members/etc. also need to each submit an Owner Applicant - Individual Supplemental Information (DGC-APP. 015A).
- ☐ Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (DGC-APP. 143) if your interest in this gambling establishment is held by a trust.
- ☐ Declaration of Full Disclosure (DGC-APP. 005 [Rev. 09/04])
- ☐ Authorization to Release Information (BGC-APP. 006 [Rev. 03/08])
- ☐ Appointment of Designated Agent (DGC-APP. 008 [Rev. 09/03])
- ☐ Current Articles of Incorporation and Statement of Information if this entity is a corporation
- ☐ Current Articles of Organization and Operating Agreement if this entity is a limited liability company
- ☐ Certificate of Limited Partnership, Partnership Agreement, Operating Agreement if this is a limited partnership
- ☐ Partnership Agreement, if this entity is a General Partnership (also include a copy of the Statement of Partnership Authority if one was filed)
- ☐ Current Organizational Chart for this Owner Entity - Show Names, Job Titles, and Lines of Accountability
- ☐ All Current Lease/Rental Agreements between the owner entity and the gambling establishment - copies
- ☐ Management Company/Consultant Agreement, if applicable - copy
- ☐ Local Gambling Establishment License or Permit - copy
- ☐ Loan Documentation for the loan obtained to purchase the gambling establishment - copies
- ☐ Tax Returns - Signed and dated copies of business state and federal taxes for the last three years, including all schedules and attachments.
- ☐ Request for Copy of Corporation, Exempt Organization, Partnership, or Limited Liability Company Tax Return (FTB 3516C1 [Rev. 06/03]_, side 2)
- ☐ Internal Revenue Service Request for Transcript of Tax Return (4506-T [Rev. 4/2006])
- ☐ Current Balance Sheet and Income Statement
- ☐ Bank Statements - Copies of all monthly statements for all business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- ☐ Investment Account Statements - Copies of all monthly statements for all business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- ☐ Bankruptcy Court Records - copy if applicable

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Division while conducting a background investigation for gambling license suitability. At the conclusion of the investigation, the applicant will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until all outstanding background investigation and issuance fees are received.

SECTION 9: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct and complete. 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

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 7.

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 7.

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	Balance
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					TOTAL *	$

* This total should match the corresponding total reported on page 7.

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 7.

Signature or Preparer _____ Date _____

SCHEDULE E - ASSETS
Real Estate

List any direct or indirect interest held in real property.

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 7.

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 7.

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 7.

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 7.

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 7.

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 7.

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, 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 7.

Signature or Preparer _____ Date _____