



Form M-433B Statement of Financial Condition for Businesses

Rev. 10/14

**Massachusetts
Department of
Revenue**

Business Identification

1 Business name and address	City/Town	State	Zip
2 Mailing address (if different from business address)	City/Town	State	Zip
3 Type of business	4 Phone number	5 Number of employees	
6 Type of ownership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____			
7 Federal Identification number (FID)	8 Massachusetts Identification number (if different than FID)		
9 Beginning date of business	10 Ending date of business (if closed)		
11 Type of Massachusetts corporate excise return last filed <input type="checkbox"/> 355 <input type="checkbox"/> 355C <input type="checkbox"/> 355S <input type="checkbox"/> 355U <input type="checkbox"/> Other (specify) _____			
Year-end date of Massachusetts corporate excise return last filed	Net income reported on Mass. corporate excise return last filed		

12 Name of owner, partners, officers major shareholders, etc.	Social Security number	Title	Effective date	Monthly salary or wages	Total shares or interest

Assets

13 Total cash on hand (enter also in line 25a) _____

14 a. Name of bank accounts for general operations, payroll, savings, certificates of deposits, etc.	b. Account number	c. Type of account	d. Balance

Total balance (add lines 14d; enter total also in line 25b) 14d

15 a. Name of issuer of bank line of credit, credit cards, etc.	b. Account number	c. Credit limit	d. Amount owed	e. Credit available

Total credit available (add lines 15e; enter total also in line 25c) 15e

Assets (cont'd.)

16	a. Description of real property, including investment property, unimproved land, etc.	b. Address	c. Current market value	d. Amount owed	e. Equity in property

Total equity in property (add lines 16e; enter total also in line 25d) 16e

17	a. Description of vehicles, excluding leased vehicles	b. Make	c. Model	d. Year	e. Tag number	f. Current market value	g. Amount owed	h. Equity in vehicle

Total equity in vehicle (add lines 17h; enter total also in line 25e) 17h

18	a. Name of accounts receivable	b. Date due	c. Status	d. Amount due

Total amount due (add lines 18d; enter total also in line 25f) 18d

19	a. Name of proprietor, partner, officer, shareholder or other receiving loan from business	b. Relationship	c. Payoff date	d. Status	e. Amount due

Total amount due (add lines 19e; enter total also in line 25g) 19e

Assets (cont'd.)

20 a. Description of machinery and equipment including furniture, fixtures, business machines, etc.	b. Current market value	c. Amount owed	d. Equity in machinery and equipment
Total equity in machinery and equipment (add lines 20d; enter total also in line 25h)			20d

21 a. Description of merchandise inventory (goods held for sale and/or raw materials used in manufacture, fabrication or production)	b. Current market value	c. Amount owed	d. Equity in merchandise
Total equity in merchandise (add lines 21d; enter total also in line 25i)			21d

22 a. Type of security (stocks, bonds, mutual funds, government securities, money market funds, etc.)	b. Issuer	c. Quantity or denomination	d. Current value
Total balance (add lines 22d; enter total also in line 25j)			22d

Other assets. Current or appraised value.

23a Notes receivable	23a	
23b Timber, mineral or drilling rights	23b	
23c Collectibles, antiques or artwork	23c	
23d Judgments or settlements receivable	23d	
23e Patents or copyrights	23e	
23f Other	23f	
23 Total (add lines 23a through 23f; enter also in line 25k)	23	

Liabilities

Liabilities. Total amount owed. Do not include any mortgages or vehicle loans.

24a Notes payable	24a	
24b Loans payable	24b	
24c Vehicle lease. Make _____ Model _____	24c	
24d Vehicle lease. Make _____ Model _____	24d	
24e Bank revolving credit	24e	
24f Judgments payable	24f	
24g Past due federal taxes	24g	
24h Past due state taxes	24h	
24i Past due other taxes	24i	
24j Equipment leases	24j	
24k Other liabilities	24k	
24 Total (add lines 24a through 24k; enter also in line 26)	24	

Net Worth Calculation

Assets

25a Cash on hand	25a	
25b Bank accounts	25b	
25c Bank credit available	25c	
25d Real property	25d	
25e Vehicles	25e	
25f Accounts receivable	25f	
25g Loans from business to proprietor, partners, officers, shareholders or other	25g	
25h Machinery and equipment	25h	
25i Merchandise inventory	25i	
25j Securities	25j	
25k Other assets	25k	
25 Total assets (add lines 25a through 25k)	25	
26 Liabilities	26	
27 Net worth (subtract line 26 from line 25)	27	

Income and Expense Analysis

Income

28 Business income and expenses for (check one): Fiscal year end (enter date) _____
 Period end (enter date) _____
 Accounting method (check one): Cash Accrual Other (specify) _____

28a Gross receipts from sales, services, etc.	28a	
28b Gross rental income	28b	
28c Interest income	28c	
28d Dividends and capital gain distribution	28d	
28e Royalty income	28e	
28f Commissions	28f	
28g Other income (specify)	28g	
28h Total income (add lines 28a through 28g)	28h	

Expenses

28i Materials purchased	28i	
28j Net wages and salaries	28j	
28k Rent or mortgage expenses	28k	
28l Installment and lease payments	28l	
28m Supplies and office expenses	28m	
28n Utilities	28n	
28o Transportation expenses	28o	
28p Repairs and maintenance	28p	
28q Insurance	28q	
28r Current taxes	28r	
28s Bad debts	28s	
28t Travel and entertainment	28t	
28u Advertising	28u	
28v Other expenses (specify)	28v	
28w Total expenses (add lines 28i through 28v)	28w	
29 Net income (subtract line 28w from line 28h)	29	

Other Information

30 Is this business currently in filing compliance with all Massachusetts taxes? Yes No

If No, identify tax type(s) and period(s) _____

31 Has this business disposed of any assets or property by sale, transfer, exchange, gift or in any other manner during the past 18 months?

Yes No

If Yes, identify receiving party _____

32 Is this a foreclosure proceeding pending on any real estate, equipment or other property that this business owns or has an interest in?

Yes No

33 Is another party holding any assets on behalf of this business? Yes No

If Yes, identify holding party _____

34 Is this business a party to any lawsuit now pending? Yes No

35 Is this business currently under bankruptcy court jurisdiction? Yes No

If Yes, list bankruptcy case number _____

Under penalties of perjury, I declare that the statement of assets, liabilities and other information in this document, or attached thereto, are true and correct to the best of my knowledge and belief. I authorize the Massachusetts Department of Revenue to verify any and all information included in this document.

Signature of taxpayer

Title

Date

Signature of taxpayer

Title

Date

Signature of power of attorney (attach Form M-2848)

Date