

**INDUSTRIAL LOAN COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

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www.oci.ga.gov

**INDUSTRIAL LOAN
GID-007B-IL JAN2011****STATEMENT OF INCOME AND EXPENSES**

Licensee must complete this form in conjunction with GID-007-IL. This form must be retained in the office where the financial books are kept and be made available for examination upon request by any authorized representative of the Georgia Industrial Loan Division.

GENERAL

License No.		Report Type:	<input type="checkbox"/> Single License	<input type="checkbox"/> Composite (for Multiple Branch/Office Licenses)
Name of Entity				
For the Year Ending				

ASSETS

1. Gross Receivables		.00
2. Cash on Hand and in Banks		.00
3. Miscellaneous		
Real Estate (Less Depreciation)		
Furniture, Fixtures, Equipment (Less Depreciation)		
Accounts Receivable		
Repossessions		
SUB TOTAL		.00
TOTAL ASSETS		.00

LIABILITIES

1. Accounts and Notes Payable		
Banks		
Due Parent Company or Affiliate		
Bond and Long Term Accounts and Notes		
SUBTOTAL		.00
2. Other Liabilities		
Accrued Expenses		
Dealers Reserve		
Miscellaneous		
New Worth (If Individual or Partnership)		
Capital Stock (If Corporation)		
Surplus		
SUBTOTAL		.00
TOTAL LIABILITIES		.00

INCOME

1. Charges Collected and/or Earned		.00
2. Other Income		
Bad Debt Recoveries		
Miscellaneous		
Income on Loans Held for Servicing Only		
SUBTOTAL		.00
TOTAL OPERATING INCOME		.00

EXPENSES

1. Salaries, Wages and Fees		.00
2. Other Operating Expenses		
Depreciation on Building, Furniture, Fixtures and Autos		
Charge-offs		
Total Expenses (Before Interest and Federal and State Income Taxes)		
SUBTOTAL		.00
TOTAL EXPENSES		.00
NET OPERATING INCOME (TOTAL OPERATING INCOME LESS TOTAL EXPENSES)		.00

ATTESTATION

Under penalties of perjury, the below named, affirms that all the foregoing information submitted, including any accompanying documentation, was completed in good faith, is true, complete and correct to the best of my knowledge.

(Name of Attestator)	(Position Title of Attestator)	(Date)
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