

## Self-Employed Business Narrative Form

This form to be completed by an employee (non-relative) of the borrower's business, with knowledge and information of the operations and finances of the business. Typical positions held by this employee would include: Controller, Treasurer, V.P. Finance, Finance Manager, Accounting Manager or Human Resources Manager. This form can also be completed by a third-party individual with direct knowledge of the borrower's business, such as Certified Public Accountant or an IRS Enrolled Agent.

1. Using the North American Industry Classification System (NAICS) below, please check the industry that best describes this business:

Retail Trade Mining-	Quarrying-Oil & Gas Extraction
Wholesale Trade	Other Services
Accommodation-Food Service	Administrative-Support-Waste Management
Agriculture-Forestry-Fishing-Hunting	Information
Construction (Home & Remodeling)	Real Estate-Rental and Leasing
Manufacturing	Arts-Entertainment-Recreation
Transportation-Warehousing	Professional-Scientific-Technical Service
Utilities	Health Care-Social Assistance
Educational Services	Finance and Insurance

2. Name of business:

\_\_\_\_\_

3. Business Website Address \_\_\_\_\_

4. Number of owners: \_\_\_\_\_

5. Borrower Owned Percentage of Business \_\_\_\_\_ If less than 100%, list who owns the remaining portion and what percentage \_\_\_\_\_.

6. Service or Product provided:

\_\_\_\_\_

7. Date business started: \_\_\_\_\_

8. Business legal structure:            Partnership            Corporation            Sub-S Corporation            Limited Liability Company

9. Business location: (insert address of primary location)

a. Is the space a            residence, or            commercial/warehouse?

10. Number of business locations:            one            2-5            greater than 5

11. Are these locations owned or leased?

12. Current rent amount(s) for business spaces(s): will need each location address & corresponding rent amounts.

13. Number of employees:            Full- Time            # of Full-Time Employees: \_\_\_\_\_

                                                 Part-Time            # of Part-Time Employees: \_\_\_\_\_

                                                 Contractors            # of Employed Contractors: \_\_\_\_\_

14. Describe any machinery or equipment required for business operations:

15. Does the business require inventory (raw material or finished goods) to generate sales?

Yes    No

a. If yes, describe the inventory and turnover ratio:

16. Do you manufacture products?            Yes    No

If so, do you have a Cost of Goods Sold for the product you sell?            Yes    No

If YES, describe in detail:

Estimate for monthly Cost of Goods Sold (Manufacturer): \_\_\_\_\_

17. Do you buy or resell a product?            Yes    No

If YES, describe in detail:

Estimate for monthly Cost of Goods Sold (Retail): \_\_\_\_\_

18. Please provide any additional business expense not listed: (Excluding Rent/Payroll/ COG Sold)

19. How has the COVID-19 Pandemic impacted your business?

20. Is there anything else you can tell us about your business that is important for us to know as we review your bank statements, including sources of deposits, wires, and withdrawals?

*I certify that the statements and information contained in this submittal are true, accurate, and completed.*

**Borrower 1 Name:** \_\_\_\_\_

**Borrower 1 Signature:** \_\_\_\_\_

*I certify that the statements and information contained in this submittal are true, accurate, and completed.*

**Borrower 2 Name:** \_\_\_\_\_

**Borrower 2 Signature:** \_\_\_\_\_

Underwriter Name: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Underwriter Signature: \_\_\_\_\_