

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 the following: 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:

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

2 Name of business: _____

3 Number of owners: _____

4 Service or Product provided: _____

5 Date business started: _____

6 Business legal structure: Partnership Corporation S-Corp Limited Liability Company

7 Business address: (primary location) _____

Is the space a residence **OR** Is the space a commercial/warehouse?

8 Number of business locations: One 2-5 Greater than 5

9 Are these locations Owned Leased

10 Number of employees: 0 – 5 6 – 10 11 – 25 Greater than 25

11 Describe any machinery or equipment required for business operations: _____

12 Does the business require inventory (raw material or finished goods) to generate sales? Yes No

If yes, describe the inventory and turnover ratio: _____

Name: _____

Email: _____

Title: _____

Phone: _____

Signature: _____

Date: _____