

## Self-Employed Business Questionnaire

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

2. Name of business: \_\_\_\_\_

3. Number of owners: \_\_\_\_\_

4. Service or product provided: \_\_\_\_\_

5. Date business started: \_\_\_\_\_

6. Business legal structure:  Partnership  Corporation  Sub-S Corporation  LLC

7. Business location (primary address): \_\_\_\_\_

a.  Residence or  Commercial/Warehouse

8. Number of business locations:  1  2-5  Greater than 5

9. Are these locations:  Owned or  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 materials or finished goods) to generate sales?

Yes  No

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

\_\_\_\_\_

Name

Email Address

\_\_\_\_\_

Title

Phone Number

\_\_\_\_\_

Signature

Date