

Business Narrative Form for Self-Employment

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



SAMPLE