

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: _____