



**STATE OF NEVADA TAXICAB AUTHORITY  
PERSONAL FINANCIAL QUESTIONNAIRE**



Last Name	First Name	Middle Name	Date	
Present Residence Address	(Number and Street)	City	State	Zip Code
<b>SUBMITTED IN CONNECTION WITH THE APPLICATION FOR A LICENSE FOR</b>				
Business Name				
Business Address	(Number and Street)	City	State	Zip Code

1. Total amount that you have invested or will be investing in this business? ..... \$ \_\_\_\_\_  
 Percentage of ownership this will represent? .....\$ \_\_\_\_\_

2. Has your interest in the business been assigned, pledged, or encumbered to any person, firm or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold either in part or in whole?     Yes     No    (If yes, furnish details on a separate page)

3. Has your Federal Income Tax return ever been audited or adjusted?  
 Yes     No    (If yes, furnish details on a separate page)

4. Last Federal Income Tax was filed \_\_\_\_\_ for the year \_\_\_\_\_ at  
 (City/State) \_\_\_\_\_

**Applicants are advised that Federal Income Tax returns will be required during the licensing investigation.**

5. Do you own or control any assets or liabilities located outside the United States?  
 Yes     No    (If yes, furnish details on a separate page)

6. Do you control, manage, or hold in trust any assets or liabilities for another person or entity?  
 Yes     No    (If yes, furnish details on a separate page)

Initials \_\_\_\_\_/\_\_\_\_\_

7. Fill in the information below even if the spouse is not applying for this license.

MONTHLY INCOME	APPLICANT	SPOUSE
Salary	\$	\$
Interest	\$	\$
Dividends	\$	\$
Capital Gains	\$	\$
Other (Describe)	\$	\$
Subtotal	\$	\$
<b>Total Joint Income \$</b>		
MONTHLY EXPENSES		
Mortgage	\$	\$
Rent	\$	\$
Utilities	\$	\$
Other	\$	\$
<b>Total Expenses</b>	\$	\$

Initials \_\_\_\_\_ / \_\_\_\_\_

8. If this location is a new business or has been opened/acquired within the last 12 months, the following information must be filled in. Fill in each line, if none, mark "0".

<b>SOURCE AND APPLICATION OF FUNDS</b>	
<b>FUNDS AVAILABLE BEFORE OPENING</b>	
<b>Personal Funds</b> (provide documents showing the source and availability of your personal funds invested)	\$
<b>Investments</b> (provide detail showing who invested the money and what interest they received for their investment)	\$
<b>Loans from Lending Institutions</b> (provide loan documents)	\$
<b>Loans from Individuals and Business Entities</b> (identify the individual or business and provide loan documents)	\$
<b>Loans from Slot Route Operators</b> (attach related documents)	\$
<b>TOTAL FUNDS AVAILABLE BEFORE OPENING</b>	\$
<b>HOW THE FUNDS WERE SPENT BEFORE OPENING</b> (Attach explanations giving an explanation of the following items)	
<b>Prepaid taxes and licenses</b>	\$
<b>Other License Fees</b> (such as business license, liquor license, and investigative fees)	\$
<b>Expenditures:</b>	
<b>Real Estate and Buildings</b> (including construction and Repair)	\$
<b>Business Purchase Price</b> (attach purchase Agreement)	\$
<b>Remodeling Costs</b>	\$
<b>Furniture, Fixtures, and Equipment</b>	\$
<b>Inventory and Supplies</b>	\$
<b>All Other Pre-Opening Expenses</b> (such as salaries, advertising, deposits, etc.)	\$
<b>CASH AVAILABLE FOR OPERATION</b>	
<b>Total Funds Available, Minus, Total Pre-Opening Cash Used</b>	\$

Initials \_\_\_\_\_/\_\_\_\_\_

<b>NET WORTH AS OF</b>		Month	Year
<b>ASSETS:</b> (List all assets on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully on the appropriate attached schedule.)			
<b>ASSETS:</b>	Schedule	Original Cost/ Investment	Fair Market Value
Cash on hand			
Cash in banks	A		
Accounts and Notes Receivable	B		
Stocks and Bonds	C		
Business Investments	D		
Real Estate	E		
Other Assets	F		
<b>TOTAL ASSETS</b>			
<b>LIABILITIES:</b> (List all the liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each listed liability must be described fully on the appropriate attached schedule.)			
<b>LIABILITIES:</b>	Schedule	ORIGINAL AMOUNT	PRESENT BALANCE
Accounts Payable (credit cards, etc.)			
Taxes Payable			
Notes Payable	G		
Mortgages Payable	H		
Other Liabilities	I		
<b>TOTAL LIABILITIES</b>			
<b>NET WORTH: Total Assets-Total Liabilities = Net Worth</b>			
Contingent Liabilities (from schedule J)			

Initials \_\_\_\_\_/\_\_\_\_\_