

FACT INFORMATION SHEET-BUSINESS ENTITY

Name/Title of person filling out this form: _____

Address: _____
Street City State Zip Code

Telephone Numbers: (Home) _____ (Business) _____

Address of Business Entity: _____
Street City State Zip Code

Type of Entity: (Check One) ☐ Corporation ☐ Partnership ☐ Limited Partnership ☐ Sole

Proprietorship ☐ Limited Liability Corporation (LLC) ☐ Professional Association (PA)

☐ Other (Please explain) _____

Does Business Entity own/have interest in any other business entity? If so please explain. _____

Gross/Taxable income reported for Federal Income Tax purpose last three years:
\$ _____ \$ _____ \$ _____

Taxpayer Identification Number: _____

List Partners (General or Limited and designate Percentage of Ownership):

Average Number of Employees/month: _____

Names of Officers and Directors:

Checking Account at: _____ Account Number : _____

Savings Account at: _____ Account Number: _____

Does the Business Entity own any vehicles: _____

Years/Makes/Models: _____

Vehicle I. D. Numbers : _____

Tag Numbers: _____

Loans Outstanding: _____

Does the Business Entity own any real property: YES _____ NO _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____, who is personally known to me or has produced _____ as identification and who _____ did / did not take an oath.

WITNESS my hand and official seal, this _____ day of _____, 20__.

Notary Public
State of Florida
My Commission Expires; _____

MAIL OR DELIVER THE COMPLETED FORM TO THE JUDGMENT CREDITOR OR
THE CREDITOR'S ATTORNEY. DO NOT FILE THIS FORM WITH THE COURT.