FINANCIAL STATEMENT

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
GRAIN AND LIVESTOCK DIVISION
SFN 16702 (12-2020)

600 E Boulevard Ave - Dept 602
Bismarck, ND 58505-0020

Name	Address	City	State	ZIP Code
Business Name	Business Address	City	State	ZIP Code

ASSETS	**12-31 Current**	**12-31 Previous**
Current Assets		
Cash		
a. On Hand	$	$
b. In the Bank	$	$
Inventories		
a. Livestock	$	$
b. Feed	$	$
c. Other - Describe	$	$
Marketable Securities		
a. U.S. Government Bonds & C.D.'s	$	$
Accounts Receivable	$	$
Due From Officers	$	$
Other Current Assets	$	$
Total Current Assets	$	$
Other Assets		
Investments	$	$
Fixed Assets		
a. Land	$	$
b. Buildings, Structures, & Equipment	$	$
c. Less Allowance for Depreciation	$	$
d. Personal Residence	$	$
e. Other	$	$
TOTAL ASSETS	$	$
LIABILITIES		
Current Liabilities		
Bank Overdraft (per books)	$	$
Payables, Accruals, & Other Current Liabilities	$	$
a. Due To Trade - Cattle	$	$
b. Due to Officers	$	$
c. Advances & Deposits on Livestock	$	$
d. Taxes	$	$
e. Demand Notes Payable	$	$
f. Notes, Mortgages, & Bonds Due Within 1 year (including payments on long-term debts due in 1 year)	$	$
g. Other	$	$
Total Current Liabilities	$	$
Other Liabilities		
Long-Term Notes, Mortgages & Bonds Payable (excluding payments due in 1 year, including in item f above)	$	$
Other - Describe	$	$
TOTAL LIABILITIES	$	$
NET WORTH		
If Incorporated		
a. Capital Stock	$	$
b. Retained Earning	$	$
If Unincorporated		
a. Owners Equity	$	$
b. Undivided Profits or loss	$	$
TOTAL LIABILITIES AND NET WORTH	$	$

INCOME STATEMENT

From_____to_____

SALES

Commissions Earned ……	$ _____	$ _____
Cattle - Livestock Sold ……	$ _____	$ _____
Other - Miscellaneous ……	$ _____	$ _____
GROSS SALES ……	$ _____	$ _____

COST OF SALES

Cost of Cattle Sold …….....	$ _____	$ _____
Freight ……	$ _____	$ _____
Commissions ……	$ _____	$ _____
TOTAL COST OF SALES ……	$ _____	$ _____
GROSS PROFIT ……	$ _____	$ _____
OPERATING EXPENSES (need not be detailed)* ……	$ _____	$ _____
Net Profit of Loss as a Dealer or Auction Market …….....	$ _____	$ _____
Net Income or Loss from all other sources ……	$ _____	$ _____

* Available upon request or for inspection

_____
Signature

_____
Date