

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

BALANCE SHEET	
As of _____	
Name of Licensee:	
License Number:	
<u>ASSETS</u>	
CURRENT ASSETS	
Cash and Cash Equivalents	\$ _____
Cash - Restricted	\$ _____
Accounts Receivable - Trade	\$ _____
Accounts Receivable - Related Parties	\$ _____
Accounts Receivable - Other	\$ _____
Accrued (Unbilled) Revenues	\$ _____
Returned Checks	\$ _____
Marketable Securities	\$ _____
Other Current Investments	\$ _____
Prepaid Insurance	\$ _____
Prepaid Expenses	\$ _____
Prepaid Expenses - Related Parties	\$ _____
TOTAL CURRENT ASSETS	\$ _____
FIXED ASSETS	
Land and Buildings	\$ _____
Furniture and Fixtures	\$ _____
Machinery and Equipment	\$ _____
Leasehold Improvements	\$ _____
Vehicles	\$ _____
Less: Accumulated Depreciation	\$ (_____)
TOTAL FIXED ASSETS	\$ _____
OTHER ASSETS	
Deposits	\$ _____
Notes Receivable	\$ _____
Notes Receivable - Related Parties	\$ _____
Investment in Subsidiaries	\$ _____
Other Assets	\$ _____
Prepaid Tax Benefits (Long-Term Portion)	\$ _____
TOTAL OTHER ASSETS	\$ _____

BALANCE SHEET (continued)

As of _____

Name of Licensee:

License Number:

INTANGIBLE ASSETS

Organizational Costs	\$ _____
Software	\$ _____
Deferred Costs	\$ _____
Goodwill	\$ _____
Other Intangible Assets	\$ _____
Less: Accumulated Amortization	\$ (_____)

TOTAL INTANGIBLE ASSETS \$ _____

TOTAL ASSETS \$ _____

LIABILITIES AND STOCKHOLDERS' EQUITY

LIABILITIES:

CURRENT LIABILITIES

Accounts Payable - Trade	\$ _____
Accounts Payable - Related Parties	\$ _____
Accrued Salaries & Wages	\$ _____
Payroll Taxes Payable	\$ _____
Other Payroll Deductions Payable	\$ _____
Benefit Premiums Payable	\$ _____
Medical Claims Reserve - current portion	\$ _____
Workers' Compensation Premiums Payable	\$ _____
Workers' Compensation Claims Reserve	\$ _____
- current portion	\$ _____
Accrued Expenses	\$ _____
Income Taxes Payable	\$ _____
Deferred Income	\$ _____
Current Portion of Long-Term Obligations	\$ _____

TOTAL CURRENT LIABILITIES \$ _____

LONG-TERM LIABILITIES

Client Deposits	\$ _____
Notes Payable - Related Parties	\$ _____
Less: Current Portion of L-T	
Related Party Obligations	\$ (_____)
Other Long-Term Obligations	\$ _____
Less: Current Portion	
of other L-T Obligations	\$ (_____)
Medical Claims Reserve	
- non-current portion	\$ _____
Workers' Compensation Claims Reserve	
- non-current portion	\$ _____
Deferred Compensation	\$ _____
Deferred Income Taxes	\$ _____

TOTAL LONG-TERM LIABILITIES \$ _____

TOTAL LIABILITIES \$ _____

BALANCE SHEET (continued)

As of _____

Name of Licensee:

License Number:

STOCKHOLDERS' EQUITY

Common Stock	\$ _____
Additional Paid-In-Capital	\$ _____
Preferred Stock	\$ _____
Less: Treasury Stock	\$ (_____)
Retained Earnings (from prior period)	\$ _____
Current Year Income	\$ _____
Dividends	\$ (_____)

TOTAL STOCKHOLDERS' EQUITY

\$ _____

TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY

\$ _____

INCOME STATEMENT

For the Period ended _____
(Note: Income Statement must be year-to-date)

Name of Licensee: _____

License Number: _____

REVENUES:

Staff Leasing Income \$ _____
Other Income \$ _____

TOTAL OPERATING REVENUES \$ _____

DIRECT COSTS:

Salaries and Wages \$ _____
Payroll Taxes - FICA \$ _____
Payroll Taxes - FUTA \$ _____
Payroll Taxes - State Unemployment \$ _____
Benefit Premiums \$ _____
Benefit Claims \$ _____
Workers' Compensation Premiums \$ _____
Workers' Compensation Claims \$ _____
Other Direct Costs \$ _____

TOTAL DIRECT COSTS \$ _____

GROSS PROFIT \$ _____

OPERATING EXPENSES:

Salaries and Wages \$ _____
Payroll Taxes (non-leased employees) \$ _____
Employee Benefits \$ _____
Bank Charges \$ _____
Data Processing Fees \$ _____
Depreciation \$ _____
Amortization \$ _____
Donations \$ _____
Dues and Subscriptions \$ _____
Equipment Leases \$ _____
Insurance \$ _____
Office Expenses \$ _____
Postage and Shipping \$ _____
Printing \$ _____
Professional Fees \$ _____
Property Taxes \$ _____
Repairs and Maintenance \$ _____
Supplies \$ _____
Telephone \$ _____
Training and Education \$ _____
Travel and Entertainment \$ _____
Vehicle Expenses \$ _____

TOTAL OPERATING EXPENSES \$ _____

INCOME STATEMENT (Continued)

For the Period ended _____

(Note: Income Statement must be year-to-date)

Name of Licensee: _____

License Number: _____

INCOME FROM OPERATIONS	\$ _____
CLIENT ACQUISITION COSTS	
Commissions	\$ _____
Advertising	\$ _____
Enrollment Costs	\$ _____
TOTAL CLIENT ACQUISITION COSTS	\$ _____
NET INCOME FROM EMPLOYEE LEASING	\$ _____
OTHER INCOME AND EXPENSE	\$ _____
Interest Income	\$ _____
Interest Expense	\$ _____
Gain (Loss) on Sale of Assets	\$ _____
Other Income and Expense	\$ _____
TOTAL OTHER INCOME AND EXPENSES	\$ _____
INCOME BEFORE TAXES	\$ _____
INCOME TAX EXPENSE	
Income Taxes - Current	\$ _____
- Deferred	\$ _____
TOTAL INCOME TAX EXPENSE	\$ _____
<u>NET INCOME</u>	\$ _____

REQUIRED FOOTNOTE DISCLOSURES FOR ANNUAL REPORT (not required for quarterly report)

- 1) An outline of significant accounting policies, including methods of depreciation, accruals of accounts receivable and recognition of bad debts, accounting for income taxes, amortization methods, description of significant business interests of the company, and principles of consolidation (if applicable).
- 2) A description and analysis of maturity of Long Term Obligations including other restrictions on business operation imposed as a condition of Long Term debt or preferential stock interests.
- 3) An analysis of operating Leases and Lease Obligations.
- 4) An analysis of capital Leases and Lease Obligations.
- 5) Disclosures of related party transactions and obligations.
- 6) Disclosures of self insured or partially self insured plans, particularly regarding the adequacy of reserves, and relationship to statutory requirements for Florida employees.
- 7) Disclosure of contingent liabilities, disputed claims, lawsuits, and regulatory actions.
- 8) Notice of applicable and significant subsequent events with estimated indication of impact on the corporation.
- 9) A description of any pension plan, long term savings plan, 401 (k) plan, and any other plan of benefits for leased employees not otherwise disclosed.
- 10) A description of any business relationship with client companies that comprise 10% or more of the Staff Leasing Income of the company.