

Please do not leave this field blank.

Compilation Without Disclosures

Period Covered by Financial Statements: _____ Date of Financial Statements: _____

☐ Yes ☐ No Were all prior year's fees (billed or unbilled) for professional services rendered paid before this report was released?

Date of Report: _____ Date Report Released: _____

Key Data reported on by this office for this engagement:

Total Assets \$ _____

Long-term Debt \$ _____

Equity \$ _____

Net Sales \$ _____

Net Income \$ _____

Entity:

☐ Proprietorship

☐ C-Corporation

☐ S-Corporation

☐ Partnership

☐ Other _____

Financial Statements included in this report:

☐ Balance Sheet

☐ Income Statement

☐ Statement of Cash Flows

☐ Statement of Retained Earnings

☐ Supplementary Information (describe) _____

☐ Other (explain) _____

Accounting Basis for Financial Statement

☐ Generally Accepted Accounting Principles

☐ Cash Basis

☐ Income Tax Basis

☐ Other (explain) _____

Major Lines of Business: _____

Complex or Troublesome Areas: _____

Do not write below this line.

Engagement Code # _____ Date Engagement Review Performed _____

Reviewer _____ Approved _____ Date _____