

# CommunityWorks Sample Microloan Application

Welcome to Client Profile. Please fill out the form by answering each question appropriately. When you are done, click the Finish button to save your answers. If you would like, you may also Save and return at a later time to finish the form.

Program Status

Application Date

Date of closing

Borrower Information

First Name

Last Name

Address

State

City

County

Zip Code

Phone

Email Address

SSN

Demographic Information

Gender

Birthdate

Age at enrollment

Education Level

Race and Ethnicity

Residential Status

Veteran

Disable

Household Information

Total # in Household

# of Children

# of Adults

Household Composition

Housing type

Monthly Mortgage or Rent Payment

Health ins. for household?

Health ins. primary source

Income and Employment

27 pages

Employment Status

Full Time

Current employer

Applicant Annual Personal Income

\$42,000.00

Are you currently receiving any public assistance (e.g., TANF, food stamps, public housing, Section 8 or emergency shelter?)

No

Total annual household income

\$42,000.00

Income Level

Credit Score

Assets

Checking account?

Yes

Checking account value:

\$2,500.00

Savings Account?

No

Savings account value:

Liabilities

Are you delinquent on any Federal Debts, Student Loans, or Child Support?

No

If so, please explain.

Business Information

In Business

No

If yes, date business started?

Name of Business

[REDACTED]

Check your business industry

61 Educational Services

NAICS Code

624410

Please describe your business

Child Daycare Services

Legal Formation

LLC

If "Other", please explain.

Is your business a franchise?

No

EIN

[REDACTED]

Home Based

No

Business Street Address

[REDACTED]

Business City

GREENVILLE

Business State

SC

Business Zip Code

29611

Percentage Female Owned

100

Percentage Male Owned

0

Loan Request

Loan amount requested

\$12,000.00

Loan: use of funds

Provide working capital

If other use of funds, please explain

Did you apply for a business loan anywhere else?

No

If so, was your business loan application accepted or denied?

Not Applicable

Additional Business Information

Do you have paid employees?

Last Year's Total Full Time Employees

Last Year's Total Part-Time Employees

Last Year's Total Temporary Employees

Do you offer health insurance to your employees?

Do you currently use QuickBooks?

Written and up to date business plan?

If you are an existing business, do you have two years of historically positive case flow?

Last Year's Gross Sales

Additional Business Owner Information

Business Employment Status

Own another business?

Years of Management Experience

Years of Industry Experience

Project Information

Investment Owner

Amount Total Investment

Owner's Draw

Amount Owner's Draw

Will this loan help you create or save any jobs?

Projected Jobs Created

Projected Jobs Saved

Projected Jobs Total

Collateral

Collateral Description

How did you hear about this program?

CommunityWorks Website

Other: How did you hear about our program?

By signing below, I agree that the information above is correct and accurate. I request a microloan and business technical assistance from the CommunityWorks Carolina (CWC). I understand that any information disclosed will be held in strict confidence. I authorize CWC to furnish relevant information to the assigned management consultants. I further understand that the consultant(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept commissions developing from this consulting relationship. In consideration of the consultants furnishing management or technical assistance, I waive all claims against CWC and that of their Resource Partners and host organizations, arising from this assistance. Please note: The estimated burden for completing this form is 18 minutes. Comments on the burden should be sent to: CommunityWorks Carolina at 107 W. Antrim Drive, Greenville, SC 29607.

Consent?

Client Signature

Client Signature Date

Thank you for taking the time to fill out this Client Profile. Your answers have been saved. Click the close button to close this window

# COMMUNITYWORKS

## Monthly Global Cash Flow

<b>OWNERS PERSONAL CASH FLOW</b>		
Personal Income	Source	Monthly Amounts
	Take home from business	-
	Spouse's income	-
	Applicant's employment income	3,500.00
	Any other income (alimony, child support etc)	-
	<b>TOTAL INCOME</b>	<b>3,500.00</b>
Personal Expenses	Uses	
	Education and Childcare	-
	Food & Clothing	300.00
	Child Support/Alimony	-
	Utilities	-
	Insurance, Gasoline, Misc recurring	-
	Home mortgage or rent	-
	Credit card payments	60.00
	Vehicle and other loan payments	168.00
	<b>TOTAL HOUSEHOLD EXPENSES</b>	<b>528.00</b>
	<b>PERSONAL CASH FLOW SURPLUS</b>	<b>2,972.00</b>
	Personal Income/Personal Expenses	6.63
<b>MONTHLY BUSINESS CASH FLOW</b>		
Business Income		
	Gross Sales /Revenues	-
	Any other business income	-
	<b>TOTAL BUSINESS INCOME</b>	<b>-</b>
Business Expenses		
	COST OF GOODS - Inventory, raw materials	-
	Salaries/Contract Labor	-
	Utilities	160.00
	Business rent/mortgage	1,500.00
	Accounts payable payments	-
	Vehicle and/or other loan payments	-
	Insurance, gasoline and Misc	-
	OWNER'S DRAW	-
	<b>TOTAL MONTHLY BUSINESS EXPENSES</b>	<b>1,660.00</b>
	<b>NET BUSINESS CASH FLOW SURPLUS</b>	<b>(1,660.00)</b>
<b>Global Cash Flow</b>	<b>Total personal Income + Total business income / Total personal expense + Total business expense</b>	<b>1.60</b>



### PERSONAL FINANCIAL STATEMENT

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Assets	Amount in Dollars
Cash - checking accounts	2500
Cash - savings accounts	
Securities - stocks, bonds, mutual funds (from section 1)	\$ -
Notes and contracts receivable (from section 2)	\$ -
Stock in privately held companies (from section 3)	\$ 17,628.00
Life insurance (cash value only)	
Automobiles	7500
Personal Property (furniture, jewelry, other valuables)	10000
Real Estate (from section 4)	\$ -
Retirement Funds (IRA's, 401K's) (from section 5)	\$ -
Other assets (specify)	
<b>Total Assets</b>	<b>\$ 37,628.00</b>
<b>Liabilities</b>	
Current Debt (from section 6)	\$ 950.00
Notes Payable (from section 7)	\$ 33,391.00
Taxes Payable	
Real estate mortgages (from section 8)	\$ -
Other liabilities (from section 9)	\$ -
<b>Total Liabilities</b>	<b>\$ 34,341.00</b>
<b>Net Worth (Total Assets minus Total Liabilities)</b>	<b>\$ 3,287.00</b>

**\* PLEASE COMPLETE "DETAILS" SECTION (PAGES 2 AND 3) BEFORE COMPLETING PAGE ONE. TOTALS WILL AUTOMATICALLY POPULATE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Details**

**ASSETS- Details**

**1. Securities: Stocks, bonds, mutual funds**

Name of Security	Number of Shares	Cost	Date of Acquisition	Market Value
		\$ -		
				\$ -

**2. Notes and contracts receivable**

Personal/Business Name	Original Amount	Original Date	Monthly Payment	Maturity Date	Balance Owed
			\$ -		
					\$ -

**3. Stock in privately held companies**

Company Name	Number of Shares	Amount Invested	Est. Market Value
Investment in [REDACTED]		\$ 17,628.00	\$ 17,628.00
			\$ 17,628.00

**4. Real Estate Owned**

Description / Location	Balance Owed	Original Cost	Purchase Date	Market Value
	\$ -	\$ -		\$ -
				\$ -

**5. Retirement Funds (IRA's, 401K's)**

Company	Type of Fund	Market Value
		\$ -

**6. Current Debt - Credit card & charge card debt**

Name of Card / Creditor	Monthly Payment	Available Limit	Balance Owed
Capital One	\$ 25.00	\$ 300.00	\$ 250.00
Capital One	\$ 30.00	\$ 750.00	\$ 700.00
			\$ 950.00

**7. Notes payable (other than current debt)**

Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by	Balance Owed
Landmark	\$ 5,350.00	\$ 168.00		Storage Shed	\$ 4,677.00
DPT ED Student loan	\$ 28,076.00	\$ 140.00			\$ 28,714.00
currently in deferment and will be forgiven by opening day care					
					\$ 33,391.00

**8. Real estate mortgage / real estate loans payable**

Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by	Balance Owed
					\$ -

**9. Other Liabilities**

Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by	Balance Owed
					\$ -





Subscriber Name: COMMUNITY WO  
 Subscriber Code/Market: P 1928017 16 19  
 Results issued: 10/10/18 14:15 CT

TRANSUNION CONSUMER CREDIT REPORT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID:  
 SSN: [REDACTED]  
 Name: [REDACTED]  
 Current Address: [REDACTED]

Also Known As: [REDACTED] SSN: [REDACTED] Phone: [REDACTED] In File Since: 8/99  
 Date of Birth: [REDACTED]

Current Address: [REDACTED] Reported 6/11  
 Previous Address: [REDACTED] Reported 3/02  
 Previous Address: [REDACTED]

EMPLOYMENT

Position:	Start:	In File Since:
[REDACTED]	End:	6/15
		Effective: 6/15
Position: TAX ADMINISTRATION	Start:	In File Since: 5/07
	End:	Effective: 6/07

SCORING

Type	Score	Explanation
FICO SCORE 8	+603	038 SERIOUS DELINQUENCY, AND PUBLIC RECORD OR COLLECTION FILED 012 LENGTH OF TIME REVOLVING ACCOUNTS HAVE BEEN ESTABLISHED 010 PROPORTION OF BALANCES TO CREDIT LIMITS IS TOO HIGH ON BANK REVOLVING OR OTHER REVOLVING ACCOUNTS 003 PROPORTION OF LOAN BALANCES TO LOAN AMOUNTS IS TOO HIGH Note: In addition to the factors listed above, the number of inquiries on the consumer's credit file has adversely impacted the credit score.

CREDIT INFORMATION Summary (Total History)

Count	High Credit	Credit Limit	Balance	Past Due	Payment	Available
Public Records: 0	Collections: 2	Trades: 10	Inquiries: 2			
Negative Trade Accounts: 1	Trade Accounts with Any Historical Negatives: 2	Occurrence of Historical Negatives: 32				
Revolving	2	\$1,117	\$1,050	\$1,025	\$0	\$50
Installment	8	\$33,426	\$0	\$33,726	\$0	\$216
Closed w/Balance	n/a	n/a	\$1,814	\$1,814	\$0	n/a
<b>Total</b>	<b>10</b>	<b>\$34,543</b>	<b>\$1,050</b>	<b>\$36,565</b>	<b>\$1,814</b>	<b>\$266</b>

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning

2016, ending

20

See separate instructions.

Your first name and initial

Last name

If a joint return, spouse's first name and initial

Last name

Your social security number

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Presidential Election Campaign

Foreign country name

Foreign province/state/country

Foreign postal code

Check here if you, or your spouse if filing jointly, want 50 to go to the fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.

b Spouse

c Dependents:

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Child under age 17 qualifying for child tax credit.

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b: 1. No. of children on 6c who: - lived with you: 2. - did not live with you due to divorce or separation (see instructions): 3. Dependents on 6c not entered above: 3.

Income

Table for Income with rows 7-22. Includes categories like Wages, salaries, tips, etc.; Taxable interest; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; IRA distributions; Pensions and annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Social security benefits; Other income.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

Table for Adjusted Gross Income with rows 23-37. Includes categories like Educator expenses; Health savings account deduction; Moving expenses; Deductible part of self-employment tax; Self-employed SEP, SIMPLE, and qualified plans; Penalty on early withdrawal of savings; IRA deduction; Student loan interest deduction; Tuition and fees; Domestic production activities deduction; Add lines 23 through 35; Subtract line 36 from line 22.

	38	Amount from line 37 (adjusted gross income)	38	40,648.
<b>Tax and Credits</b>	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
<b>Standard Deduction for—</b> • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$8,300 Married filing jointly or Qualifying widower, \$12,600 Head of household, \$9,300	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,300.
	41	Subtract line 40 from line 38	41	31,348.
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	19,198.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	2,214.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	2,214.
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required.	52		
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55		
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	2,214.	
<b>Other Taxes</b>	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8950 c <input type="checkbox"/> Instructions: enter code(s)	62		
63	Add lines 56 through 62. This is your total tax	63	2,214.	
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	497.
	65	2018 estimated tax payments and amount applied from 2016 return	65	
	66a	Earned income credit (EIC)	66a	826.
	b	Nontaxable combat pay election <input type="checkbox"/> 66b	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line B	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71		
72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a <input type="checkbox"/> 2438 b <input checked="" type="checkbox"/> Retained c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	1,323.	
<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
Direct deposit? See instructions.	b	Routing number: X X X X X X X X X X Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
	d	Account number: X		
77	Amount of line 75 you want applied to your 2017 estimated tax	77		
<b>Amount You Owe</b>	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	891.
	79	Estimated tax penalty (see instructions)	79	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name: \_\_\_\_\_ Phone no.: \_\_\_\_\_ Personal identification number (PIN): \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>Administrative</b>	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see list.)

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm's name: **Self-Prepared** Firm's EIN: \_\_\_\_\_

Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Check  if self-employed PRTN

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

Your first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ See separate instructions.  
 Your social security number \_\_\_\_\_  
 If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_  
 Spouse's social security number \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. \_\_\_\_\_ Apt. no. \_\_\_\_\_  
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). \_\_\_\_\_  
 Foreign country name \_\_\_\_\_ Foreign province/state/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. ▶  
 4  Head of household (with qualifying person). (See instructions.)  
 If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 5  Qualifying widow(er) (see instructions)

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax credit (see instructions)  
 If more than four dependents, see instructions and check here   
 d Total number of exemptions claimed **3**  
 Boxes checked on 6a and 6b **1**  
 No. of children on 6c who:  
 • lived with you **2**  
 • did not live with you due to divorce or separation (see instructions)  
 Dependents on 6c not entered above  
 Add numbers on lines above ▶ **3**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 39,572.  
 8a Taxable interest. Attach Schedule B if required **8a**  
 b Tax-exempt interest. Do not include on line 8a **8b**  
 9a Ordinary dividends. Attach Schedule B if required **9a**  
 b Qualified dividends **9b**  
 10 Taxable refunds, credits, or offsets of state and local income taxes **10**  
 11 Alimony received **11**  
 12 Business income or (loss). Attach Schedule C or C-EZ **12**  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  **13**  
 14 Other gains or (losses). Attach Form 4797 **14**  
 15a IRA distributions **15a** b Taxable amount **15b**  
 16a Pensions and annuities **16a** b Taxable amount **16b**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**  
 18 Farm income or (loss). Attach Schedule F **18**  
 19 Unemployment compensation **19**  
 20a Social security benefits **20a** b Taxable amount **20b**  
 21 Other income. List type and amount **21**  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22** 39,572.

**Adjusted Gross Income**  
 23 Educator expenses **23**  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**  
 25 Health savings account deduction. Attach Form 8889 **25**  
 26 Moving expenses. Attach Form 3903 **26**  
 27 Deductible part of self-employment tax. Attach Schedule SE **27**  
 28 Self-employed SEP, SIMPLE, and qualified plans **28**  
 29 Self-employed health insurance deduction **29**  
 30 Penalty on early withdrawal of savings **30**  
 31a Alimony paid b Recipient's SSN ▶ **31a**  
 32 IRA deduction **32**  
 33 Student loan interest deduction **33**  
 34 Reserved for future use **34** 2,500.  
 35 Domestic production activities deduction. Attach Form 8903 **35**  
 36 Add lines 23 through 35 **36** 2,500.  
 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ **37** 37,072.

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering Adjusted Gross Income, Exemptions, Taxable Income, and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 covering Self-employment tax, Unreported social security and Medicare tax, and Household employment taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 covering Federal income tax withheld, Earned Income Credit, and other tax credits.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 covering overpaid amount and routing/account numbers.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 covering amount owed and estimated tax penalty.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes, Complete below. [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year.

Table for signatures and occupation. Includes fields for Your signature, Spouse's signature, Date, Your occupation (Administrative), Spouse's occupation, and Daytime phone number.

Paid Preparer Use Only

Table for preparer information. Includes fields for Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, and Phone no.

# **BUSINESS PLAN**

The Daycare

## TABLE OF CONTENTS

<u>EXECUTIVE SUMMARY</u> . . . . .	3
<u>GENERAL DESCRIPTION AND BACKGROUND</u> . . . . .	4
<u>GOALS AND OBJECTIVES</u> . . . . .	4
<u>MISSION STATEMENT</u> . . . . .	4
<u>TARGET MARKET</u> . . . . .	5
<u>REGULATIONS</u> . . . . .	5
<u>COMPETITORS</u> . . . . .	5
<u>SERVICES/HOURS OF OPERATION</u> . . . . .	6
<u>PRICING OF SERVICES</u> . . . . .	6
<u>MARKETING PLANS</u> . . . . .	6
<u>WEB PLAN SUMMARY</u> . . . . .	7
<u>WEBSITE MARKETING STRATEGY</u> . . . . .	7
<u>START-UP SUMMARY</u> . . . . .	8
<u>MANAGEMENT TEAM</u> . . . . .	8
<u>SALES FORECAST</u> . . . . .	10
<u>DESCRIPTION OF BUSINESS LOCATION AND FACILITIES</u> . . . . .	11

## **EXECUTIVE SUMMARY**

*The Daycare* is a high quality, multicultural, child care learning facility with educated, experienced, skilled, early care and education staff committed to. The facility is located near the West End side of downtown Greenville, South Carolina. *The Daycare* is owned by Jane Doe, who is currently seeking \$20,000.00 in financing for working capital to open *The Daycare* to advocate and assist the field of Early Care and Education in the need for high quality child care.

The Daycare will assist families of all cultures by providing high quality child care services and learning to children from ages six weeks to 12 years old. The Daycare will accept the South Carolina ABC Voucher program that assists eligible families by paying \$120.00 - \$160.00 per week and the parents would be responsible for paying the remaining balance. The co pay depends on the family's eligibility for the voucher program.

*The Daycare* will focus on nearby communities: new downtown apartments within a one square mile radius and new condominium/ apartment homes. Per the City of Greenville there are 1,870 apartment units planned or under construction. There are a total of 2,980 units planned or under construction in the City of Greenville so the downtown units are approximately 63% of this total, showing that many people will move into downtown over the next year or two. We are the only multicultural facility with staff to assist and understand the cultural backgrounds of all families with children in our care. Our facility promotes high quality care and learning while simultaneously helping children to learn to accept and respect each other for who they are. Our curriculum consists of daily diversity in activities, play, reading, math, science, languages and family events.

With inflation continuing to rise each year, the typical American family now requires dual or supplemental incomes. This trend has created a need for quality child care services. The population growth rate in the West End area of Greenville County is now over 12%, leading us to anticipate expanding market potential for this industry in our local area. Price, service, certification and reputation are critical success factors in the child care services industry. The Daycare will compete well in our market by offering competitive prices, high-quality child care services, a leading-edge educational program, special family events and community involvement with certified, college-educated management/staff, and by maintaining an excellent reputation with parents and the community we serve.

We will open for business starting with an estimated initial enrollment of 12 children. The maximum capacity of the facility will be 42 children. Our goal is to enroll an average of 3 children each month during the 1<sup>st</sup> year of service to reach the maximum capacity of 42 by year one. Our biggest operating expenses will be compensation at industry standard rates for our highly-qualified personnel, improved for our purposes during the start-up period. We would like to grow into a franchise eventually, but growth is planned conservatively, to be financed from existing cash flow as we go. We anticipate a net profit at the beginning of our second year.

## **GENERAL DESCRIPTION AND BACKGROUND**

*The Daycare* is a privately-held proprietorship owned in majority by Jane Doe, who is currently seeking prospective candidates as a Child Care Director who must have previous experience as a director. They will organize, arrange and conduct certified training to the staff. They will also be responsible for the daily operation of the childcare facility in accordance with the state licensing regulations and the child care facility operating policies. This director will help oversee the curriculum, market the program, manage personnel, and maintain high standards of excellence in child care in the community:



*The Daycare* consists of multicultural males and females who are educated in early care and education, experienced, skilled, and committed to providing quality care and learning to preschoolers who are enrolled in the daycare. Like staff, enrollees also consist of multicultural children. With the intent of recruiting multicultural children, the daycare wishes to support multiculturalism by intentional teaching by promoting harmony, respect, love and acceptance of all people through gaining knowledge and understanding of all cultures and their customs. The curriculum will consist of play, activities, reading math, science, projects, field trips, etc., that promote all learning needed before entering kindergarten. The highest purpose is to use early childhood development knowledge and experiences to help families prepare their children for school success, which will hopefully lead to productive citizenship and purpose, which will hopefully lead them to success in life.

Once the operation reaches its anticipated growth and profitability goals, the preschool plans to franchise and will re-register as a limited liability company or as a corporation, whichever will better suit the future business needs.

## **I. GOALS AND OBJECTIVES**

Our goal is to become a leader in quality care, preschool education, and service children in the Greenville Upstate area. We would also like to begin a franchise by opening new locations within the next five to seven years.

## **II. MISSION STATEMENT**

*The Daycare* will assist children by:

- a. Promoting strength and value of cultural diversity and equal opportunity for school success
- b. Emphasizing human rights and respect for those who are different from oneself
- c. Promoting acceptance of alternative life choices for children
- d. Promoting social justice and equality for children

## **III. TARGET MARKET**

*The Daycare* has a focus on meeting the local community need for child care services. The children will be taken in flexibly on either a full-time or part-time basis. Our target market is as follows:

### **After School Care**

Another large segment will be in the after school care market. This client base will provide a large profit since many families have older siblings who are actually too old for preschool child care and too young to be left on their own. We will partner with surrounding businesses to recruit volunteers who will assist us in offering tutoring, advanced studies in technology, theatre, arts and sciences. This will attract profitable business clients, possibly producing significant supplemental revenues.

### **Part-Time Workers/Drop-Ins**

Part-time workers and Drop-Ins from surrounding fitness centers and local businesses will comprise of less than 1% of the revenues. While this market is not a primary focus, sufficient flexibility to handle this market is important to the local 'word-of-mouth' marketing strategy.

The Daycare will focus on surrounding subdivisions, especially new upscale community developments within a 1 mile radius that boast new homes.

The target customers are dual income, middle-class families who value the quality of education and child care provided for their children ages six weeks to 12 years.

#### IV. REGULATIONS

*The Daycare* is currently in compliance with federal and State regulations concerning the child care industry. All necessary licenses have been acquired – License # -----

#### V. COMPETITORS (Strengths and Weaknesses)

The child care industry as a whole is saturated. However, based on recent reports and news coverage on several illegal, unlicensed, unethical, unsafe child care programs, the US Census 2013 data, Upstate Child Care Services provider listings (<http://www.scchildcare.org/search.aspx?query>) and the continual growth of the City of Greenville, there is still room for quality, licensed child care facilities. *The Daycare* intends to fill this local market need.

There are two other child care facilities in the neighborhood surrounding *The Daycare*. (One is in the immediate area, a church based facility and the other is 2 miles away, etc.). *The Daycare* will differentiate itself from its local competitors by offering an alternative to these traditional day care approaches.

The *The Daycare* market strategy is based on providing an activity based learning environment. We will offer a community of professional caregivers with the credentials to not only enhance a child's early social, emotional, language and motor skills, but to also introduce and teach them reading, arts and sciences.

*The Daycare* will be located near the Judson community, which has already shown a need for child care services. By becoming an active voice in the community, *The Daycare* will position itself as a market share leader in child care services, development and educational offering.

SWOT Analysis: *The Daycare*

**Strengths** - Good Location; Easy to see Facility; Located in a dense and heavily populated area; New Facility; professional caregivers; competitive pricing.

**Weakness** - New to Area

**Opportunity** - 5-7 Years open a second facility; Franchise availability; Partnerships

**Threats** - Other preschools open in the future; competitors renovate existing facilities

#### VI. SERVICES/HOURS OF OPERATION

*The Daycare* offers upscale child care services and curriculum designed for children ages six weeks to 12 years. **Normal operating hours will be 6:00 am to 6:00 pm, Monday through Friday** - with observance of all major legal holidays.

*The Daycare* exists to provide quality child care services that are aimed at enhancing traditional day care methodologies. The curriculum will include technology programs which will help prepare children 2 years and older for the technology age in which they live. Our general and "continuing" education programs will help mentor and tutor afterschool children through "main school" homework assignments and provide a base of understanding and interaction to ensure success in future educational endeavors. Finally, our developmental

programs reinforce basic social, acceptance/respect/harmony, language and motor skills to prepare children for school success and future related interaction.

## **VII. PRICING OF SERVICES**

*The Daycare* must charge appropriately for the high-end, high-quality care giving and educational services we offer. Our revenue structure has to support our cost structure, so the salaries we pay to assure quality services must be balanced by the revenue we charge.

We will be price competitive in the market we serve; however, we will not subscribe to the "low price leader" concept. The quality of our service will support the prices we charge.

## **VIII. MARKETING PLANS**

We will depend on referrals, community exposure and direct mail campaigns as our main way to reach new clients. However, as we change strategies, we will change the way we promote ourselves:

1. **Advertising**--We'll be developing our core positioning message: "**RECOGNIZING EQUALITY, SUCCESS, PEACE, EDUCATION & COMMUNITY TOGETHER**" (**RESPECT**) - a place of diversity to differentiate our service from the competition. We will be using direct mail campaigns, pre-enrollment drives, social media and local community newspaper advertising to launch the initial campaign.
2. **Sales Brochure**--Our branding, unique services embracing diversity, special events, curriculum, and community involvement will help sell the preschool to prospective clients.
3. **Direct Mail**--We will send quarterly direct mail campaigns to the housing developments in a 10-mile radius of the daycare. We will also offer monthly calendars for parents and the community, noting weekend family days and other open house approaches.
4. **Community Involvement**--We will be active in the community, sponsoring events at the community center for families and residents.
5. **Other**--Catered open houses and weekend movie matinees are but a few approaches we will utilize to reach out to our community. We will also develop and maintain partnerships with local businesses that cater to the needs of children.

## **IX. WEB PLAN SUMMARY**

The *The Daycare* website will be the virtual business card as well as its online "home."

It will showcase the preschool, curriculum and activity calendar for the preschool. It will also provide for an Internet background of the instructors, online projects posted by the children, afterschoolers and the daycare newsletter.

Our pre-opening effort will include an Open House event sponsored and hosted by *The Daycare* enrollment.

The *The Daycare* website will be simple, yet classy and well designed, but at the same time, in keeping with the latest trends in user interface design. A site that is too flashy, or tries to use too much of the latest technology can be over-done, and may not be supported by all browsers. The key to the website strategy will be presenting a very well designed and informative Web presence that will market the *The Daycare* image, service offerings and community commitment.

## **X. WEBSITE MARKETING STRATEGY**

The *The Daycare* website will embody its mission. It will not only offer visitors the opportunity to "look around" the preschool, but it will give them a good idea of the level of quality and service they can come to expect from the preschool.

Mostly informative in nature, the website will be a digital representation of our physical self.

## **XI. START-UP SUMMARY**

*The Daycare* - will be located on the West End side of Greenville, SC. The preschool will employ six fundamentals that will serve as the driving force for the services offered:

- Premier Caregiving Services
- An Activity Based, Children Structured Curriculum
- Advanced Technology and Developmental Programs
- Learning Services
- Family and Child Special Events
- Community Advancement and Involvement

The Owner and President, Jane Doe, will oversee fiscal responsibility, employing an independent CPA for financial oversight. A Director will be hired to handle day-to-day operations of the facility and will work collaboratively with the owner and other personnel to ensure a successful business venture.

## **XII. MANAGEMENT TEAM**

**Owner/President – Jane Doe.** The Owner/President will have overall fiscal responsibility, ensuring that the business is financially sound and attains its planned goals. Regarding financial administration, a strong CPA will be retained to help the owner guard cash flow. While the owner is well versed in the worries of cash flow, he also has the sense to listen to reason and deal with constraints, as guided by the CPA.

**Early Care and Education Consultant (Director) -** The Early Care and Education Consultant will be relied upon for her early childhood expertise, providing valuable insight to rules, regulations and governmental programs that will benefit the preschool.

- Masters Degree in Early Childhood or Child Development & Family Studies
- Previous Licensed child care facility owner
- Will have South Carolina Child Care Licensing requirements and government supplemental programs
- Professional Development Trainer for Early Care and Education

**Director -** The Director will be responsible for daily operations, curriculum oversight and management of all lead teachers/caregivers, marketing events/services, tutors/volunteers and part-time event staff.

- B.S. Degree in Education or Early Care and Education
- 5+ years managerial/supervisory experience
- 2 years facilities administration/support experience
- Extensive curriculum background
- Knowledge of Public Relations
- Technology/Computer skills and devices

## **XIII. FORECAST**

The following table will show a run-down on forecasted sales. For the first twelve months of operation, *The Daycare* has assumed a conservative enrollment due to the fact that school, afterschool care and child care placement has already taken place for the school year and most parents will be comfortable with their current arrangements. Consequently, we expect initial enrollment to be far less than anticipated future year levels.

An enrollment increase of approximately 3 children each month is expected until the start of March 2020. While this forecasted increase seems large by industry standards, it is a good estimate based on initial enrollment. Going into years 2 and 3, we expect that our presence will be known, convenience factor considered and we will then be considered as a choice by August 2019. In fiscal years 2020 80% and 90% of full enrollment is assumed respectively.

We expect to be open for business Spring 2019, starting with an initial enrollment of 10-15 children:

Full-time children at \$145 each per week and infants at \$165 per week. After-school students at \$90 each per week.

#### **XIV. DESCRIPTION OF BUSINESS LOCATION AND FACILITIES**

*The Daycare* will be located one mile from the West End side of downtown Greenville, South Carolina. The facility will consist of 3,000 square feet of space which will include 4 classrooms. There will be 1 infant room, 1 two & three year old room, 1 four year old room, and 1 multi-purpose room that will serve as an afterschool room. Each room will accommodate the proper amount of staff and children according to ratios provided by the South Carolina Department of Social Services.

#### **XV. STRATEGIC ALLIANCES**

As mentioned previously, *The Daycare* will seek to partner with nearby businesses, ie St. Francis Hospital located less than one mile from the facility near downtown Greenville to provide referrals of their existing employees. A discounted rate will be offered in this case.

**Cash Flow Statement**

\*\*\*Do Not Type In Blue Fields\*\*\*

First Month After Proposed CommunityWorks Loan Closes: 7/1/2019	JAN		FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP		OCT		NOV		DEC		Total
	At Closing	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	
Cash on hand and in banks	2500	18928	16196	13609	11907	10235	8545	6972	5497	4025	2545	1070	0	0	0	0	0	0	0	0	0	0	0	0	186465
Proposed Loan Proceeds from CommunityWorks	15000																								
Revenue																									
Sales		8640	12725	12160	12890	18835	16190	16670	23400	20000	25625	21760													
Total																									

Cash Paid Out	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Product-Food	500	500	500	500	500	500	500	500	500	500	500	500	5000
Director's Salary	2100	2100	2100	2100	2100	2100	2100	2100	2100	2100	2100	2100	25200
Employee wages	3400	3400	3400	3400	3400	3400	3400	3400	3400	3400	3400	3400	40800
Leasehold improvement													75500
Licensing													0
Signage	0												0
Supplies (office & product)	150	150	150	150	150	150	150	150	150	150	150	150	1800
Repairs & maintenance	200	200	200	200	200	200	200	200	200	200	200	200	2400
Marketing													0
Advertising													0
Car, delivery & travel													0
Accounting & bookkeeping	180	180	180	180	180	180	180	180	180	180	180	180	2160
Rent	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	18000
Telephone and internet	60	60	60	60	60	60	60	60	60	60	60	60	720
Utilities	200	200	200	200	200	200	200	200	200	200	200	200	2400
Insurance	200	200	200	200	200	200	200	200	200	200	200	200	2400
Taxes (real estate, etc.)	42	42	42	42	42	42	42	42	42	42	42	42	504
Federal Unemployment	280	280	280	280	280	280	280	280	280	280	280	280	3360
State Unemployment	100	100	100	100	100	100	100	100	100	100	100	100	1200
Fundraising													3360
Total	8520	8520	8520	8520	8520	8520	8520	8520	8520	8520	8520	8520	102240

Cash Paid Out (Net P&L)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Proposed loan payment to CommunityWorks (5 yrs)	400	400	400	400	400	400	400	400	400	400	400	400	4800
Capital purchases (specify)													0
Owners' draw													8400
Total	400	400	400	400	400	400	400	400	400	400	400	400	4800

At Closing	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
0	18928	16196	13609	11907	10235	8545	6972	5497	4025	2545	1070	0	186465

At Closing	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
15000													

At Closing	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
2500	18928	16196	13609	11907	10235	8545	6972	5497	4025	2545	1070	0	186465

At Closing	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
0	18928	16196	13609	11907	10235	8545	6972	5497	4025	2545	1070	0	186465

At Closing	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
0	18928	16196	13609	11907	10235	8545	6972	5497	4025	2545	1070	0	186465

At Closing	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
0	18928	16196	13609	11907	10235	8545	6972	5497	4025	2545	1070	0	186465

## Balance Sheet

	Year To Date
<b>Current Assets</b>	
Cash on hand and in banks	2500
Inventory	0
Accounts receivable (Money owed to the company from previous sales)	0
Pre-paid expenses (Payments the company has made for services that the company expects to use in the near future)	600
Other	
<b>Total</b>	<b>3100</b>
<b>Fixed Assets</b>	
Real estate owned by the business	0
Equipment and vehicles owned by the business	1089
All owner paid improvements to leased space	15789
Other	0
<b>Total</b>	<b>16878</b>
<b>Total Assets</b>	<b>19978</b>
<b>Current Liabilities</b>	
Accounts payable (Money owed by the business to suppliers for products and services received)	0
Accrued expenses (expenses that the business has already incurred but hasn't yet paid)	0
Income taxes payable	0
Any customer pre-payments or deposits	0
Balance of any credit card, line of credit, lease or other short term credit obligations used in the business that are scheduled to be paid within the next 12 months	1500
<b>Total</b>	<b>1500</b>
<b>Long-term Liabilities</b>	
Balance of any loan or lease obligations used for the business that are not scheduled to be paid in the next 12 months	850
<b>Total</b>	<b>850</b>
<b>Owner/Stockholder Contribution</b>	
Investment capital	17628
<b>Total</b>	<b>17628</b>
<b>Total Liabilities &amp; Owner/Stockholder Contribution</b>	<b>18478</b>

**Note: Total Assets Minus Total Liabilities Must Equal Total Equal Owner/Stockholder Contribution Equity;  
Column C and D, Row 43 will Be Green When Correct**

**Collateral Valuation**

Name of Collateral	Type of Collateral	Value in \$	Discounted Value
Equipment	Equipment	\$ 9,100.00	\$ 6,875.00
Vehicle	Vehicle	\$ 7,500.00	\$ 7,500.00
Resealhold improvements	Receivables	\$ 157,899.00	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>Total Values</b>		<b>\$ 32,389.00</b>	<b>\$ 14,325.00</b>



Date:

October 24, 2018

Description of Use	Sources of Funds				
	CommunityWorks	Owner Hard Equity (Pre- Owner Hard Equity (Post-Loan)	Owner Hard Equity (Post-Loan)	Other Lender	Total
Furniture, Fixtures, and Equipment Inventory	8,000.00	1,100.00			9,100.00
Leasehold Improvements		14,689.00			14,689.00
Signage					0.00
Working Capital	12,000.00		3,100.00		15,100.00
Marketing					0.00
Application Development					0.00
					0.00
					0.00
<b>Total</b>	<b>20,000.00</b>	<b>15,789.00</b>	<b>3,100.00</b>	<b>-</b>	<b>38,889.00</b>
<b>%</b>	<b>51.4%</b>	<b>40.6%</b>	<b>8.0%</b>	<b>0.0%</b>	<b>100.0%</b>

# Wells Fargo Business Choice Checking

Account number: [REDACTED] ■ August 1, 2018 - August 31, 2018 ■ Page 1 of 6

**WELLS  
FARGO**

[REDACTED]  
[REDACTED]  
[REDACTED]

## Questions?

Available by phone 24 hours a day, 7 days a week

Telecommunications Relay Services calls accepted

**1-800-CALL-WELLS** (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: [wellsfargo.com/biz](http://wellsfargo.com/biz)

Write: Wells Fargo Bank, N.A. (367)

P.O. Box 6995

Portland, OR 97228-6995

## Your Business and Wells Fargo

Access complimentary resources and tools to help you create or revise your business plan - whether you're an experienced business owner or just starting out. Find out more at [wellsfargoworks.com/plan](http://wellsfargoworks.com/plan).

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com/biz](http://wellsfargo.com/biz) or call the number above if you have questions or if you would like to add new services.

Business Online Banking   
Online Statements   
Business Bill Pay   
Business Spending Report   
Overdraft Protection



## IMPORTANT ACCOUNT INFORMATION

In the "Available balance, posting order, and overdrafts" section of the Deposit Account Agreement under the question "How do we process (post) transactions to your account?", we are replacing the paragraph beginning with "Your available balance will be reduced by pending withdrawals" to include a new fee waiver, as follows:

Your available balance will be reduced by pending withdrawals, such as debit card transactions we have authorized and must pay when they are sent to us for payment. If your account has insufficient funds as reflected by your available balance, the bank may assess overdraft and/or non-sufficient funds (NSF) fees on transactions we pay or return during nightly processing. A pending transaction will typically remain pending until we receive it for payment from your account, but we must release the pending transaction hold after three business days for most transactions. These pending transactions may be sent to us for payment after they have dropped from your account, but we must pay them when we receive them for payment.

In some circumstances, previously-authorized transactions may be paid into overdraft if other transactions or fees have reduced your balance before the pending transactions are sent to us for payment. To minimize the number of overdraft fees in these circumstances, we track transactions that reduced your available balance while pending and caused overdraft fees on other transactions. If these transactions are presented for payment within 10 business days after they first appeared as pending, we will waive any overdraft fees on those transactions. In rare circumstances, the merchant presents transactions for payment with a different identification code than



was used when the transaction was sent for authorization and we are unable to match them. In those cases, you may be charged an overdraft fee if the transaction is paid into overdraft.

In addition, in the "Available balance, posting order, and overdrafts" section of the Deposit Account Agreement under the heading "IMPORTANT INFORMATION ABOUT FEES," we added the following:

We track transactions that reduced your available balance while pending and caused overdraft fees on other transactions. If these transactions are presented for payment within 10 business days after they first appeared as pending, we will waive any overdraft fees on those transactions. In rare circumstances, the merchant presents transactions for payment with a different identification code than was used when the transaction was sent for authorization and we are unable to match them.

**Activity summary**

Beginning balance on 8/1	\$1,251.10
Deposits/Credits	7,647.00
Withdrawals/Debits	- 6,185.47
<b>Ending balance on 8/31</b>	<b>\$2,712.63</b>
Average ledger balance this period	\$3,430.64

Account number: [REDACTED]  
 [REDACTED]  
 South Carolina account terms and conditions apply  
 For Direct Deposit use  
 Routing Number (RTN): 053207766  
 For Wire Transfers use  
 Routing Number (RTN): 121000248

**Overdraft Protection**

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

**Transaction history**

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
8/1		Purchase authorized on 08/01 WM Super Wal-Mart Sup Greenville (W SC P00000000183755644 Card 9190		23.30	
8/1		Purchase authorized on 08/01 Dollar-General # 2600 and Greenville SC P00308213657531903 Card 9190		5.30	1,222.90
8/2		Purchase authorized on 08/02 Quiktrip Corpor Greenville SC P00000000876395702 Card 9190		25.00	
8/2		Purchase authorized on 08/02 Cracker Barrel # 591 High Piedmont SC P00588214803321991 Card 9190		24.47	
8/2		Cardmember Serv Web Pymt 180801 *****7660		143.00	
8/2		Synchrony Bank CC Pymt Aug 01 801921131603151		156.00	872.03
8/6		Withdrawal Made In A Branch/Store		660.00	12.03
8/10		Edeposit IN Branch/Store 08/10/18 04:28:10 Pm 5820 Calhoun Memorial Hwy Easley SC 9190	7,647.00		
8/10		Purchase authorized on 08/10 Wal-Mart #3192 Greenville SC P00000000589211902 Card 9190		37.08	7,621.95
8/13		Purchase authorized on 08/10 Outback 4128 Easley SC S388222751413000 Card 9190		35.38	
8/13		Purchase authorized on 08/11 Jcpenney 0895 Greenville SC S388223773965180 Card 9190		124.21	
8/13		Purchase authorized on 08/11 Kids Foot Locker 0 Greenville SC S468223787341326 Card 9190		137.80	
8/13		Purchase authorized on 08/11 Rack Room Rack Room Sh Greenville SC P0000000037053661 Card 9190		71.53	
8/13		Purchase authorized on 08/11 The Childrens Place 08 Greenville SC P00000000877520767 Card 9190		38.16	