

# Business Narrative Form

ITIN Self-Employed



1. Name of business: \_\_\_\_\_
2. Number of owners: \_\_\_\_\_
3. Service or Product provided: \_\_\_\_\_
4. Date business started: \_\_\_\_\_
5. Business legal structure:  
\_\_\_\_ Partnership    \_\_\_\_ Corporation    \_\_\_\_ Sub-S Corporation    \_\_\_\_ Limited Liability Company
6. Business location: (insert address of primary location) \_\_\_\_\_  
A. Is the space a \_\_\_\_ residence or \_\_\_\_ commercial/warehouse?
7. Number of business locations: \_\_\_\_ one    \_\_\_\_ 2-5    \_\_\_\_ greater than 5
8. Are these locations \_\_\_\_ owned or \_\_\_\_ leased?
9. Number of employees: \_\_\_\_ 0-5    \_\_\_\_ 6-10    \_\_\_\_ 11-25    \_\_\_\_ greater than 25 – describe: \_\_\_\_\_
10. Any machinery or equipment required for business operations: \_\_\_\_\_
11. Does the business require inventory (raw material or finished goods) to generate sales? \_\_\_\_ Yes    \_\_\_\_ No  
A. If yes, describe the inventory and turnover ratio: \_\_\_\_\_

Date

Email & Phone No.

Title

Signature

\*can be completed by the borrower(s)