

QUARTERLY INTANGIBLE ASSET IMPAIRMENT REVIEW STATEMENT

Statement Template for Intangible Asset Accounts

Company Name:

Review Date:

Reporting Period:

Reviewing Accountant:

1. ASSET IDENTIFICATION & IMPAIRMENT ASSESSMENT

ASSET ID	ASSET DESCRIPTION / CATEGORY	CARRYING VALUE (A)	RECOVERABLE AMOUNT (B)	IMPAIRMENT LOSS (A - B)	IMPAIRMENT REQUIRED?	METHODOLOGY USED

2. KEY ASSUMPTIONS & QUALITATIVE INDICATORS REVIEWED

3. ACTIONS & ADJUSTMENTS REQUIRED

Prepared By (Signature & Date)

Reviewed By (Signature & Date)

Authorized Approver (Signature & Date)