Debto	rs Name	
D/B/A	\:	
Case #	#:	<del></del>
		CHAPTER THIRTEEN BUSINESS CASE QUESTIONNAIRE
includ	le case n	ONS: Complete the entire form attaching additional pages as necessary. Please umber, debtor's name and the question number on any additional pages. All mation, unless otherwise stated, is to be as of the bankruptcy filing date.
	=	d form, along with copies of all applicable requested documents, must be presented. Staff Attorney or Business Examiner.
1.	DESC	RIPTION OF THE BUSINESS
	a.	Name of the business:(List any past names also)
	b.	Address or location of the business:
	c.	Name of owner(s):
	d.	Main product and/or service:
	e.	Is the Business a: sole proprietorship partnership corporation
		sub-chapter S corporation Federal ID #
	f.	When did your business begin operations?
	g.	Are you leasing office space? Yes No
		If yes, do you intend to continue with the lease? Yes No

	h.	Are you le	easing any business equi	pment?	Yes	No		
		If yes prov	vide a copy of the lease a	agreement.				
		Continue	Lease: Yes	No				
	i.	Is your bu	siness seasonal?	Yes	1	No		
		If yes ider	ntify the good and bad m	onths.	···			
	j.		pledged your receivable? Yes			ash as collateral for		
2.		VALUE OF THE BUSINESS (This section must be completed or the Trustee will not recommend confirmation)						
	a.	Describe each asset with a value over \$500.00, using a separate page. Include the original cost, age and estimated current market value of each asset.						
	b. c.	If applical What is the	ble, estimate the market ne estimated market valu	value of your ue of your acco	inventory. \$ ounts receiva	able. \$		
	d.	ESTIMAT	ED VALUE OF THE BUS	INESS, INCLUI	DING INTAN	GIBLE PROPERTY.		
		\$						
3.		DESCRIPTION OF ALL BANK ACCOUNTS TO WHICH YOU HAVE ACCESS. (Use a separate sheet if necessary)						
	1.	Provide <u>COPIES</u> of bank statements and all canceled checks for each account for the three months immediately prior to the Chapter 13 filing.						
	2.	Are you t	he only authorized signa	atory(ies) on th	e accounts?	Yes No		
		If no, ide	ntify who else is authori	zed to sign				
	Bank l	Name	Account No.	Type of A	ccount	Purpose		
		-	**					
	*,**,*	:		,				

# 4. LIST ALL FULL AND PART TIME EMPLOYEES

Use a separate page as required

Name	Position	Monthly Salary/ Hourly rate	Part Time/ Full Time

## 5. PAYROLL TAX REPORTS

Provide **COPIES** of IRS Form 941 for the four quarters prior to filing for all employees.

### 6. SALES TAXES

If applicable, provide **COPIES** of proof of payment of sales taxes for the 3 months prior to the month your case was filed.

### 7. FEDERAL TAX RETURNS

Provide <u>COPIES</u> of your personal and business federal tax returns, along with all supporting schedules for the last two (2) years. Also include copies of any W-2's or 1099's you received. If you receive income from tips that is not included on your W'2, include copies of IRS Form 4137.

The following returns are unfiled as of this date:	
Federal Income taxes for tax years	
Federal 940 or 941 returns for tax quarters/years	
Federal FUTA returns for tax quarters/years	
Other Federal taxes	

#### 8. LICENSES OR PERMITS

If applicable to your business, provide **COPIES**, of any license or permit you are required to have to stay in business.

## 9. INSURANCE

If applicable provide **COPIES** of proof of the following:

- a. Business operation liability insurance
- b. Worker's compensation insurance
- c. Vehicle insurance
- d. Liquor liability insurance

e. Real and/or personal property insurance f. Other					
PROFIT AND LOSS STATEMENT					
rovide <b>COPIES</b> of the two most recent P&L statements (income statements) for your business					
1. BALANCE SHEET					
rovide <b>COPIES</b> of the two most recent balance sheets for your business.					
2. STATEMENT OF CASH FLOW					
rovide <b>COPIES</b> of the two most recent statements of cash flow for your business.					
In addition you must make the following available (as applicable):					
<ol> <li>Depreciation schedules.</li> <li>Inventory records.</li> <li>General ledger.</li> <li>List of receivables and payables.</li> <li>Corporate minutes books.</li> <li>Financial statements given to third parties.</li> <li>Information received on any investigations being conducted by a government entity.</li> <li>Access to all assets.</li> </ol>					
Twe declare under penalty of perjury that the foregoing statement of information is true and correct to the best of my/our knowledge, information and belief.					
Jame:					
ignature: Date:					
lame:					
ignature: Date:					
Upon review of submitted documentation, the Trustee may request additional financial					

working days.