

OFFICE OF THE CHAPTER 13 TRUSTEE
P.O. BOX 10556
SAVANNAH, GA 31412

Phone: (912) 234-5052
(800) 292-2811

Fax: (912) 232-8824

BUSINESS CASE QUESTIONNAIRE AND REQUEST FOR DOCUMENTATION

INSTRUCTIONS

The questionnaire attached should be completed in its entirety **FOR EACH BUSINESS OWNED** and immediately submitted to the Office of the Chapter 13 Trustee, Attention: Cheryl Key, Post Office Box 10556, Savannah, GA 31412. **Only information directly related to your business is to be submitted. Do not include personal information unless specifically requested.** All questions should be answered, none omitted, and all documents requested must be attached or reasons given for not complying. If questions, or requested documents are not applicable to your business then you should so state and give reasons.

The purpose of this questionnaire is to provide the Chapter 13 Trustee sufficient information upon which to conclude that the business, whether a corporation, a partnership, LLC, or a proprietorship that provides all or a portion of the funds to meet required plan payments is viable and can be expected to perform accordingly.

Failure to submit the attached document in a timely manner may result in a motion to dismiss your case since no recommendation can be made to the court without a completed Questionnaire, including requested documents.

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BUSINESS CASE QUESTIONNAIRE AND REQUEST FOR DOCUMENTATION
USE BACKS OF THESE SHEETS FOR EXPLANATIONS IF NEEDED

DATE:

CASE NO.

1. Debtor Name(s): _____
2. Trade name of business: _____
3. Corporate name of business: _____
4. Organization: (Circle) S Corp C Corp Proprietorship Partnership LLC
5. Percent of business owned by debtor: _____
6. Federal ID Number: _____
7. Business type: (Circle) Wholesale Retail Transportation Service Construction Other
8. Main product, service, or specialty: _____
9. Business street address: _____
10. Is business seasonal? _____ If yes, please explain: _____
11. Date business started: _____ Is business continuing to operate? _____
12. Has a separate bank account been used for business transactions? _____
13. Was bankruptcy filing caused by issues with the business? Yes No If yes, please
explain _____
14. Do you plan to continue to operate your business? Yes No Undecided
15. What changes in your business, if any, do you expect to make? _____
16. Will suppliers provide short term credit? Yes No If yes, give terms: _____

EMPLOYMENT BY BUSINESS

1. Other than debtor, how many persons (including independent contractors) are employed by the business when operating at full capacity ? Do not include spouse. _____
2. How many of those in question 1. currently work at or for the business ? _____
3. Is debtor's pay by regular payroll **or** is it by withdrawals when available ? _____
4. As required by law, will the business withhold social security and income tax from employees pay and remit to the state and federal governments ? Yes _____ No _____ If no please explain.

5. Will business withhold from debtor's pay ? Yes _____ No _____
6. Will the debtor make estimated tax payments ? Yes _____ No _____
7. Will business issue year end 1099s to independent contractors ? Yes _____ No _____

BUSINESS FINANCIAL INFORMATION

Name of person or firm responsible for maintaining financial records.

Which of the following records are, or have been, maintained ?

Cash receipts journal	yes	no
Cash disbursements journal	yes	no
Accounts receivable	yes	no
Accounts payable	yes	no
Payroll records	yes	no
Inventory ledger	yes	no
Balance sheet P&L Statement	yes	no

Are you now in possession of the foregoing records ? If not, who has possession ?

Name of person or firm that prepares financial statements for the business ?

What is the date of the last financial statement prepared ?

For what year was the last tax return prepared ?

What outside accountants and/or tax preparors do you use ? Please give names of individuals and firms.

Complete the following using your best **estimate of future monthly BUSINESS income and expense**. Do not include payments covered under Chapter 13 plan and do not include the plan payment. Be sure to include direct payments outside the plan to creditors of your business. **ALL FIGURES PRESENTED BELOW ARE UNDERSTOOD TO BE BEST ESTIMATES.** Amounts paid or received annually should be divided by 12; quarterly should be divided by 3; semi- annually should be divided by 6, etc.

AVERAGE FUTURE GROSS MONTHLY BUSINESS INCOME	\$ _____
AVERAGE FUTURE MONTHLY PURCHASE OF MERCHANDISE INVENTORY	\$ _____
AVERAGE MONTHLY PAYMENT FOR MATERIALS AND SUPPLIES	\$ _____
RENT OR MORTGAGE PAYMENT ON BUSINESS LOCATION	\$ _____
MONTHLY PAYROLL (OTHER THAN DEBTOR AND FAMILY)	\$ _____
MONTHLY LEGAL, ACCOUNTING, OR OTHER PROFESSIONAL FEES	\$ _____
MONTHLY BUSINESS EXPENSE FOR TRAVEL	\$ _____
MONTHLY PAYMENT FOR BUSINESS LOCATION UTILITIES	\$ _____
MONTHLY PAYMENT FOR BUSINESS TELEPHONE & CELL PHONES	\$ _____

MONTHLY PAYMENT FOR REPAIRS & MAINTENANCE (not vehicles) \$ _____

MONTHLY PAYMENT FOR BUSINESS INSURANCE \$ _____

MONTHLY PAYMENT TO STATE FOR SALES TAXES \$ _____

MONTHLY PAYMENT TO IRS AND STATE FOR PAYROLL TAXES \$ _____

MONTHLY PAYMENT TO IRS AND STATE FOR BUSINESS INCOME TAXES \$ _____

MONTHLY PAYMENT FOR OTHER TAXES: _____ \$ _____

BUSINESS VEHICLE EXPENSE (GAS, OIL, TIRES, REPAIRS, TAGS, ETC) \$ _____

OTHER MONTHLY EXPENSES OF BUSINESS: _____ \$ _____

MONTHLY PAYMENT FOR BUSINESS EXPENSES: **(OUTSIDE CHAP 13 PLAN)**

DESCRIBE BELOW

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

BALANCE SHEET see attached statement of assets, liabilities, and capital

INSURANCE, TAXES, LICENSES, AND OTHER DOCUMENTS

ATTACH TO THIS QUESTIONNAIRE COPIES OF THE DECLARATIONS PAGE OF EACH INSURANCE POLICY THAT COVERS ITEMS USED BY THE BUSINESS, WHETHER TITLED IN THE BUSINESS NAME OR IN YOUR NAME PERSONALLY. THESE MAY INCLUDE, BUT NOT LIMITED TO BUILDINGS; INVENTORY; FURNITURE; FIXTURES; MACHINERY; EQUIPMENT; AUTOS; TRUCKS; BOATS; AND **BUSINESS LIABILITY AND WORKERS COMPENSATION**. IF NOT ATTACHED, PLEASE STATE REASON(S) FOR NOT COMPLYING.

ATTACH COPIES OF **BUSINESS (IF APPLICABLE) AND PERSONAL TAX RETURNS** FILED FOR THE MOST RECENT YEAR AS WELL AS FOR THE PREVIOUS THREE YEARS. INCLUDE **DEBTOR(S) W-2, K-1, AND 1099 FORMS** AS WELL AS DEPRECIATION AND ALL OTHER SUPPORTING SCHEDULES. **IF NOT ATTACHED GIVE REASON(S) FOR NOT COMPLYING.**

ATTACH COPIES OF PAYROLL TAX RETURNS, FORM 941, FOR THE MOST RECENT THREE QUARTERS. **ALSO ATTACH COPIES OF 1099 FORMS ISSUED TO ANY WORKERS FOR THE PREVIOUS YEAR.** **IF NOT ATTACHED GIVE REASON(S) FOR NOT COMPLYING.**

ATTACH COPIES OF SALES TAX REPORTS FOR THE MOST RECENT THREE MONTHS. **IF NOT ATTACHED GIVE REASON(S).**

ATTACH A COPY OF CURRENT BUSINESS LICENSE AND ANY OTHER LICENSE OR PERMITS REQUIRED TO LEGALLY OPERATE YOUR BUSINESS. **IF NOT ATTACHED GIVE REASON(S).**

ATTACH COPIES OF MOST RECENT **BUSINESS OR PERSONAL STATEMENT OF ASSETS LIABILITIES AND CAPITAL AND/OR INCOME STATEMENT** PREPARED FOR ANY CREDITOR OR FOR YOUR OWN USE. **IF NOT ATTACHED GIVE REASON(S).**

ATTACH COPIES OF BUSINESS AND PERSONAL MONTHLY BANK STATEMENTS (ALL PAGES, BUT NOT CHECKS, FOR THE MOST RECENT THREE MONTHS). **IF NOT ATTACHED GIVE REASON(S).**

DO NOT SEND ORIGINALS OR COPIES OF CHECKS AND DEPOSIT SLIPS.

ALL ABOVE DOCUMENTS SHOULD BE COPIES AS ORIGINALS CANNOT BE RETURNED

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I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Debtor

Date

Signature of Joint Debtor

Debtor Daytime Phone # _____

BUSINESS STATEMENT OF ASSETS, LIABILITIES, AND CAPITAL

AS OF THE DATE THIS CASE WAS FILED _____

ASSETS

CASH \$ _____

ACCOUNTS RECEIVABLE _____

INVENTORY _____

LAND & BUILDINGS _____

TOOLS, MACHINERY, AND EQUIPMENT _____

AUTOS & TRUCKS _____

FURNITURE, FIXTURES, AND SUPPLIES _____

LOAN TO OWNER / STOCKHOLDER _____

OTHER: _____

TOTAL ASSETS (A) \$ _____

LIABILITIES

ACCOUNTS PAYABLE \$ _____

TAXES PAYABLE _____

MORTGAGES PAYABLE _____

NOTES PAYABLE _____

LOAN FROM OWNER / STOCKHOLDER _____

OTHER LIABILITIES: _____

TOTAL LIABILITIES (B) \$ _____

OWNER / STOCKHOLDER EQUITY (A) MINUS (B) \$ _____