

Nancy K Neidich, Esquire  
Standing Chapter 13 Trustee  
P.O. Box 279806, Miramar, Florida 33027

**INSTRUCTIONS:** All business debtors must complete the entire form as required by U.S.C. §1302(c). Use additional pages if necessary. Please complete the case number and debtor's name on all additional pages. All financial information, unless otherwise stated, is to be as of the bankruptcy filing date. **Blank spaces will be assumed to be none or not applicable.**

**IMPORTANT**

This Questionnaire along with COPIES of all documents requested, must be provided to the Trustee in a timely manner. All documents must be received for review by the Trustee's office 7 days prior to the 341 meeting of creditors.

**1. DESCRIPTION OF BUSINESS**

a) Type of business:

- 1099 employee     sole proprietorship     partnership     corporation  
 sub chapter S corporation     other: \_\_\_\_\_

b) Main product and/or service (provide brief description)

\_\_\_\_\_

c) Name(s) of business: \_\_\_\_\_

d) Address or location of business: \_\_\_\_\_

debtor's residence \_\_\_\_\_

e) Name of all owner(s) and percentage of ownership: Debtor \_\_\_\_\_%

Co-Debtor \_\_\_\_\_%

f) Federal ID Number (not personal SS#): \_\_\_\_\_

g) When did the business begin operations? \_\_\_\_\_

i) Business was  purchased or  a start-up.

If purchased, date of purchase \_\_\_\_\_, amount paid \$ \_\_\_\_\_,  
amount owing on purchase \$ \_\_\_\_\_ (provide copy of purchase agreement)

h) Is business seasonal?     No     Yes, below: identify good and bad seasons and why

\_\_\_\_\_

Debtor's Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**BUSINESS CASE EXAMINATION QUESTIONNAIRE**

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**2. DESCRIPTION OF ASSETS**

There are no assets in the name of the business

a) Estimate the value of the physical assets held by the business \$ \_\_\_\_\_  
On a separate page, list each asset valued over \$1000.00 with a description of the asset, the original cost, the age of the asset, if it was purchased new or used and the current market value.

b) Estimate the market value of your inventory \$ \_\_\_\_\_

c) Estimate the value of your accounts receivables \$ \_\_\_\_\_

d) Estimate the value of your business, including good will \$ \_\_\_\_\_

e) What is the balance in your business bank account(s) \$ \_\_\_\_\_

**3. LEASES AND LIENS IN THE BUSINESS NAME**

f) Are you leasing office space? No Yes  
If yes, do you intend to assume/continue with the lease? No Yes

g) Are you leasing any business equipment? No Yes  
If yes, on a separate page, describe each piece of equipment and the creditor's name and address, and the terms of the lease.

h) Have you pledged your receivables, rents, profits, or other cash as collateral for any loans? No Yes  
If yes, on a separate page, provide the creditor's name and address and the terms of the loan.

**4. DESCRIPTION OF ALL BANK ACCOUNTS TO WHICH YOU HAVE ACCESS**

Use a separate page if necessary.  There are no business bank accounts

a) Provide COPIES of bank statements and all cancelled checks for each account for the three months immediately prior to the Chapter 13 filing.

b) Are you the only authorized signatory(ies) on the account(s)? No Yes

1. If no, specify who else is an authorized signatory. \_\_\_\_\_

Bank name	Account #	Type: checking/saving	Purpose/use

**5. LIST ALL FULL AND PART TIME EMPLOYEES**

There are no employees

a) Complete below, attach separate page if additional employees

Employee's Name	Position/function	Salary/hourly rate	Type check all that apply
			<input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Seasonal
			<input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Seasonal
			<input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Seasonal
			<input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Seasonal
			<input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Seasonal

b) PAYROLL TAX REPORTS

If you have any employees, provide COPIES of IRS form 941 for the 4 quarters prior to filing and State of Florida UCT 6 form for the 6 months prior to filing your Chapter 13 petition.

**6. FEDERAL TAX RETURNS**

Business does not file separate tax returns

Provide COPIES of your personal and business federal tax returns, along with all supporting schedules, for the last three years.

**7. LICENSES**

No licenses are required for the debtor's business.

If applicable to your business, provide COPIES to prove that you hold a current valid state or federal license to conduct your business, such as a) Business license b) Seller's permit c) Contractor's license , etc

**8. INSURANCE**

The business is not insured

If applicable to your business, provide COPIES to prove that you hold insurance for your business, such as a) Business operation liability insurance b) Worker's compensation insurance c) Vehicle insurance d) Liquor liability insurance e) Real and/or personal property insurance, etc

**9. PROFIT AND LOSS STATEMENT**

Provide a COPY of the most recent profit and loss statement (income statement) for this business.

**10. BALANCE SHEET**

Provide a COPY of the most recent balance sheet for this business.

DECLARATION UNDER PENALTY OF PERJURY BY DEBTOR

I (we) declare under penalty of Perjury that I (we) have answered all questions and provided all applicable documents pertaining to this business case examination questionnaire in good faith and that said answers and documents are true and correct. I further understand that all blank questions are assumed to be not applicable and I affirm that I have disclosed all the assets, liabilities and information regarding this business

Dated this \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_  
Name (typed or clearly written)

Dated this \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_  
Name (typed or clearly written)