

THE ATTACHED INFORMATION SHOULD BE
FILLED IN COMPLETELY AND RETURNED TO:

MARY IDA TOWNSON
Standing Chapter 13 Trustee
(Attn: _____, Esq.)
191 Peachtree Street, N.E.
Suite 2200
Atlanta, GA 30303-1740

Failure to Return Forms Will Result in a Motion to Dismiss Your Case.

Check the following being returned:

- | | |
|---|--|
| <input type="checkbox"/> Business Debtor Questionnaire | <input type="checkbox"/> Copies of GA Form 500-ES and record of payments. (See Questionnaire Item 9B.) |
| <input type="checkbox"/> Copies of last two (2) years of annual financial statements, if applicable. (See Questionnaire Item 6D.) | <input type="checkbox"/> Copies of Form 941/"Employer's Quarterly Federal Tax Refund" for the past two (2) years. (See Questionnaire Item 9C.) |
| <input type="checkbox"/> Copies of past twelve (12) months of financial statements, income and expense reports, profit and loss, or other monthly operating reports. (See Questionnaire Item 6E.) | <input type="checkbox"/> Copies of Form 940, "Employer's Annual Federal Unemployment (FUTA) Tax" returns for the past two (2) years. (See Questionnaire Item 9C.) |
| <input type="checkbox"/> Copies of the attached Business Report of Income Cash and Expenses for each of the last four (4) months. (See Questionnaire Item 6E.) | <input type="checkbox"/> Copies of all Forms 1099 filed in past two (2) years. (See Questionnaire Item 9D.) |
| <input type="checkbox"/> Copies of all bank/money market/investment accounts for the past three (3) months. (See Questionnaire Item 7A) | <input type="checkbox"/> Copies of State of Georgia Form DOL-4 "Employer's Quarterly Tax and Wage Report" for the past two (2) years. (See Questionnaire Item 9E.) |
| <input type="checkbox"/> Copies of validated bank deposits for payroll taxes for the past six months. (See Questionnaire Item 8C.) | <input type="checkbox"/> Copies of all Sales and Use Tax Forms (Form ST-3, for example) for the past two (2) years. (See Questionnaire Item 9F.) |
| <input type="checkbox"/> Copies of past two (2) years federal and state income tax returns. (See Questionnaire Item 9A.) | <input type="checkbox"/> Copies of all current insurance policies or binders. (See Questionnaire Item 10.) |
| <input type="checkbox"/> Copies of Form 1040-ES and record of payments. (See Questionnaire Item 9B.) | <input type="checkbox"/> Copies of all business licenses. (See Questionnaire Item 11.) |

Date returned: _____

Dear **:

Please complete this questionnaire regarding your business. This form will assist the Chapter 13 Trustee's office with administering your case.

Your case number: _____

Your name: _____

Social Security No. _____

Spouse's name: _____

Social Security No. _____

Attorney's name: _____

Date: _____

1. What circumstances caused you to file Chapter 13 Bankruptcy?

2. Do you have income from more than one business? ___Yes ___No

If yes, what is the other business? _____

3. Do you have any source of income other than your business? ___Yes ___No

If yes, what is the source of your other income? _____

4. Description of Business

A. Name of Business: _____

B. Location of Business:

Street Address _____

City and State _____

Mailing address if different than location

C. Main product or service (be specific)

5. Business Organization

A. Is your business a:

Sole proprietorship ____, Partnership ____, Corporation ____, LLC ____

B. Names of Owners of Business:

-
- C. When did the current business start operating? _____
- D. Do you believe the business will make a profit each month for the next three (3) years? ____ Yes ____ No
- E. Do you have a budget? ____ Yes ____ No
- F. Do you believe the business will generate enough cash flow to pay current operating costs on a timely basis and also make the payments required under the plan for the next three years?
____ Yes ____ No
- G. What is the yearly gross business income? _____
- H. Is your business seasonal? ____ Yes ____ No
If yes, what are your good months? _____
What are your slow months? _____

6. Business Records

- A. Who maintains the accounting records for the business?
Name _____
Address _____
Telephone number _____
- B. Is the person a: (1) CPA? ____ Yes ____ No
(2) Bookkeeper? ____ Yes ____ No
(3) Family member? ____ Yes ____ No
- C. Are the accounting records for the business kept on a computer?
____ Yes ____ No
If yes, type of software used: _____
- D. Do you prepare annual financial statements/reports? ____ Yes ____ No
If yes, include a copy of the past two (2) years statements/reports.
- E. Do you prepare monthly financial statements, income and expense reports, profit and loss, or any other monthly operating reports?
(1) If yes, you must include a copy of the last twelve (12) months of reports.
(2) **If no, complete the attached Business Report of Income (Cash) and Expenses for each month of the prior four (4) months.**

7. Business Property

A. Description of all bank/money market/investment accounts to which you have access:

Bank name: _____

Account number: _____

Type and purpose of account _____

Signers on account _____

Bank name: _____

Account number: _____

Type and purpose of account _____

Signers on account _____

Bank name: _____

Account number: _____

Type and purpose of account _____

Signers on account _____

List any additional on a separate piece of paper. Provide copies of all bank account statements for the three (3) months prior to filing the Chapter 13 case.

B. Do you reconcile your cash accounts? ____ Yes ____ No

If yes, how often? _____

Name of person reconciling accounts _____

C. What is the total of your accounts receivable? _____

(1) What is the aging? Current Amount _____

Over 30 days _____

Over 60 days _____

Over 90 days _____

(2) List all accounts with amounts that you believe will not be collected.

D. Have you pledged your receivables, rents, profits, or other cash as collateral for any loans? ____ Yes ____ No

If yes, list what you pledged and to whom: _____

E. Do you have inventory in your business? ____ Yes ____ No

(1) If yes, what is its value? _____

(2) How often is a physical inventory taken? _____

(3) How do you value the cost of your inventory?

____ actual cost ____ estimated cost ____ standard cost

F. Have you prepaid any business expenses or made any business deposits?

____ Yes ____ No

If yes, identify. _____

G.

List of Business Assets
(Examples: tools, equipment, furniture, fixtures, computers, etc.)
Omit Items with values less than \$250

Description of Asset	Date Purchased	New Or Used	If Used, Age	Cost to Purchase	Current (FMV) Fair Market Value	Amount Owed On Asset

*Fair market value – what you could sell it for in its present condition.

- H. Do you operate your business from your home? ___ Yes ___ No
- I. Do you lease or rent space for your business? ___ Yes ___ No
 (1) If yes, is it your intention to continue with the lease or rental agreement? ___
 Yes ___ No
- (2) Name of Lessor: _____
 Address of Lessor: _____

- J. Do you have a mortgage on your business or office space? (Do not include mortgage or personal residence.)
 ___ Yes ___ No
 If yes:
 (1) Name of mortgage company: _____
- (2) Monthly mortgage payment: _____
 Real estate taxes included ___ Yes ___ No
 If no, amount per month _____
 Property Insurance included ___ Yes ___ No
 If no, amount per month _____
 Terms of mortgage:
 Origination date _____
 Last payment date _____
- K. Are you leasing business equipment? ___ Yes ___ No
 If yes, is it your intention to continue with the lease? ___ Yes ___ No
 (1) Items Leased _____
 (2) Name of Lessor: _____
 (3) Address of Lessor: _____
 (4) Terms of Lease _____

8. Liabilities

- A. Provide the total accounts payable for month-end.

	<u>Prior Month</u>	<u>Current Month</u>
Current	_____	_____
Over 30	_____	_____
Over 60	_____	_____
Over 90	_____	_____
Total	=====	=====

- B. Do you make payments on any other business debt not previously listed?
 ___ Yes ___ No

If yes, list to whom paid, amount paid, and frequency of payments.

9. Employees:

A. List all full-time and part-time employees:

Name of Employee	Position/ Function	Monthly Salary	Part Time/ Full Time	Is this employee related to you? Yes/No

**B. List dates and amounts paid and amounts and dates of payroll tax deposits.
(Attach photocopies of validated bank deposits for the past six (6) months.)**

<u>Payroll for the Period Ended</u>	<u>Amount of Payroll</u>	<u>Date Paid</u>	<u>Amount of Payroll Taxes</u>	<u>Date Deposited</u>

C. List the amount and due date of any **unpaid payroll taxes for state and/or federal unemployment taxes.**

<u>State/Federal</u>	<u>Due Date</u>	<u>Amount</u>

Name of person preparing payroll tax returns: _____

Name of person making payroll tax deposits: _____

D. Do you use independent contractors? ____ Yes ____ No

E. List the amount and due date of any **unpaid sales taxes for each state.**

<u>State</u>	<u>Due Date</u>	<u>Amount</u>

9. Tax Returns

- A. Do you file Federal/State income tax returns? ___ Yes ___ No
If yes, attach copies of the last two (2) years. Include both Federal and State copies with all schedules.
- B. Do you file Form 1040-ES, "Estimated Tax for Individuals?"
___ Yes ___ No
If yes, include copies of record of payment including proof of payment.

Do you file Form 500-ES, "Georgia Estimated Tax for Individuals?"
___ Yes ___ No
If yes, include copies of record of payment including proof of payment.
- C. Do you file Form 941, "Employer's Quarterly Federal Tax Return?"
___ Yes ___ No
If yes, furnish copies of previous two (2) years returns including Form 940, "Employer's Annual Federal Unemployment (FUTA) Tax Return. If yes, also include proof of payment of taxes.
- D. Do you file Form 1099's on your independent contractors?
___ Yes ___ No
If yes, include copies of those filed in the past two (2) years.
- E. Do you file State of Georgia Form DOL-4, "Employer's Quarterly Tax and Wage Report?" ___ Yes ___ No
If yes, include copies of previous two (2) years returns.
- F. Do you file "Sales and Use Tax" reports (for example, Form ST-3)?
___ Yes ___ No
If yes, include copies of all reports filed for past two (2) years.
- G. Are any federal or state tax returns being audited? ___ Yes ___ No

10. Insurance Coverage

What insurance is in force and amount of coverage (through what dates) for the business? Attach a copy of policy or card.

	<u>Amount</u>	<u>Through (date)</u>
A. Workers Compensation Insurance	_____	_____
B. General Liability	_____	_____
C. Liquor Liability	_____	_____
D. Fire/Extensive Coverage	_____	_____
E. Property Insurance	_____	_____
F. Theft Insurance	_____	_____
G. Vehicle Insurance	_____	_____
H. Other: (State Types)	_____	_____

11. Licenses:

- A Provide check if you have any of the following and attach a copy.
- (1) Business License (If a business license is not required for your business, please explain why.) _____
 - (2) Seller's permit: _____
 - (3) Contractor's license: _____
 - (4) Liquor license: _____
 - (5) Other license currently used: _____

I/We 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.

Dated: _____

Debtor 1 Signature

Debtor 2 Signature