

Debtor's Name: _____

Case Number: _____

BUSINESS EXAMINATION QUESTIONNAIRE

Office of the Chapter 13 Standing Trustee, Isabel C. Balboa, Esquire

INSTRUCTIONS: A business questionnaire should be completed, signed, and filed for EACH business the Debtor(s) has/have has within *the two (2) years prior to filing*. Documents requested need to be for *the six (6) month period prior to filing* and should be filed *no later than seven (7) days prior to the first scheduled 341(a) Meeting of Creditors*. Documents should be uploaded at www.standingtrustee.com under "Trustee Filing System." All documents filed should be redacted in accordance with Fed. R. Bankr. P. 9037. Complete ALL questions in as much detail as possible.

Please initial in the space indicated before each question to verify that you read each question.

Initial	Reason for Filing Chapter 13:	

BUSINESS DESCRIPTION

Initial	Business Name:		
Initial	EIN #		
Initial	Nature of Business:		
Initial	Business Type:	<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Sub-Chapter S Corporation <input type="radio"/> Landlord (Rentals) <input type="radio"/> 1099 Employee	<input type="radio"/> Limited Liability Company <input type="radio"/> Limited Partnership <input type="radio"/> Corporation <input type="radio"/> Professional Corporation <input type="radio"/> Other
Initial	Business Address:		
Initial	How many owners of business?		
<i>If more than one (1), indicate the following:</i>			
	Name of Owners	Relationship to Debtor(s)	Percentage of Ownership
Initial	When did Debtor(s) start business and /or close? (mm/yy)		
Initial	Was the business purchased?		YES NO
Initial	If yes, what was the purchase price?		
Initial	If yes, when was the business purchased? (mm/yy)?		
Initial	If no, what was the Debtor's start up costs?		
Initial	Is the business seasonal?		YES NO
Initial	If yes, indicate the "good" months:	<input type="radio"/> January <input type="radio"/> March <input type="radio"/> May <input type="radio"/> July <input type="radio"/> September <input type="radio"/> November	<input type="radio"/> February <input type="radio"/> April <input type="radio"/> June <input type="radio"/> August <input type="radio"/> October <input type="radio"/> December

BANKING INFORMATION

Indicate all bank account(s) to which you and/or your spouse (or significant other) have access (personal & business)

Bank Name	Acct. No. Last 4 digits	Type of Account Checking, Savings, etc.	Opened Date (mm/yy)	Closed Date (mm/yy)	Authorized Signatory(ies)

Initial Provide bank statements for all accounts, including, but not limited to, personal and business accounts for the six (6) months prior to filing. *Bank statements should have all pages (front & back) of each statement and include the Debtor(s)' complete name, address and last four digits of the account number. Bank statements should be for the same time period as the profit and loss statements.* (NOTE: Trustee may request copies of check registers and/or one or more canceled checks for this time frame in order to clarify data contained in the bank statements.)

Initial Provide profit and loss statements for the six (6) months prior to filing (Same period as the Bank Statements). *Profit and loss statements should show the gross deposits, itemized list of expenses and net income for the business ONLY. Profit and loss statements should be for the same time period as the bank statements. A sample of a profit and loss statement is located on the Trustee's website at www.standingtrustee.com.*

Initial	Has the business pledged its receivables, rents, profits or other cash as collateral for any loans?	YES	NO
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Initial	Has the business completed and/or provided any financial statements to others (i.e. banks, lending institutions, etc.) within the two (2) years prior to filing, including, but not limited to, balance sheets, income statements, and cash flow statements?	YES	NO
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If yes, indicate the following and provide copies of the financial statements:

Third Party Name	Type of Statement Provided	Why Statement was Provided

FEDERAL INCOME TAX INFORMATION

Initial Provide federal tax returns for the last two (2) years (personal and business - if the business was required to file a separate return by the IRS.) *The tax returns should include all pages, schedules and statements, including all W-2s and/or 1099s filed with return. If Debtors filed separate tax returns, provide copies of both Debtors' returns, even if only one (1) spouse (significant other) filed for bankruptcy.*

Initial	Does business have employees other than you?	YES	NO
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Initial	If business is closed, did business have any employees during the last six (6) months of operation?	YES	NO
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If yes, to either question, indicate the following:

Employee Name	Position/Function	Monthly Salary	Full Time / Part Time	Type of Employee W-2 / 1099

Initial	Does business pay Employer/Employee withholding taxes?	YES	NO
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Initial Provide proof of paid Employer/Employee withholding taxes that the business has paid for the last two (2) quarters to the State of New Jersey and/or State of Pennsylvania, and Federal governments.

Initial	Does the business collect Sales & Use Taxes?	YES	NO
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Initial If yes, provide proof of paid Sales & Use Taxes the business has paid for the last two (2) quarters to the State of New Jersey.

INDEPENDENT CONTRACTOR(S)			
Initial	Does the business use independent contractors?	YES	NO
<i>If yes, indicate the following:</i>			
	Individual or Company Name	Salary paid last tax period	Last time individual or company was used (mm/yy)
Initial	If yes to the above question, provide all 1099s the business <u>has issued</u> to independent contractors within the last two (2) tax periods.		

1099 EMPLOYEE(S)			
Initial	Does the Debtor or business do contract work <u>for</u> other companies?	YES	NO
<i>If yes, indicate the following:</i>			
	Company Name	Amount received last tax period	Last time used (mm/yy)
Initial	If yes to any of the above question, provide all 1099s the business <u>has received</u> from other individuals or companies within the last two (2) tax periods.		

RETIREMENT PLAN(S)			
Initial	Does the business have a pension, 401(k), profit-sharing, or other retirement plan?	YES	NO
<i>If yes, indicate the following:</i>			
	Plan Type	Trustee/Administrator(s)' Name	Address of Funds

BUSINESS LICENSE/REGISTRATION			
Initial	Is the business incorporated?	YES	NO
Initial	If yes, indicate the state and year of incorporation.	STATE	YEAR
Initial	If a foreign corporation, indicate date of authorization to do business in New Jersey. (mm/yy)	MONTH	YEAR
Initial	Are all corporate books up to date through and including the date of filing for bankruptcy (i.e. annual meeting minutes, etc.)?	YES	NO
<i>Indicate location of corporate books.</i>			
	Individual or Company Name	Address of Individual or Company	
Initial	Provide a copy of <u>current</u> business and/or professional license (i.e. NJHI Contractors, medical, legal, accountant, seller's permit, etc.). If the business is trucking, provide a copy of your <u>current</u> commercial driver's license. If the business requires any type of driving (i.e. daycare, delivery, courier, real estate sales, etc.) provide a copy of Debtor's <u>current</u> driver's license.		
Initial	If a business license is not required for your business, explain why.		

BUSINESS INSURANCE

Initial	Does the Debtor have insurance for this business (i.e. Errors and Omissions, Comprehensive General Liability Insurance, Worker's Compensation Insurance, Liquor Liability Insurance, Property Insurance, Vehicle Insurance)?	YES	NO
	Type of Coverage	Name of Insurance Company	Policy Number
			Dates of Coverage
Initial	Provide a copy of <u>current</u> business insurance, with the business name, address, policy number, and dates of coverage. NOTE: If you rent property and/or a room to other individuals, provide a copy of property insurance for the rented property.		

BUSINESS PROPERTY(IES)

Initial	Is the business property owned or leased?	OWN	LEASE
Initial	Is the business entity leasing separate office space to or from others?	YES	NO
Initial	Is the business entity leasing any business equipment?	YES	NO
<i>If leased or yes to any of the above questions, indicate the following:</i>			
	Type (Prop, Off, Equip)	Owner/Company Name	Owner/Company Address
			Relationship
			Continue w/lease
			YES NO
			YES NO
Initial	If yes to any of the above questions, provide a complete copy of the <u>current</u> written lease (or letter) of the business property, office space, and/or business equipment.		

RENTAL PROPERTY TO OTHER INDIVIDUALS

Rental Address	Tenant's Name	Rent	Lease Dates		Occupied	
			START	END	YES	NO
			START	END	YES	NO
			START	END	YES	NO
			START	END	YES	NO
			START	END	YES	NO
Initial	Provide a <u>signed</u> copy of the <u>current</u> written lease(s) on all rental properties owned by Debtor(s) as individuals and/or through the business entity.					

DESCRIPTION OF ASSETS: Indicate each asset with a value over \$500.00.

Asset Name	Original Cost	Date of Purchase	Current Market Value
Initial	What would Debtor estimate the market value of the business's combined inventory to be?		
Initial	What would Debtor estimate the market value of the business's combined accounts to be?		
Initial	If the Debtor were buying or selling the business today as a going concern, how much would the Debtor pay for the business?		

PLEASE READ THE FOLLOWING INFORMATION AND THEN SIGN AND DATE WHERE INDICATED.

YOUR RESPONSIBILITY AS A BUSINESS DEBTOR	
Initial	If you have borrowed money from any creditor and as security or collateral for the loan you have pledged accounts, rents, or other cash, you may not use these accounts receivables, rents or cash without express written consent from the creditor, or an Order from the US Bankruptcy Court allowing the use. Failure to obtain creditor consent or an Order from the Court before using these assets may result in severe penalties.
Initial	During the course of your Chapter 13 proceeding, it is your responsibility to pay any state and federal taxes on time. Failure to do so may result in severe penalties.
Initial	There are strict laws governing the use and disposal of toxic material and wastes. The filing of your bankruptcy proceeding does not eliminate your responsibilities to comply with these laws; you and only you will be held fully liable and responsible. If you are now in violation of these laws, you must immediately cease and desist any continued violation, and immediately correct any violations. If you are aware of any problems or violations, or potential problems or violations in this area, you must immediately notify the United States Trustee, the Chapter 13 Standing Trustee, and your attorney.
Initial	In order to continue the operation of your business, it is your responsibility to obtain and maintain comprehensive liability insurance for the operation of your business.
Initial	If you are leasing commercial space, you must assume or reject your lease through the US Bankruptcy Court within sixty (60) days after you file your petition for bankruptcy, or your lease will be terminated automatically by operation of law.
Initial	It is your responsibility to keep accurate records for your business and to provide the Trustee with such information as the Trustee may require both before and after confirmation.

If you have not already discussed the above issues with your attorney, immediately contact your attorney as these matters are extremely important. Do not contact the Trustee's office.

I have read and acknowledge receipt of the information regarding business Debtor's responsibilities. I certify that the foregoing information and all documents provided to the Chapter 13 Standing Trustee are true and correct to the best of my knowledge and belief. If this information is willfully false, I understand that I am subject to punishment.

Debtor Date

Debtor Date

Updated 10/18/2010