

Office of the Chapter 13 Trustee

Southern District of Georgia

Savannah Division

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TRUSTEE

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BUSINESS CASE QUESTIONNAIRE AND REQUEST FOR DOCUMENTATION

USE BACKS OF THESE SHEETS FOR EXPLANATIONS IF NEEDED

DATE _____

CASE NO. _____

GENERAL

1. Name of debtor(s): _____
2. Trade name of business: _____
3. Corporate name of business: _____
4. Organization (Check one): S Corp C Corp Proprietorship Partnership LLC
5. Percent of business owned by debtor: _____
6. Federal I D Number: _____
7. Business type: (Check one): 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? _____
13. Was bankruptcy caused by problems with the business? 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 people (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** 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 government? Yes ___ No ___ If no, please explain.

5. Does business withhold from debtor's pay? Yes ___ No ___
6. Does the debtor make estimated tax payments? Yes ___ No ___
7. Does business issue year end 1099's 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? (Check)

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 sheets, P&L Statements	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 business financial statement prepared?

For what year was the last income tax return prepared ?

What outside accountants and/or tax preparers 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 <u>GROSS</u> MONTHLY BUSINESS INCOME	\$ _____
AVERAGE MONTHLY PURCHASE OF MERCHANDISE INVENTORY	\$ _____
AVERAGE MONTHLY PAYMENT FOR MATERIALS AND SUPPLIES	\$ _____
RENT OR MORTGAGE PAYMENT ON BUSINESS LOCATION	\$ _____
MONTHLY PAYROLL (<u>OTHER THAN DEBTOR AND FAMILY</u>)	\$ _____
MONTHLY LEGAL, ACCOUNTING, OR OTHER PROFESSIONAL FEES	\$ _____
MONTHLY BUSINESS EXPENSE FOR TRAVEL	\$ _____
MONTHLY PAYMENT FOR BUSINESS UTILITIES	\$ _____
MONTHLY PAYMENT FOR BUSINESS TELEPHONE & CELL PHONE	\$ _____

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

MONTHLY PAYMENTS FOR BUSINESS INSURANCE \$ _____

MONTHLY PAYMENT TO STATE FOR SALES TAXES \$ _____

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

MONTHLY PAYMENT FOR DEBTOR'S INCOME TAXES \$ _____

MONTHLY PAYMENT FOR OTHER TAXES \$ _____

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

OTHER MONTHLY BUSINESS EXPENSES: _____ \$ _____

MONTHLY VEHICLE AND EQUIPMENT LEASING – outside plan \$ _____

MONTHLY PAYMENT ON BUSINESS VEHICLE LOANS – outside plan \$ _____

MONTHLY PAYMENT ON OTHER BUSINESS OBLIGATIONS – outside plan:

Describe: _____ \$ _____

_____ \$ _____

_____ \$ _____

BUSINESS BALANCE SHEET

See attached

INSURANCE, TAXES, LICENSES, AND OTHER DOCUMENTS

ATTACH TO THIS QUESTIONNAIRE COPIES OF THE **DECLARATIONS PAGE** OF EACH INSURANCE POLICY THAT COVERS ITEMS USED BY BUSINESS, WHETHER TITLED IN THE BUSINESS OR YOU, PERSONALLY. THESE MAY INCLUDE BUILDINGS; MERCHANDISE FOR SALE; FURNITURE, FIXTURES, MACHINERY, AND EQUIPMENT; AUTOS, TRUCKS, AND BOATS; BUSINESS LIABILITY AND WORKERS COMPENSATION; IF NOT ATTACHED, PLEASE EXPLAIN.

