

Date _____

Case Number _____

Debtor Name: _____

Debtor Name: _____

CHAPTER THIRTEEN BUSINESS CASE QUESTIONNAIRE

INSTRUCTIONS: Complete the entire form attaching additional pages as necessary. All lines must be completed. If a line does not pertain to your business, then place an NA on the line or check the corresponding line. A signed declaration page must be attached to the packet or it will not be accepted. Please include case number, Debtor's name and the question number on any additional pages. *Do NOT include household or personal information as we are only reviewing your business operations.*

All financial information should indicate the financial condition of the business at the date of the bankruptcy filing.

The completed form, along with copies of all applicable requested documents, must be returned to:
Business Case Analyst
Deborah Langehennig, Chapter 13 Trustee
3801 Capital of Texas Highway South, Suite 320
Austin, Texas 78704

1. DESCRIPTION OF THE BUSINESS

a. Name of the business: _____
List any past names used in the previous 12 month period:

b. Address or location of the business: _____

Previous address if location has changed in the last year:

c. Name of owner(s): _____

d. Main product and/or service: _____

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e. Is the Business a:

_____ Sole proprietorship _____ Partnership _____ Corporation

_____ Limited Liability Company (LLC) _____ Sub-chapter S Corporation

If the business classification has changed in the last 2 (two) years, what was the former classification and when did it change? _____

f. When did your business begin operations? _____

g. Are you leasing office space? _____ Yes _____ No

If yes, provide a copy of the lease agreement showing the dollar amount being paid.

If yes, from what person or company are you leasing the space? _____

h. Are you leasing any business equipment? _____ Yes _____ No

If yes, provide a copy of all lease agreements showing dollar amounts being paid.

i. Is your business seasonal? _____ Yes _____ No

If yes, list peak months for your business. (For example, April through October are the busiest months)

j. Who maintains the accounting records for the business? _____

If the above named person is not a debtor in this case, please indicate their relationship:

_____ Employee of the business _____ Outside Accountant

_____ Debtor's spouse _____ Other (please specify): _____

Who maintains the general ledger for the business? _____

Who assigns the expenses to the corresponding general ledger account? _____

If you use an outside accountant, please provide the name, address and phone number:

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Does your business have a fiscal year other than a true calendar year? If yes, please indicate fiscal year end. _____

k. If you have employees, who prepares payroll, payroll tax deposits and payroll tax returns?

l. Are payroll tax deposits made at the time payroll is paid? _____ Yes _____ No

m. Who reconciles the bank accounts? _____

Is this done monthly? _____ Yes _____ No

n. Who is responsible for collecting accounts receivable? _____

o. Who is responsible for control over and ordering inventory? _____

p. Who is responsible for paying accounts payable? _____

q. How does the business pay the owners? _____ Owner draws _____ Salary

_____ Other (please explain): _____

2. DESCRIPTION OF ALL BANK ACCOUNTS TO WHICH YOU HAVE ACCESS.

(Use a separate sheet if necessary, do not include personal/household accounts unless they are also used or have been used for business purposes)

Bank Name	Account No.	Type of Account	Purpose

a. Provide **COPIES** of bank statements for each account used for business purposes for the month that your case was filed and the two (2) months immediately prior to the Chapter

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13 filing.

- b. Are you the only person authorized to sign on the accounts? _____ Yes _____ No
If no, indicate which accounts have more than one person authorized to sign. List the name(s) and identify their relationship to you.

3. VALUE OF THE BUSINESS (This section **MUST** be completed or the Trustee will NOT recommend confirmation)—Use figures as of the date of the bankruptcy filing.

- a. On a separate sheet, list all fixed assets¹ with a value of \$500.00 or more. Include the original cost, age and estimated liquidation value of each asset. Please write the number of attached pages or NONE if no assets with a value of \$500.00 or more: _____
- b. What is the estimated liquidation value of all fixed assets¹, including those listed in section (a) above? \$ _____
- c. If applicable, estimate the liquidation value of your inventory held for resale. \$ _____
- d. If applicable, estimate the liquidation value of supplies used to perform your work. \$ _____
- e. What is the estimated liquidation value of your accounts receivable²? \$ _____
- f. Total Value of Business Assets (including above items as well as cash/bank accounts and intangible assets): \$ _____
- g. Total Business Liabilities (including all outstanding debt, accounts payable, and taxes to be paid): \$ _____
- h. **ESTIMATED VALUE/EQUITY OF THE BUSINESS:**
(Total Assets minus Total Liabilities above) \$ _____

¹ Fixed assets include vehicles, equipment, land and/or buildings, and furniture and fixtures.

² In this instance, include only *accounts receivable* for work already completed and billed to customers.

4.

A. LIST ALL FULL AND PART TIME EMPLOYEES (If an employee is paid hourly, please indicate the average number of hours worked per week). Use a separate page as needed. Check here _____ if the business does not have employees.

Name	Position	Monthly Salary/ Hourly rate	Part Time/ Full Time

B. LIST ALL COMMONLY USED SUBCONTRACTORS (Use a separate page as needed.) Check here _____ if the business does not have subcontractors.

Name	Position	Monthly Salary/ Hourly rate	Part Time/ Full Time

5. PAYROLL TAX REPORTS

Provide **COPIES** of IRS Form 941 for all employees for the four quarters prior to filing your bankruptcy case. Check here _____ if not required to file Form 941.

6. SALES TAXES

If applicable, provide **COPIES** of proof of payment of sales taxes for the three (3) months prior to the month your case was filed. Check here ____ if you do not have taxable sales.

7. FEDERAL TAX RETURNS

Provide **COPIES** of your personal and business federal tax returns, along with all supporting schedules for the last two (2) years. Also include copies of any W-2's or 1099's you received. If you receive income from tips that is not included on your W-2, include copies of IRS Form 4137.

The following returns have not been filed as of this date:

Federal Income taxes for tax years _____

Federal 940 or 941 returns for tax quarters/years _____

Federal FUTA returns for tax quarters/years _____

Other Federal taxes _____

8. LICENSES OR PERMITS

If applicable, provide **COPIES** of any license or permit you are required to have to stay in business. Check here ___ if none are required for your business.

9. INSURANCE

If applicable, provide **COPIES** of proof of the following:

- a. Business operation liability insurance (Check here ___ if no coverage)
- b. Worker's compensation insurance (Check here ___ if no coverage)
- c. Vehicle insurance for vehicles used for business (Check here ___ if no coverage)
- d. Real and/or personal property insurance (Check here ___ if no coverage)
- e. Other insurance related to your business (Check here ___ if no coverage)

10. PROFIT AND LOSS STATEMENT

Provide a Profit & Loss statement or statements (Statement of Income and Expenses) for your business for all months since the last filed income tax return using the cash method of accounting. A blank profit and loss statement is attached that may be used for this purpose.

11. BALANCE SHEET

Provide a **COPY** of the most recent balance sheet for your business. A blank balance sheet is attached that may be used for this purpose.

- 12.** The following items must be available for review when requested by the Trustee:
(Do not send copies to us at this time.)
- a. Depreciation schedules.
 - b. Inventory records.
 - c. General ledger.
 - d. List of receivables, payables, and collection records for two months prior to filing.
 - e. Corporate minutes.
 - f. Financial statements given to third parties.
 - g. Information received on any investigations being conducted by a government entity.
 - h. Access to all assets.
 - i. Access to your place of business.
 - j. Copies of cancelled checks

DECLARATION

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. All debtors in this bankruptcy proceeding with an ownership interest in the business for which this report was prepared must sign and print their name below.

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Upon review of submitted documentation, additional financial information may be requested by the Trustee. Any additional information requested must be submitted to the Trustee no more than ten (10) business days from the date of request.

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PROFIT & LOSS STATEMENT (Cash method of accounting)

BUSINESS NAME: _____ Case # _____

For the period _____ (list beginning and ending dates)
 (Include business income and expenses only - do not include personal household income or expenses)
 (Not all of the listed categories will apply to your business)

INCOME

- 1. Gross Receipts \$ _____
- 2. Cost of Goods Sold:
 - (a) Purchases \$ _____
 - (b) Cost of Labor (not including employee's salary) \$ _____
 - (c) Materials & Supplies \$ _____
- TOTAL Cost of Goods Sold: \$ _____
- 3. Gross Profit (subtract line 2 from line 1) \$ _____
- 4. Other Income \$ _____
- 5. Gross Income (add lines 3 & 4) \$ _____

EXPENSES

- 6. Business Location - Rent/Lease Expense or Mortgage Payment \$ _____
- 7. Salaries & Wages of Employees (excluding owner draws) \$ _____
- 8. Contract Labor \$ _____
- 9. Employee Benefits (insurance, parking, etc) \$ _____
- 10. Equipment Lease Payments \$ _____
- 11. Secured Debt Payments (vehicles, equipment, etc) \$ _____
- 12. Supplies (not included in 2(c) above) \$ _____
- 13. Utilities (excluding telephone) \$ _____
- 14. Telephone \$ _____
- 15. Repairs & Maintenance \$ _____
- 16. Miscellaneous Office Expenses \$ _____
- 17. Advertising \$ _____
- 18. Travel & Entertainment \$ _____
- 19. Professional Fees (attach list indicating name and purpose of professionals) \$ _____
- 20. Insurance:
 - (a) Liability \$ _____
 - (b) Property \$ _____
 - (c) Vehicle \$ _____
 - (d) Worker's Compensation \$ _____
 - (e) Other _____ \$ _____
- 21. Taxes:
 - (a) Payroll \$ _____
 - (b) Sales \$ _____
 - (c) Other _____ \$ _____
- 22. Other Expenses:
 - _____ \$ _____
- 23. Total Expenses (add lines 6 through 22) \$ _____

TOTAL NET PROFIT/LOSS FOR THE PERIOD (subtract line 23 from line 5) \$ _____

BALANCE SHEET

AS OF _____

BUSINESS NAME: _____

CASE NUMBER: _____

ASSETS

Cash (including bank account balances)	_____
Inventory & Supplies	_____
Accounts Receivable	_____
Land/Buildings	_____
Equipment	_____
Furniture & Fixtures	_____
Other Fixed Assets	_____
Accumulated Depreciation (negative value), if applicable	_____
Intangible Assets	
Goodwill/Customer Lists, etc	_____
Accumulated Amortization (negative value), if applicable	_____
TOTAL ASSETS	=====

LIABILITIES

Accounts Payable	_____
Outstanding Loans	_____
Payroll Taxes to be paid	_____
Sales Tax to be paid	_____
Other Taxes to be paid	_____
Other Liabilities	_____
TOTAL LIABILITIES	_____

EQUITY

Owner's Equity	_____
Net Profit this period	_____
(define what period is included _____)	
TOTAL EQUITY	_____

TOTAL LIABILITES AND EQUITY³ =====

³ Total Liabilities and Equity should equal Total Assets
Last Updated: September 5, 2006