

**DAVID BURCHARD**  
CHAPTER 13 TRUSTEE  
SAN FRANCISCO/SANTA ROSA DIVISIONS  
U.S. BANKRUPTCY COURT

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May 5, 2015

«both»  
«dbtr\_addr1»  
«dbtr\_addr2»  
«dbtr\_addr3»

Re: Chapter 13 Business Questionnaire  
Case Number: «print\_casenum»

Dear Sir/Madam:

Enclosed is a Chapter Thirteen Business Questionnaire that is required to be completed, and returned to our office, no later than seven business days prior to the first scheduled Meeting of Creditors. All required documentation, including copies of all bank statements, IRS forms, etc., must be returned with the completed and signed Questionnaire.

Please complete the entire form, using additional pages, if necessary. Include your case number, name, and the question number on all additional pages.

**Your scheduled Meeting of Creditors may be continued if this Questionnaire is not fully completed and/or requested documents are not provided to the Trustee's office timely.**

All financial information, unless otherwise stated, is to be as of the bankruptcy filing date.

If you have any questions or require further information, please contact your attorney.

cc: «attorney»

# BUSINESS CASE DOCUMENT CHECKLIST

Name: «both»

Case Number: «print\_casenum»

Business Name: «docket\_report\_notes»

DOCUMENT	COPIES ATTACHED	DATE RECEIVED	COMMENTS
1) Personal tax return Year:			
2) Personal tax return Year:			
3) Personal tax return Year:			
4) Business tax return Year:			
5) Business tax return Year:			
6) Bank Statements			
7) Professional License			
8) Business License			
9) Insurance			

Name: «both»

Date: May 5, 2015

Case Number: «print\_casenum»

## CHAPTER THIRTEEN BUSINESS QUESTIONNAIRE

As Required by 11 U.S.C. Section 1302(c)

**INSTRUCTIONS:** Complete the entire form using additional pages if necessary. Please include the case number, debtor's name and the question number on all additional pages. All financial information, unless otherwise stated, is to be as of the bankruptcy filing date.

### IMPORTANT

This form, along with **COPIES** of all documents requested, must be provided to the Trustee in a timely manner. All documents must be received and reviewed by the Trustee's office prior to the Section 341 Meeting of Creditors.

#### 1. DESCRIPTION OF BUSINESS

- a. Name of business: \_\_\_\_\_
- b. Address of location of business: \_\_\_\_\_  
\_\_\_\_\_
- c. Name of owner(s): \_\_\_\_\_
- d. Main product and/or service: \_\_\_\_\_
- e. Legal form of the business entity:  
sole proprietorship \_\_\_\_\_ partnership \_\_\_\_\_ corporation \_\_\_\_\_  
other \_\_\_\_\_ Federal ID# \_\_\_\_\_
- f. When did the business begin operation? (month/year) \_\_\_\_\_
- g. Are you leasing office space? Yes \_\_\_\_\_ No \_\_\_\_\_  
1. If Yes, what is the monthly lease amount? \_\_\_\_\_  
2. If Yes, do you intend to continue with the lease? Yes \_\_\_\_\_ No \_\_\_\_\_
- h. Are you leasing any business equipment? Yes \_\_\_\_\_ No \_\_\_\_\_  
1. If yes, list the equipment:  
(a) Creditor's name and address, and the terms of the lease: \_\_\_\_\_  
\_\_\_\_\_  
Use separate pages, if necessary.
- i. Is your business seasonal? Yes \_\_\_\_\_ No \_\_\_\_\_  
1. If yes, identify the good and bad months: \_\_\_\_\_

j. Have you pledged your receivables, rents, profits, or other cash as collateral for any loans?

Yes \_\_\_\_\_ No \_\_\_\_\_

## 2. VALUE OF THE BUSINESS

a. Describe each asset with a value over **\$100.00**. Include the age and estimated current market value of each asset:

(1) \_\_\_\_\_ Value: \$ \_\_\_\_\_  
(2) \_\_\_\_\_ Value: \$ \_\_\_\_\_  
(3) \_\_\_\_\_ Value: \$ \_\_\_\_\_  
(4) \_\_\_\_\_ Value: \$ \_\_\_\_\_

*Use a separate page if necessary.*

b. Estimate the TOTAL market value of your inventory. \$ \_\_\_\_\_

c. Estimate the TOTAL market value of your account receivables. \$ \_\_\_\_\_

d. **ESTIMATED VALUE OF THE BUSINESS, INCLUDING INTANGIBLE PROPERTY?**

\$ \_\_\_\_\_

Please provide a detailed explanation if you listed a **\$0** value for your business:

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## 3. DESCRIPTION OF ALL BANK ACCOUNTS TO WHICH YOU HAVE ACCESS

*Use a separate page if necessary.*

a. Provide **COPIES** of bank statements for each account for the six months immediately prior to the Chapter 13 filing.

**I have attached bank statements from these months:** \_\_\_\_\_

b. Are you the only authorized signatory on the accounts(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Bank Name	Account # (last 4 digits):	Type of Account & Purpose:	Current Ending Balance:

#### 4. LIST ALL FULL AND PART TIME EMPLOYEES

Use a separate page if necessary.

Name of Employee	Position/Function	Monthly Salary/Hourly Rate	P = Part Time F = Full Time

#### IF YOU HAVE EMPLOYEES: PAYROLL TAX REPORTS

If you have any employees, provide **COPIES** of IRS Form 941 for the 2 quarters prior to filing.

I have attached the following: \_\_\_\_\_

#### 5. FEDERAL TAX REPORTS

Provide **COPIES** of your personal and business federal tax returns, along with all supporting schedules, for the **last three (3) years**. Also include copies of all W-2's or 1099's you have received. If you receive income from tips that is not included on your W-2, include copies of IRS Form 4137.

I have attached: Yes \_\_\_ No \_\_\_. If No, why? \_\_\_\_\_

#### 6. LICENSES

Provide **COPIES**, not originals, or proof of the following:

- a. Business license. I have attached a copy: Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Seller's permit. I have attached a copy: Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Contractor's license. I have attached a copy: Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Liquor license: I have attached a copy: Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Other: \_\_\_\_\_
- f. If you answered **No** to any of the above. Why? \_\_\_\_\_

#### 7. INSURANCE

Provide **COPIES** or proof of the following:

- a. Business operation liability insurance. I have attached a copy: Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Worker's compensation insurance. I have attached a copy: Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Vehicle insurance. I have attached a copy: Yes \_\_\_\_\_ No \_\_\_\_\_

- d. Real/personal property insurance. I have attached a copy: Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Other: \_\_\_\_\_
- f. If you answered **No** to any of the above. Why? \_\_\_\_\_

**8. PROFIT AND LOSS STATEMENT**

Provide **COPIES** of the income statements for the six months prior to filing for this business.

**I have attached: Yes \_\_ No \_\_. If No, why?** \_\_\_\_\_

**9. BALANCE SHEET**

Provide **COPIES** of the two most recent annual balance sheets for this business.

**I have attached: Yes \_\_ No \_\_. If No, why?** \_\_\_\_\_

**10. STATEMENT OF CASH FLOWS**

Provide **COPIES** of the two most recent statements of cash flows for this business.

**I have attached: Yes \_\_ No \_\_. If No, why?** \_\_\_\_\_

**11. DECLARATION UNDER PENALTY OF PERJURY BY DEBTOR(S):**

I(we) declare under penalty of perjury that I(we) have answered all questions and provided all applicable documents pertaining to this business questionnaire in good faith, and that said answers and documents are true and correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon review of submitted documentation, the Trustee may request additional financial information.