

BUSINESS CASE QUESTIONNAIRE

Debtor Name: \_\_\_\_\_

Chapter 13 case number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business is a (check one)

\_\_\_ corporation/LLC/PC      \_\_\_ partnership      \_\_\_ sole proprietorship

Debtor owns \_\_\_\_\_% of the business. Other owner(s) if any: \_\_\_\_\_

Date business started: \_\_\_\_\_ Federal tax ID number: \_\_\_\_\_

Description of business activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all business bank accounts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the business have any employees of the following type and if so how many:

W/2 employees: \_\_\_\_\_ Full time \_\_\_\_\_ Part time

1099 employees: \_\_\_\_\_ Full time \_\_\_\_\_ Part time

Are day labor or subcontractors used? \_\_\_Yes \_\_\_ No

Does the business keep any inventory or supplies on hand? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the average monthly value of the inventory/supplies: \$ \_\_\_\_\_

Do any suppliers or vendors allow the business to purchase on credit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, List all supplies and vendors who allow revolving credit: \_\_\_\_\_

\_\_\_\_\_

What is the balance of the business accounts receivable: \$ \_\_\_\_\_

Is the business cyclical? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list busy season: \_\_\_\_\_

slow season: \_\_\_\_\_

From what location does the business operate:

\_\_\_\_\_ Your home or another owner's home

\_\_\_\_\_ Property the business owns. List address: \_\_\_\_\_

\_\_\_\_\_ Property you own (other than your home). List address: \_\_\_\_\_

\_\_\_\_\_ Rented property. List address: \_\_\_\_\_

List monthly payment: \_\_\_\_\_ List term of lease \_\_\_\_\_

Are you personally liable on the lease? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the business lease any equipment or vehicles: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe leased items: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Term of lease: \_\_\_\_\_

Does the business carry the following insurance policies:

Policy #

Carrier

a. Commercial Liability? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

b. Workman's Compensation? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

c. Commercial Property? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

d. Automobile Coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

e. Other (list) \_\_\_\_\_

List all assets owned by the business and list the fair market value of each item. You may value similar items of small value as a group, such as hand tools or cleaning supplies. The value should be the value for which you could sell the assets, not the price you paid or the amount it would cost you to replace the items.

If the business is NOT a sole proprietorship, list all business debt (creditor and amount owed):

**I STATE UNDER PENALTY OF PERURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:**

Date: \_\_\_\_\_ Debtor(s): \_\_\_\_\_