

**THE ATTACHED INFORMATION SHOULD BE  
FILLED IN COMPLETELY AND RETURNED BY:**

**TO:**

Melissa J. Davey  
Chapter 13 Trustee

Attn: \_\_\_\_\_

233 Peachtree Street, N.E., Suite 2250  
Atlanta, GA 30303

**FAILURE TO RETURN FORMS WILL RESULT IN A MOTION TO  
DISMISS YOUR CASE.**

**CHECK THE FOLLOWING BEING RETURNED**

- \_\_\_ DEBTOR QUESTIONNAIRE
- \_\_\_ COPIES OF LAST TWO YEARS OF ANNUAL FINANCIAL STATEMENTS
- \_\_\_ COPIES OF LAST 12 MONTHS FINANCIAL STATEMENTS (INCOME AND  
EXPENSE REPORT, PROFIT AND LOSS, OR OTHER MONTHLY  
OPERATING REPORTS.
- \_\_\_ LAST TWO YEARS OF FEDERAL/STATE TAX RETURNS  
(Personal and Business)
- \_\_\_ \*\*BUSINESS CASH FLOW REPORT FOR THE LAST 4 MONTHS
- \_\_\_ \*\*LAST FOUR MONTHS OF BANK STATEMENTS (Including all bank,  
money market, investment accounts) (Including cancelled/returned checks)
- \_\_\_ COPIES (6 MONTHS) OF VALIDATED BANK DEPOSITS FOR PAYROLL  
TAXES
- \_\_\_ COPIES OF ALL SALES AND USE TAX FORMS (FORM ST-3) FOR TWO  
YEARS
- \_\_\_ LAST TWO 940 MONTHLY STATEMENTS (Employers Annual Federal  
Unemployment Tax Return-FUTA)
- \_\_\_ LAST 941 PRINT OUT (Employers Quarterly Federal Return) & GA FORM  
DOL
- \_\_\_ LAST TWO 1040 ES (Estimated Tax for Individuals) AND GA 500-es
- \_\_\_ COPIES OF ALL FORMS 1099 FILED IN THE PAST TWO YEARS
- \_\_\_ INSURANCE AND LICENSE FORM AND SUPPORTING DOCUMENTS

**\*\*PLEASE PROVIDE A CASH FLOW REPORT  
FOR EACH BANK STATEMENT PROVIDED\*\***

Please complete this questionnaire regarding your business. This form will assist the Chapter 13 Trustee's office with administering your case.

Your case number: \_\_\_\_\_

Your name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Attorney's name: \_\_\_\_\_

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

1. What circumstances caused you to file Chapter 13 Bankruptcy?

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2. Do you have income from more than one business? \_\_\_Yes \_\_\_No

If yes, what is the other business? \_\_\_\_\_

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3. Do you have any source of income other than your business? \_\_\_Yes \_\_\_No

If yes, what is the source of your other income? \_\_\_\_\_

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4. Description of Business

A. Name of Business: \_\_\_\_\_

B. Location of Business:

Street Address \_\_\_\_\_

City and State \_\_\_\_\_

Mailing address if different than location

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C. Main product or service (be specific)

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5. Business Organization

A. Is your business a:

Sole proprietorship \_\_\_\_, Partnership \_\_\_\_, Corporation \_\_\_\_, LLC \_\_\_\_

B. Names of Owners of Business:

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C. When did the current business start operating? \_\_\_\_\_

D. Do you believe the business will make a profit each month for the next three (3) years? \_\_\_\_ Yes \_\_\_\_ No

E. Do you have a budget? \_\_\_\_ Yes \_\_\_\_ No

F. Do you believe the business will generate enough cash flow to pay current operating costs on a timely basis and also make the payments required under the plan for the next three years?  
\_\_\_\_ Yes \_\_\_\_ No

G. What is the yearly gross business income? \_\_\_\_\_

H. Is your business seasonal? \_\_\_\_ Yes \_\_\_\_ No  
If yes, what are your good months? \_\_\_\_\_  
What are your slow months? \_\_\_\_\_

6. Business Records

A. Who maintains the accounting records for the business?  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_

B. Is the person a: (1) CPA? \_\_\_\_ Yes \_\_\_\_ No  
(2) Bookkeeper? \_\_\_\_ Yes \_\_\_\_ No  
(3) Family member? \_\_\_\_ Yes \_\_\_\_ No

C. Are the accounting records for the business kept on a computer?  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, type of software used: \_\_\_\_\_

D. Do you prepare annual financial statements/reports? \_\_\_\_ Yes \_\_\_\_ No  
If yes, include a copy of the past two (2) years statements/reports.

E. Do you prepare monthly financial statements, income and expense reports, profit and loss, or any other monthly operating reports?  
(1) If yes, you must include a copy of the last twelve (12) months of reports.  
(2) **If no, complete the attached Business Report of Income (Cash) and Expenses for each month of the prior six (6) months.**

7. Business Property

- A. Description of all bank/money market/investment accounts to which you have access:

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type and purpose of account \_\_\_\_\_

Signers on account \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type and purpose of account \_\_\_\_\_

Signers on account \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type and purpose of account \_\_\_\_\_

Signers on account \_\_\_\_\_

**List any additional on a separate piece of paper. Provide copies of all bank account statements for the three (3) months prior to filing the Chapter 13 case.**

- B. Do you reconcile your cash accounts? \_\_\_\_ Yes \_\_\_\_ No

If yes, how often? \_\_\_\_\_

Name of person reconciling accounts \_\_\_\_\_

- C. What is the total of your accounts receivable? \_\_\_\_\_

(1) What is the aging? Current Amount \_\_\_\_\_

Over 30 days \_\_\_\_\_

Over 60 days \_\_\_\_\_

Over 90 days \_\_\_\_\_

(2) List all accounts with amounts that you believe will not be collected.

\_\_\_\_\_

\_\_\_\_\_

- D. Have you pledged your receivables, rents, profits, or other cash as collateral for any loans? \_\_\_\_ Yes \_\_\_\_ No

If yes, list what you pledged and to whom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- E. Do you have inventory in your business? \_\_\_\_ Yes \_\_\_\_ No

(1) If yes, what is its value? \_\_\_\_\_

(2) How often is a physical inventory taken? \_\_\_\_\_

(3) How do you value the cost of your inventory?

\_\_\_\_ actual cost \_\_\_\_ estimated cost \_\_\_\_ standard cost

- F. Have you prepaid any business expenses or made any business deposits?

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

If yes, identify. \_\_\_\_\_

G.

**List of Business Assets**  
(Examples: tools, equipment, furniture, fixtures, computers, etc.)  
Omit Items with values less than \$250

Description of Asset	Date Purchased	New Or Used	If Used, Age	Cost to Purchase	Current (FMV) Fair Market Value	Amount Owed On Asset

\*Fair market value – what you could sell it for in its present condition.

- H. Do you operate your business from your home? \_\_\_\_ Yes \_\_\_\_ No
- I. Do you lease or rent space for your business? \_\_\_\_ Yes \_\_\_\_ No  
 (1) If yes, is it your intention to continue with the lease or rental agreement? \_\_\_\_  
 Yes \_\_\_\_ No
- (2) Name of Lessor: \_\_\_\_\_  
 Address of Lessor: \_\_\_\_\_  
 \_\_\_\_\_
- J Do you have a mortgage on your business or office space? (Do not include mortgage or personal residence.)  
 \_\_\_\_ Yes \_\_\_\_ No  
 If yes:  
 (1) Name of mortgage company: \_\_\_\_\_
- (2) Monthly mortgage payment: \_\_\_\_\_  
 Real estate taxes included \_\_\_\_ Yes \_\_\_\_ No  
 If no, amount per month \_\_\_\_\_  
 Property Insurance included \_\_\_\_ Yes \_\_\_\_ No  
 If no, amount per month \_\_\_\_\_  
 Terms of mortgage:  
 Origination date \_\_\_\_\_  
 Last payment date \_\_\_\_\_
- K. Are you leasing business equipment? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, is it your intention to continue with the lease? \_\_\_\_ Yes \_\_\_\_ No  
 (1) Items Leased \_\_\_\_\_  
 (2) Name of Lessor: \_\_\_\_\_  
 (3) Address of Lessor: \_\_\_\_\_  
 (4) Terms of Lease \_\_\_\_\_  
 \_\_\_\_\_

## 8. Liabilities

- A. Provide the total accounts payable for month-end.

	<u>Prior Month</u>	<u>Current Month</u>
Current	_____	_____
Over 30	_____	_____
Over 60	_____	_____
Over 90	_____	_____
Total	=====	=====

- B. Do you make payments on any other business debt not previously listed?  
 \_\_\_\_ Yes \_\_\_\_ No  
 If yes, list to whom paid, amount paid, and frequency of payments.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Employees:

**A. List all full-time and part-time employees:**

Name of Employee	Position/ Function	Monthly Salary	Part Time/ Full Time	Is this employee related to you? Yes/No

**B. List dates and amounts paid and amounts and dates of payroll tax deposits.  
(Attach photocopies of validated bank deposits for the past six (6) months.)**

<u>Payroll for the Period Ended</u>	<u>Amount of Payroll</u>	<u>Date Paid</u>	<u>Amount of Payroll Taxes</u>	<u>Date Deposited</u>

**C. List the amount and due date of any **unpaid** payroll taxes for state and/or federal unemployment taxes.**

<u>State/Federal</u>	<u>Due Date</u>	<u>Amount</u>

Name of person preparing payroll tax returns: \_\_\_\_\_  
 Name of person making payroll tax deposits: \_\_\_\_\_

**D. Do you use independent contractors? \_\_\_\_ Yes \_\_\_\_ No**

**E. List the amount and due date of any **unpaid** sales taxes for each state.**

<u>State</u>	<u>Due Date</u>	<u>Amount</u>

_____	_____	_____
_____	_____	_____

**10. Tax Returns**

- A. Do you file Federal/State income tax returns? \_\_\_\_ Yes \_\_\_\_ No  
If yes, attach copies of the last two (2) years. Include both Federal and State copies with all schedules.
- B. Do you file Form 1040-ES, "Estimated Tax for Individuals?"  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, include copies of record of payment including proof of payment.  
  
Do you file Form 500-ES, "Georgia Estimated Tax for Individuals?"  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, include copies of record of payment including proof of payment.
- C. Do you file Form 941, "Employer's Quarterly Federal Tax Return?"  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, furnish copies of previous two (2) years returns including Form 940, "Employer's Annual Federal Unemployment (FUTA) Tax Return. If yes, also include proof of payment of taxes.
- D. Do you file Form 1099's on your independent contractors?  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, include copies of those filed in the past two (2) years.
- E. Do you file State of Georgia Form DOL-4, "Employer's Quarterly Tax and Wage Report?" \_\_\_\_ Yes \_\_\_\_ No  
If yes, include copies of previous two (2) years returns.
- F. Do you file "Sales and Use Tax" reports (for example, Form ST-3)?  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, include copies of all reports filed for past two (2) years.
- G. Are any federal or state tax returns being audited? \_\_\_\_ Yes \_\_\_\_ No

**11. Insurance Coverage**

What insurance is in force and amount of coverage (through what dates) for the business? Attach a copy of policy or card.

	<u>Amount</u>	<u>Through (date)</u>
A. Workers Compensation Insurance	_____	_____
B. General Liability	_____	_____
C. Liquor Liability	_____	_____
D. Fire/Extensive Coverage	_____	_____
E. Property Insurance	_____	_____
F. Theft Insurance	_____	_____
G. Vehicle Insurance	_____	_____
H. Other: (State Types)	_____	_____



**12. Licenses:**

A Provide check if you have any of the following and attach a copy.

(1) Business License (If a business license is not required for your business, please explain why.) \_\_\_\_\_

(2) Seller's permit: \_\_\_\_\_

(3) Contractor's license: \_\_\_\_\_

(4) Liquor license: \_\_\_\_\_

(5) Other license currently used: \_\_\_\_\_

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.

Dated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach the Bank Statements Corresponding to the Month Summarized Below**

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

Chapter 13 Case Number: \_\_\_\_\_

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

**Business Cash Flow Report**

Month \_\_\_\_\_ Year \_\_\_\_\_

Cash Received:

Cash Sales \_\_\_\_\_

Cash from Other Sources \_\_\_\_\_

(Please Identify Source): \_\_\_\_\_

(Example: Loan Proceeds) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subtotal Cash Received:

\_\_\_\_\_

Non-Cash Bank Deposits (Other Increases) and Other Receipts:

Sales (Credit Card, Transfers, etc.) \_\_\_\_\_

Deposits from Other Sources \_\_\_\_\_

(Please Identify Sources): \_\_\_\_\_

(Example: Redeposits from NSF Checks) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subtotal Non-Cash Deposits and Other Receipts:

\_\_\_\_\_

Total Cash Deposits:

\_\_\_\_\_

Less Credits and Returned Merchandise:

\_\_\_\_\_

Net Cash Generated:

\_\_\_\_\_

Expenditures (Cash Used):

Salaries \_\_\_\_\_

Advertising \_\_\_\_\_

Accounting Services \_\_\_\_\_

Automobile Expenses \_\_\_\_\_

Bank Service Fees \_\_\_\_\_

Collection Service Fees \_\_\_\_\_

Contract Services \_\_\_\_\_

Dues & Publications \_\_\_\_\_

Employee Health Ins and Benefits \_\_\_\_\_

Income Taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Legal Services \_\_\_\_\_

Office Expense \_\_\_\_\_

Payroll Taxes \_\_\_\_\_

Permits & Licenses \_\_\_\_\_

Postage & Freight \_\_\_\_\_

Property Taxes \_\_\_\_\_

Rent \_\_\_\_\_

Repairs & Maintenance \_\_\_\_\_

Sales Taxes \_\_\_\_\_

Travel \_\_\_\_\_

Utilities \_\_\_\_\_

Other (Please Identify) \_\_\_\_\_

\_\_\_\_\_

Subtotal Expenditures (Cash Used):

\_\_\_\_\_

Net Cash Generated or (Used):

\_\_\_\_\_

Balance of Accounts Receivable at the End of the Month

\_\_\_\_\_

## INSURANCE COVERAGE

PLEASE CHECK IF YOU CARRY ANY OF THE FOLLOWING TYPES OF INSURANCE AND ATTACH A COPY OF THE POLICY OR CARD.

- \_\_\_\_\_ WORKERS= COMPENSATION INSURANCE
- \_\_\_\_\_ GENERAL LIABILITY
- \_\_\_\_\_ LIQUOR LIABILITY
- \_\_\_\_\_ FIRE/EXTENSIVE COVERAGE
- \_\_\_\_\_ PROPERTY INSURANCE
- \_\_\_\_\_ THEFT INSURANCE
- \_\_\_\_\_ VEHICLE INSURANCE
- \_\_\_\_\_ OTHER: (STATE TYPES)\_\_\_\_\_

## LICENSES

PLEASE CHECK IF YOU HAVE ANY OF THE FOLLOWING TYPES OF LICENSES AND ATTACH A COPY OF LICENSES.

- \_\_\_\_\_ LIQUOR LICENSE
- \_\_\_\_\_ CONTRACTOR LICENSE
- \_\_\_\_\_ CITY BUSINESS LICENSE OR COUNTY LICENSE
- \_\_\_\_\_ ANY OTHER LICENSE REQUIRED FOR YOUR BUSINESS