

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

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TO

ADAM M. GOODMAN  
Standing Chapter 13 Trustee

(Attn: \_\_\_\_\_)

Suite 200  
260 Peachtree Street, N.E.  
Atlanta, GA 30303

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**Failure to Return Forms Will Result in a Motion to Dismiss Your Case.**

**Check the following being returned:**

- |   |  |
|---|--|
| <input type="checkbox"/> Business Debtor Questionnaire  | <input type="checkbox"/> Copies of GA Form 500-ES and record of payments. (See Questionnaire Item 9B.)   |
| <input type="checkbox"/> Copies of last two (2) years of annual financial statements, if applicable. (See Questionnaire Item 6D.)   | <input type="checkbox"/> Copies of Form 941/"Employer's Quarterly Federal Tax Refund" for the past two (2) years. (See Questionnaire Item 9C.)                     |
| <input type="checkbox"/> Copies of past twelve (12) months of financial statements, income and expense reports, profit and loss, or other monthly operating reports. (See Questionnaire Item 6E.) | <input type="checkbox"/> Copies of Form 940, "Employer's Annual Federal Unemployment (FUTA) Tax" returns for the past two (2) years. (See Questionnaire Item 9C.)  |
| <input type="checkbox"/> Copies of the attached Business Report of Income Cash and Expenses for each of the last four (4) months. (See Questionnaire Item 6E.)                                    | <input type="checkbox"/> Copies of all Forms 1099 filed in past two (2) years. (See Questionnaire Item 9D.)  |
| <input type="checkbox"/> Copies of all bank/money market/investment accounts for the past three (3) months. (See Questionnaire Item 7A)   | <input type="checkbox"/> Copies of State of Georgia Form DOL-4 "Employer's Quarterly Tax and Wage Report" for the past two (2) years. (See Questionnaire Item 9E.) |
| <input type="checkbox"/> Copies of validated bank deposits for payroll taxes for the past six months. (See Questionnaire Item 8C.)  | <input type="checkbox"/> Copies of all Sales and Use Tax Forms (Form ST-3, for example) for the past two (2) years. (See Questionnaire Item 9F.)                   |
| <input type="checkbox"/> Copies of past two (2) years federal and state income tax returns. (See Questionnaire Item 9A.)  | <input type="checkbox"/> Copies of all current insurance policies or binders. (See Questionnaire Item 10.)   |
| <input type="checkbox"/> Copies of Form 1040-ES and record of payments. (See Questionnaire Item 9B.)  | <input type="checkbox"/> Copies of all business licenses. (See Questionnaire Item 11.)   |

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

**Business Debtor Questionnaire**

Case Number \_\_\_\_\_

Dear \_\_\_\_\_:

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?

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

2. Do you have income from more than one business? \_\_\_Yes \_\_\_No  
If yes, what is the other business? \_\_\_\_\_

\_\_\_\_\_

3. Do you have any source of income other than your business? \_\_\_Yes \_\_\_No  
If yes, what is the source of your other income? \_\_\_\_\_

\_\_\_\_\_

4. Description of Business

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

B. Location of Business:

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

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

Mailing address if different than location

\_\_\_\_\_

C. Main product or service (be specific)

\_\_\_\_\_

\_\_\_\_\_

5. Business Organization

A. Is your business a:

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

- B. Names of Owners of Business:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 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 four (4) 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. \_\_\_\_\_



- 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>

**9. 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

**10. 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)	_____	_____



**11. 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: \_\_\_\_\_

\_\_\_\_\_  
Debtor 1 Signature

\_\_\_\_\_  
Debtor 2 Signature

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 Source): \_\_\_\_\_

(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 \_\_\_\_\_

Interest \_\_\_\_\_

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