

OFFICE OF THE CHAPTER 13 TRUSTEE
DYNELE SCHINKER-KUHARICH, TRUSTEE
For Cases Filed Under Chapter 13 in the United States Bankruptcy
Court Northern District of Ohio – Eastern Division (Canton)

BUSINESS QUESTIONNAIRE

Dated: _____

Debtor's Name: _____

Case No.: _____

INSTRUCTIONS: Please complete the entire questionnaire for each open and active business in which you have an ownership interest. Use additional pages if necessary. If using additional pages include your name, your case number, and the question number addressed on the additional page. All financial information provided, unless otherwise stated, is to be current as of the filing date for your Chapter 13 bankruptcy case.

This completed form, along with copies of all documents requested, must be **RECEIVED** by the Trustee's Office **AT LEAST 7 DAYS PRIOR to your Meeting of Creditors** in order for the Trustee to have an adequate opportunity to review the information.

1. DESCRIPTION OF BUSINESS

a. Business name: _____

b. Business address or location: _____

c. Name of owners(s) and their % ownership interest: _____

d. Main products and/or services: _____

e. When did your business begin operations? _____

f. When did your business cease operations? _____

g. Legal form of business entity: Federal ID #: _____

Sole Proprietorship Partnership Limited Liability Company (LLC)

Corporation Sub S-Corporation Other: _____

2. INCOME AND EXPENSES

a. What are the average gross sales/revenues per month? _____

b. What are the average costs per month to operate your business? _____

c. Is your business seasonal? Yes No

If yes, specify your financially strong and weak months and the reason(s) for fluctuations:

3. MARKET VALUE OF BUSINESS

a. Provide a summary of business assets and debts. Do not include leases in the asset list. Attach additional pages if necessary.

Assets	Date Acquired	Cost	Current Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Debts (list the creditor)	Date Incurred	Balance owed	Describe use of loan proceeds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Market value of your inventory: _____

c. Market value of your receivables: _____

d. Market value of your business: _____

4. SPECIAL LICENSES AND PERMITS

a. Are any special licenses or permits required to operate your business? (Ex: liquor, seller, contractor) Yes No
 If yes, please attach a copy of the license and provide the following:

License/Permit	Issued By	Effective Date	Expiration Date

5. LEASES

a. Do you lease office space? Yes No If yes, provide the following:

Address	Landlord Name	Lease Terms	Continue Lease?
			<input type="checkbox"/> Assume Lease <input type="checkbox"/> Reject Lease
			<input type="checkbox"/> Assume Lease <input type="checkbox"/> Reject Lease
			<input type="checkbox"/> Assume Lease <input type="checkbox"/> Reject Lease

b. Do you lease business equipment? Yes No If yes, provide the following:

Equipment and Location	Creditor Name	Lease Terms	Continue Lease?
			<input type="checkbox"/> Assume Lease <input type="checkbox"/> Reject Lease
			<input type="checkbox"/> Assume Lease <input type="checkbox"/> Reject Lease
			<input type="checkbox"/> Assume Lease <input type="checkbox"/> Reject Lease
			<input type="checkbox"/> Assume Lease <input type="checkbox"/> Reject Lease

6. BANK OR OTHER FINANCIAL INSTITUTION ACCOUNTS

a. Do you have business savings, checking or other accounts? Yes No If yes, provide the following:

Financial Institution	Account No.	Type of Account	Purpose

7. LIST ALL FULL AND PART TIME EMPLOYEES

Attach additional pages, if necessary.

Name of Employee	Position/Function	Monthly Salary or Hourly Rate	
			<input type="checkbox"/> Full time <input type="checkbox"/> Part time
			<input type="checkbox"/> Full time <input type="checkbox"/> Part time
			<input type="checkbox"/> Full time <input type="checkbox"/> Part time
			<input type="checkbox"/> Full time <input type="checkbox"/> Part time

8. PROVIDE THE FOLLOWING:

- a. A copy of your two most recent federal income tax returns for your business including all supporting schedules.
- b. Balance Sheet as of the date of your bankruptcy filing.
- c. Income and Expense Statement for the twelve-month period prior to the date of your bankruptcy filing.
- d. Twelve-month Projected Cash Flow Statement. This Cash Flow Statement should reflect projected income and expenses for each of the twelve months following the date the bankruptcy petition was filed.
- e. Insurance policies/binders for all lines of business insurance verifying the coverages and that the policy is in effect.

9. DECLARATION UNDER PENALTY OF PERJURY

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 accurate.

Signature: _____

Printed Name: _____

Date: _____

Signature: _____

Printed Name: _____

Date: _____

Please provide this completed form to your attorney for delivery to the Trustee's office. **The Trustee's Office must RECEIVE this document AT LEAST 7 DAYS PRIOR TO YOUR MEETING OF CREDITORS.**