

Ray Hendren  
 Standing Chapter 13 Trustee  
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## BUSINESS CASE QUESTIONNAIRE

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

Debtors Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

The Trustee requires all debtors who are self employed to complete the following questions. All questions should be answered. Use a separate page if additional room is needed but be sure to reference the additional page next to the item you are answering. All information provided must be complete and organized. Failure to provide detailed and accurate information may result in the Trustee filing a motion to dismiss the case.

**1. Categorize in order of importance (5 – most important to 1 – least important; 0 – not relevant) the reason(s) behind your decision to file a chapter 13 bankruptcy:**

- |  |   |
|--|---|
| <input type="checkbox"/> Loss of income/job    | <input type="checkbox"/> Poor money management  |
| <input type="checkbox"/> Medical expenses      | <input type="checkbox"/> Kids/grandkids/parents |
| <input type="checkbox"/> Divorce               | <input type="checkbox"/> Credit card problems   |
| <input type="checkbox"/> Foreclosure – home    |   |
| <input type="checkbox"/> Foreclosure – vehicle |   |
| <input type="checkbox"/> IRS problem(s)        |   |
| <input type="checkbox"/> Other: (describe)     |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |

**2. Give description of business:**

- a. List current names and all past names used by the business.
  
- b. Type of business that you operate.
  
- c. Main product and/or service.
  
- d. Is your business a:  
Sole Proprietorship?       Partnership       Corporation
  
- e. Name of owners.
  
- f. When did the current business start operating?
  
- g. Location where the business is operated.
  
- h. Are you leasing office space?       Yes       No  
If yes, list all leases, terms of each lease, and if you wish to continue each lease.
  
- i. Are you leasing any business equipment?       Yes       No  
If yes, list all leases, terms of each lease, and if you wish to continue each lease.
  
- j. Is your business seasonal?       Yes       No  
If yes, specify your good months and poor months and reason for fluctuation.
  
- k. Have you pledged your receivables, rents, profits, or other cash as collateral for any loans? Specify the lender(s).

**3. Description of assets:**

- a. On a separate page, describe each item with a value over \$500.00. Also include 1) What would you sell the item for in its present condition and assuming a fair price; 2) How much the item cost you originally; 3) The age of each item.
  
- b. What would you estimate to be the market value of your business equipment?  
\$\_\_\_\_\_.
  
- c. What would you estimate the market value of your inventory to be?  
\$\_\_\_\_\_.
  
- d. What would you estimate the market value of your accounts receivable to be?  
\$\_\_\_\_\_.
  
- e. If you were to buy your business today, how much would you pay for your business?  
\$\_\_\_\_\_.

**4. Description of all bank accounts to which you have access:**

- a. Provide copies, not originals, of bank statements for all accounts for 6 months prior to the time of filing your Chapter 13 Case. Include copies of cancelled checks and deposits.
  
- b. Are you the only authorized signatory(ies) on the accounts?     Yes     No  
If no, specify other persons other persons that are an authorized signer\_\_\_\_\_

Bank Name	Account Number	Type of Account	Purpose

**5. List all full time and part time employees:**

Name of Employee	Position/Function	Monthly Salary	Part Time/Full Time

**6. Proof of payment of employee withholding taxes:**

- a. If you have employees, provide copies of proof of payment for 3 months prior to the month your case was filed.

**7. Proof of payment of sales tax:**

- a. If applicable, provide copies of proof of payment for 3 months prior to the month your case was filed.

**8. Insurance:**

- a. In addition to the insurance listed in the Affidavit of Chapter 13 Debtors, provide copies of the policy or binder for the following:
  - 1. Liquor liability insurance
  - 2. Worker's compensation insurance
  - 3. All other insurance for which premiums are currently being paid

**9. Licenses:**

- a. Provide copies of the following if applicable:
  - 1. License (If a business license is not required for your business explain why) \_\_\_\_\_
  - 2. Seller's permit \_\_\_\_\_
  - 3. Contractor's license \_\_\_\_\_
  - 4. Other license currently used \_\_\_\_\_

I/WE declare under penalty of perjury that the forgoing statement of information is true and correct to the best of MY/OUR knowledge, information and belief.

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

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

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