

## Questionnaire for Business Owners

Your current federal income tax return reflects that in addition to your salary or wages, you also had business income/ (loss) or farm income/ (loss). Please fill out the questionnaire completely.

Case Number: \_\_\_\_\_.

Debtors Name \_\_\_\_\_

Company/Business Name \_\_\_\_\_

Company/Business Address \_\_\_\_\_

Start Up Date of Company/Business \_\_\_\_\_

Position/ Job Title with Company/ Business \_\_\_\_\_

**-If your federal income tax return reflects that you are receiving either a salary or wages:**

Name of your **present** employer: \_\_\_\_\_

Do you work:  Full time (35-40 hrs per week)  Part Time (less than 35 hrs per week)

-How many years/months have you worked in your **current** position: \_\_\_\_\_

-How many years/months was the business/ farm operational: \_\_\_\_\_

1) Were your income taxes prepared by you (self) or an outside tax preparer?

Self (including on-line/computer tax programs)  Outside Tax Preparer

If prepared by a tax preparer:

-The name of your tax preparer and the number of years you have been using them to prepare your returns.

\_\_\_\_\_  
-Was the determination to reflect your business/farm gains/loss made by **you** or **the tax preparer**?

2) Is your business/company incorporated, a Limited Liability Company (LLC), a partnership or sole proprietorship?

\_\_\_\_\_  
If not the sole owner, please state the names and addresses of the other owners of the business.

3) Describe the nature of your business and state what product/services are provided by your business.

4) Do you maintain detailed records of income/expense of your business operations?  Yes  No

If yes, please describe the records you maintain and the location of those records.

5) Has your business ever had at monetary losses for a fiscal year? Please state the years in which your business has been operating *at a loss*.

\_\_\_\_\_

6) Has your business ever operated at a profit for a fiscal year? Please state the years in which your business has been operating *at a gain*.

\_\_\_\_\_

7) Do you use any types of motor vehicles, machinery, equipment or tools in the operation of your business?

Yes  No

If yes, please describe the types of machinery, equipment or tools used.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Were all the business assets, machinery, equipment or inventories used by or in your business declared on your bankruptcy schedules?  Yes  No

If no, list any assets that were wither omitted (missing) or sold by your in the last two years. Also state the reasons why the assets, machinery, equipment or tools were not listed on your bankruptcy schedules.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Debtor Signature: \_\_\_\_\_

Co-Debtor Signature: \_\_\_\_\_

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