

**BUSINESS CASE QUESTIONNAIRE**

Debtor's Name \_\_\_\_\_

Chapter 13 case # \_\_\_\_\_

Are you self-employed? \_\_\_\_\_

Name of Business \_\_\_\_\_

Type of Business (description) \_\_\_\_\_

-

Has the business ever been incorporated: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list dates incorporated \_\_\_\_\_

Date Business began \_\_\_\_\_

1. Does the business have employees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how many? \_\_\_\_\_

Does business withhold on these employees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, attach copy of prior quarterly payroll tax return (form 941).

If not, how are employees compensated? \_\_\_\_\_

Are 1099's issued? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Do vendors or suppliers allow the business to purchase inventory on credit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you anticipate incurring any post-petition trade credit or other business debt? \_\_\_\_\_ Yes \_\_\_\_\_ No

List all suppliers and vendors who allow a revolving credit account?

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

**IF YOU ANSWERED YES TO THIS SECTION, PLEASE PROVIDE A STATEMENT OF PROJECTED INCOME & EXPENSES**

3. Does the business keep inventory on hand? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the business have insurance on the inventory? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sale tax ID# \_\_\_\_\_

What is the average age of inventory? \_\_\_\_\_

What is the average monthly value of inventory? \_\_\_\_\_

4. Does the business have account receivables (A/R)? \_\_\_\_ Yes \_\_\_\_ No  
How many accounts make up the A/R? \_\_\_\_\_ (Approximate)  
Does the business factor A/R? \_\_\_\_\_ (Attach factoring agreement)  
How old are the A/R? \_\_\_\_\_ (Supple age list if numerous)  
What amount is reasonable collectable? \_\_\_\_\_

5. Is the business cyclical? \_\_\_\_ Yes \_\_\_\_ No  
If so, what is the busy season? \_\_\_\_\_  
What is the slow season? \_\_\_\_\_

6. Does the business own \_\_\_\_ Lease \_\_\_\_ office space or real property?  
Address of Property \_\_\_\_\_  
Monthly payment \_\_\_\_\_ Term of payments or lease \_\_\_\_\_  
Date purchased or leased \_\_\_\_\_

7. Does the company lease business equipment or autos? \_\_\_\_ Yes \_\_\_\_ No  
Describe the leased/rented items \_\_\_\_\_  
Monthly payment \_\_\_\_\_ Term of lease \_\_\_\_\_

**IF MORE THAN ONE ITEM, PLEASE ATTACH SEPARATE INFORMATION ON EACH LEASE.**

8. Does the business carry the following insurance policies?  
a. Commercial liability? Yes \_\_\_\_ No \_\_\_\_ Policy # \_\_\_\_\_  
b. Workers Compensation? Yes \_\_\_\_ No \_\_\_\_ Policy # \_\_\_\_\_  
c. Commercial Property? Yes \_\_\_\_ No \_\_\_\_ Policy # \_\_\_\_\_  
d. Automobile coverage? Yes \_\_\_\_ No \_\_\_\_ Policy # \_\_\_\_\_  
e. Other (list) \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Policy # \_\_\_\_\_  
Are all policies current?

9. Is the business required to have a business license? \_\_\_\_ Yes \_\_\_\_ No  
If so, please list: \_\_\_\_\_  
Are the licenses current? \_\_\_\_ Yes \_\_\_\_ No

10. Attach a list of business assets, including the fair market value of each asset to include equipment, inventory, supplies, receivables and any other items.