

JOYCE BRADLEY BABIN
CHAPTER 13 STANDING TRUSTEE
P.O. Box 8064
Little Rock, AR 72203-8064
Tel: (501) 537-2500
Fax: (501) 537-2501

IN RE: _____

CASE NO.: _____

BUSINESS QUESTIONNAIRE

The Trustee requires Debtors who are self-employed or that operate a business to complete the following questionnaire. All questions should be answered. If you operate more than one business, you will need to provide information about all businesses. If you need additional space, please attach a separate page and reference the number of the item for which you are providing the answer on the additional page. Because the Trustee will rely on this information to review your case, the information should be detailed, accurate and organized. Failure to provide detail and accurate information may result in the Trustee filing a Motion to Dismiss your case.

This Business Questionnaire should be returned to the Trustee at the above address within thirty (30) days of your receipt of this questionnaire.

1. Cause for Filing and Prior Bankruptcies:

1a. What circumstances lead you to file this chapter 13 bankruptcy case?

1b. Have you filed a bankruptcy case previously? If so, please state the date(s) of filing, the kind of chapter(s) filed and the disposition of previous bankruptcies?

1c. What circumstances have changed from the circumstances present in any previous bankruptcy cases that indicate that you will be able to make your plan payments and reorganize in this case?

2. Description of Self-Employment or Business:

2a. Describe the type of self-employment or business that you operate and the main product or service that you perform. If joint debtors, state which debtor is self-employed or operate the business or whether both debtors are involved are self-employed or operate the business.

2b. List current names and all past names used by the business.

2c. Indicate whether your business is:

Sole Proprietorship

Limited Liability Corporation

Partnership

Other

Corporation

If Other, please specify: _____

2d. State the names, addresses, telephone numbers and occupations or all shareholders, members, partners, officers, directors, managers or owners. For each person or entity, provide the numbers of shares owned and/or the percentage of ownership.

2e. If the business is operating as a corporation or other entity which requires registration with a federal and/or state agency, state when articles of incorporation or other similar registration were filed. Also, state whether the corporation or entity is in good standing?

2f. State the dates when the business began operating.

- 2g. State the address and telephone number where the business is operated.
- 2h. Does the business operate in a leased space? If so, please list all leases and describe the property leased, the terms/lengths of the leases and rent paid and state whether you wish to continue each lease.
- 2i. Does you or the business lease any business equipment? If so, please list all leases and describe the property leased, the terms/lengths of the leases and rent paid and state whether you wish to continue each lease.
- 2j. Does you or the business have any promissory notes, loans or other financing arrangements or agreements? If so, please list the financing arrangements and describe any assets have been pledged to secure payment, including rents, profits, cash or other property.
- 2k. Is your business seasonal? If so, please describe the fluctuations in income and expense which occur including the estimate of the income and expenses by month.
- 2l. Please describe the source(s) of the business income and the approximate percentage of income derived from each source, *e.g.* rental income from property or equipment, nature of any service provided, type of goods produced and/or sold, livestock or crops.
- 2m. Please provide the taxpayer identification or social security number(s) used to operate the business.

2n. Indicate calendar year or date of the fiscal year end for each business.

3. Stock or Interest Owned:

3a. If you or the business own stock or other interest in any other corporation, partnership, limited liability corporation, please state the name and address of such entity and the number of shares and/or percentage of shares or interest owned.

4. Income Tax Returns:

4a. Have you and the business filed all state and federal income tax returns which are currently or previously due?

4b. List all states in which the business is required to file income tax returns.

4c. If any returns are unfiled, please state the years and returns which are not filed whether due or delinquent.

4d. Does the business make estimated tax deposits? If so, state the date and amount of the last estimated tax deposit.

5. Employees:

5a. Does your business have employees? If your response is Yes, then respond to questions 5b through 5f.

5b. For each employee, provide a list with the following information:

1. Full Name
2. Position/Responsibility
3. Rate of Pay (include hourly rate, bonus, commissions)
4. Pay Period (weekly, bi-weekly)
5. Average Hours Worked per Pay Period

5c. Do you provide health insurance? If so, describe the amount contributed by the employer.

5d. Do you provide a retirement plan. If so, describe the amount contributed by the employer.

5e. Have all state and federal withholding returns due been filed? If the returns are not current and/or monies withheld or employer contribution have not been paid, attach a list which identifies by date and obligation (both nature and amount) those returns or payments which are delinquent or unfiled.

5f. Provide the following for the account(s) in which funds withheld from employees or tax deposits are maintained or held in trust:

1. Name on Account/Account Number
2. Name and Address of Bank or Entity at which account is maintained.
3. Signatories on the Account
4. Frequency on which deposits are made into the account.

6. Sales Or Other Tax Obligations:

6a. Do you have any other tax obligations, including sales tax, excise tax for over the road vehicles, fuel tax or other surcharge tax. If yes, please describe the nature of the tax, the authority to which paid and the frequency on which the tax or charge is due.

6b. Are you current on the tax obligations described in 6a? If the tax obligations are not paid and/or the returns have not been filed, please describe the dates and the obligations of the unfiled returns or unpaid taxes.

7. Books and Records:

7a. Do you have any accountants and/or bookkeepers? If yes, please provide the names, addresses, telephone numbers and fax numbers.

7b. How often does the accountant/bookkeeper prepare profit/loss statements for the business?

7c. If you do not have an accountant or bookkeeper, please state the name, address, and telephone number of the persons who prepare and maintain records.

8. Bank Accounts:

8a. For each depository account maintained for the benefit of or by the business, provide the name of all account holders and account numbers of each account, the institutions or banks in which accounts are held, the signatories on the accounts and the location of the bank records for the business.

9. Assets:

9a. Attach a list which describes separately each business asset with a value of \$500 or more. For each item, provide date of purchase and purchase price, and current fair market value.

9b. Does the business have inventory? If so, describe or attach a list of the inventory, estimate the fair market value and describe the frequency of the turnover or sale of inventory.

9c. Does the business have accounts receivable? If so, what are the amounts of the accounts receivable aged on the following categories: Current/30-60 days, past due/60-90 days, past due over 90 days.

9d. Does the business have any demands, claims filed or lawsuits for any property or monies from a third party or any insurance, bond, or indemnity claim regardless of the likelihood of recovery or status of claims. If so, please identify by name and address of the party or parties against whom such claim or demand has been or may be made and the amount and nature of the claim and property demanded.

10. Insurance:

10a. Does the business maintain the following insurance coverage? If so, please provide the following information.

Type	Yes/ No	Policy No. and Company	Agent Name and Address	Limits	Term
Commercial Liability					
Workers Compensation					
Fire/Extended Coverage Building Contents Inventory					
Vehicle - Liability					
Vehicle - Comprehensive and Collision					
Life Insurance Insured Beneficiary					
Professional Liability					
Other (Describe)					

10b. Are any of the premiums for the policies financed? If so, provide the name and address of the financing entity or institution and the date(s) and amount(s) of payments.

10c. Are all coverages described above in full, force and effect including the premiums being paid current?

11. Licenses:

11a. Are any federal, state, local or other regulatory or agency license or permit required for the operation of any portion or all of your business? If so, please provide descriptions of the licenses or permits required; the name, address and telephone of the agency or issuing authority, and whether the license is current or in good standing.

11b. Describe any investigation of your business or any action to suspend or revoke any license or permit by any federal, state, local or other regulatory agency.

12. Lawsuit and Other Proceedings:

12a. If your business is a party to any lawsuits or administrative proceedings, please state all parties to such cases, the courts or agencies before which any case is pending, the numbers and styles of the cases, the attorneys representing the business and the status of the cases or proceedings.

13. Continued Operations:

13a.

14. Documents to be Attached:

14a. Copies of the last two years state and federal income tax returns which have been filed.

14b. Copies of the last three (3) federal and state employee withholding returns which were filed and proof of remittance of the payments due.

14c. Copies of bank statements for the six months prior to filing (do not include copies of all checks at this time; these may be requested in the future).

14d. Copies of last six(6) months operating reports reflecting itemization of all income and expenses.

14e. Balance sheet reflecting all assets and liabilities of the business effective the date of filing the chapter 13 petition.

14f. Monthly Income and Expense Statement.

14g. Any other documents relevant to the Trustee's review.

Declaration Under Penalty of Perjury I/We declare under penalty of perjury that I /we have read the foregoing Business Questionnaire and the responses and information is true and correct to the best of my/our knowledge, information and belief.

Signature

Signature

Printed Name

Printed Name

Date

Date

Return Questionnaire to: **Joyce Bradley Babin, Standing Chapter 13 Trustee
Eastern/Western Districts of Arkansas
P.O. Box 8064
Little Rock, AR 72203-8064**