

Case Name _____ Case Number _____

BUSINESS EXAMINATION CHECKLIST

Office of the Chapter 13 Trustee

INSTRUCTIONS: Complete all sides of the form. Use a separate page if you need additional room, be sure to reference the additional page by the number you are answering.

IMPORTANT: All information must be in the form requested. Information and/or documents presented in an unorganized fashion will not be accepted and will result in the examination being delayed and/or rescheduled. Please contact your attorney if you have any questions.

This checklist along with COPIES of all documents requested must be provided to the trustee seven (7) calendar days prior to the 341 Meeting of Creditors.

1. WHAT CIRCUMSTANCE(S) LEAD YOU TO FILE CHAPTER 13 BANKRUPTCY?

2. DESCRIPTION OF BUSINESS

a) Name of the business _____

b) Type of business that you operate

c) Main product and/or service

d) Is your company a:

sole proprietorship partnership corporation

e) Names 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

1) If yes, is it your intention to continue with the lease? Yes No

i) Are you leasing any business equipment? Yes No

j) Is your business seasonal? Yes No

1) If yes, specify your good months and poor months.

k) Have you pledged your receivables, rents, profits, or other cash as collateral for any loans?

Yes No

3. DESCRIPTION OF ASSETS

a) On a separate page, describe each item with a value over \$500.00.

In addition to the description, tell us:

1) What you would sell the item for in its present condition and assuming a fair price; and

2) How much did the item cost you originally?

3) What is the age of the equipment?

b) What would you estimate the market value of your inventory to be? \$ _____

c) What would you estimate the market value of your account receivables to be? \$ _____

d) 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

Use a separate page if necessary

a) Provide **COPIES**, not originals, of bank statements for all accounts for 6 months before you filed your Chapter 13 case. (Note: The Trustee may request copies of one or more canceled checks for this time period in order to clarify data contained on the bank statements.)

b) Are you the only authorized signatory(ies) on the accounts? Yes No

1) If no, specify who else is an authorized signer _____

Bank Name	Account No.	Type of Account	Purpose

5. LIST ALL FULL TIME AND PART TIME EMPLOYEES

Use a separate page if necessary

Name of Employee	Position/Function	Mo. Salary	P=Part F=Full

6. PROOF OF PAYMENT OF EMPLOYEE WITHHOLDING TAXES

(State – EDD form DE6; Federal - IRS form 941)

- a) If you have any employees, provide **COPIES** of proof of payment for 3 months prior to the month your case was filed as well as any that have fallen due since your case was filed.

7. PROOF OF PAYMENT OF SALES TAX

(State Board of Equalization)

- a) If applicable, provide **COPIES** of proof of payment for 3 months prior to the month your case was filed as well as any that have fallen due since your case was filed.

8. STATE AND FEDERAL TAX RETURNS

- a) Provide copies of federal and state tax returns, along with all supporting schedules, for at least the two years preceding the filing.

9. FINANCIAL STATEMENTS

- a) Provide copies of financial statements furnished to a third party such as a trade creditor or a bank within the two years preceding the filing of the petition, including, but not limited to the balance sheet, income statement and cash flow statement.

10. INSURANCE

If applicable, provide **COPIES**, not originals, of proof of the following:

- a) Business Liability b) Workers' Compensation c) Vehicle d) Liquor Liability
- e) Real and/or Personal Property Insurance f) Other _____

11. LICENSES

If applicable to your business, provide **COPIES**, not originals, of the following:

- a) Business License (if a business license is not required for your business explain why)
- b) Seller's Permit c) Contractor's License d) Other _____

12. PROFIT AND LOSS STATEMENT

Using the form on the back, provide a Profit and Loss Statement for the last month in addition to a Profit and Loss Statement covering the 12 months immediately preceding the filing of your Bankruptcy.

PROFIT & LOSS STATEMENT

Month _____ Year _____

(Do Not Include Personal Household Expenses. **Include Only Business Expenses**)

INCOME

- 1 Gross Receipts or Sales \$ _____
- 2 Cost of Goods Sold:
 - 2(a) Purchases \$ _____
 - 2(b) Cost of Labor \$ _____
(do not include employee salaries)
 - 2(c) Materials and supplies \$ _____
- 3 Gross Profit (subtract line 2 from line 1) \$ _____
- 4 Other Income \$ _____
- 5 **GROSS INCOME** (add lines 3 and 4) \$ _____

EXPENSES (do not list Chapter 13 plan payment)

- 6 Business Property Rent/Lease \$ _____
- 7 Employee Benefits \$ _____
- 8 Equipment Lease Payments \$ _____
- 9 Salaries and Wages of Employees _____
- 10 Secured Debt Payments \$ _____
- 11 Supplies (not included in 2(c)) \$ _____
- 12 Utilities \$ _____
- 13 Telephone \$ _____
- 14 Repairs & Maintenance \$ _____
- 15 Miscellaneous Office Expense \$ _____
- 16 Advertising \$ _____
- 17 Travel & Entertainment \$ _____
- 18 Professional Fees

Name _____ Purpose _____ \$ _____

- 19 Insurance:
 - 19(a) Liability \$ _____
 - 19(b) Property \$ _____
 - 19(c) Vehicle \$ _____
 - 19(d) Workers' Compensation \$ _____
 - 19(e) Other _____ \$ _____
- 20 Taxes:
 - 20(a) Payroll \$ _____
 - 20(b) Sales \$ _____
 - 20(c) Other _____ \$ _____

21 **Total Expenses** (add lines 6 through 20) \$ _____

TOTAL PROFIT (LOSS) FOR MONTH(subtract line 21 from line 5)) \$ _____

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Dated: _____

(Debtors)