MARSHA L. COMBS-SKINNER

Chapter 13 Standing Trustee

Central District of Illinois 108 S. Broadway P.O. Box 349 Newman, IL 61942 (217) 837-9730 Phone (217) 837-2662 Facsimile

BUSINESS CASE QUESTIONNAIRE

	Dated:
Debtors Name:	Case Number:
questions should be answered. Use a ser reference the additional page next to the	self employed to complete the following questions. All parate page if additional room is needed but be sure to item you are answering. All information provided must be ride detailed and accurate information may result in the ase.
1. What circumstance lead you to file	this chapter 13 Bankruptcy?
2. Give description of business:a) List current names and all past	t names used by the business.
b) What is the type of business th	nat you operate?
c) What is the main product and/o	or service?
d) Is your business classified as: Sole Proprietorship Pa	artnership Corporation
e) What is the name of the owner	rs?
f) When did the current business	s start operating?

g)	Where is the location where the business is operated?
	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, term of each lease, and if you wish to continue each lease.
	Is your business seasonal? Yes No If yes, specify your good months and poor months and reason for fluctuation.
	Have you pled your receivables, rents, profits, or other cash as collateral for any loans? Yes No If yes, identify asset or revenue pledged.
	On a separate page, describe each item with a value over \$500.00. Also include: 1) What you would sell the item for in its present condition and assuming a fair price; 2) How much the item cost you originally; and 3) The age of each item.
b)	What would you estimate the market value of your inventory to be? \$
c) '	What would you estimate the market value of your accounts receivable to be? \$
d) 1	If you were to buy your business today, how much would you pay for your business? \$
a)] tl n	ption of all bank accounts to which you have access: Provide copies, not originals, of bank statements for all accounts for 6 months prior to he time of filing your Chapter 13 Case. (Note: The Trustee may request copies of one or nore canceled checks from this time period in order to clarify data contained in the bank tatements.)
	Are you the only authorized signatory (ies) on the accounts? Yes No If No, specify 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 the for 3 months prior to the month your case was filed.

7. Proof of payments of sales taxes:

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

8. Federal Tax Returns:

a) Provide a copy of your most recent federal tax return.

9. 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

e:
nse is not required for your business explain why)
g statement of information is true and correct belief.

Debtor 1 Signature
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