

OFFICE OF THE CHAPTER 13 TRUSTEE
LAUREN A. HELBLING, TRUSTEE
For Cases Filed Under Chapter 13 in the United States Bankruptcy Court
Northern District of Ohio – Eastern Division (Cleveland)

SELF-EMPLOYMENT QUESTIONNAIRE

Dated: _____

Debtor's Name: _____

Case No: _____

INSTRUCTIONS: Complete the entire questionnaire for each line of business or self-employment in which you have an ownership interest. Use additional pages if necessary. If using additional pages include case number, case name and question number on all additional pages. All financial information provided, unless otherwise stated, is to be current as of the filing date for your Chapter 13 bankruptcy case.

This completed form, along with copies of all documents requested, must be provided to the Trustee in a timely manner in order for the Trustee to have an adequate opportunity to review the material prior to the Meeting of Creditors.

1. DESCRIPTION OF BUSINESS/SELF EMPLOYMENT

a. Business name: _____

b. Business address or location: _____

c. Name of owners(s) and their % ownership interest: _____

d. Main products and/or services: _____

e. When did your business begin operations? _____

f. When did your business cease operations? _____

g. Legal form of business entity: Federal ID #: _____

____ Sole Proprietorship ____ Partnership ____ Limited Liability Company (LLC)

____ Corporation ____ Sub S ____ Other: _____

2. INCOME AND EXPENSES

a. What are the average gross sales/revenues per month? _____

b. What are the average costs per month to operate your business? _____

c. Is your business seasonal? Yes No If yes, specify your financially strong and weak months and reason(s) for fluctuations:

3. MARKET VALUE OF BUSINESS

a. Provide a summary of business assets and debts. Do not include leased assets.

Assets	Date Acquired	Cost	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Debts (list creditor)	Date of Loan	Balance owed	Describe use of loan proceeds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Market value of your inventory: _____

c. Market value of your receivables: _____

d. Market value of your business: _____

4. SPECIAL LICENSES AND PERMITS

a. Are any special licenses or permits required to operate your business? (Ex: liquor, seller, contractor) Yes No
If yes, attach a copy and provide the following:

License/Permit	Issued By	Effective Date	Expiration Date

5. LEASES

a. Do you lease office space? Yes No If yes, provide the following:

Location	Creditor Name	Lease Terms	Continue Lease?

b. Do you lease business equipment? Yes No If yes, provide the following:

Equipment and Location	Creditor Name	Lease Terms	Continue Lease?

6. BANK OR OTHER FINANCIAL INSTITUTION ACCOUNTS

a. Do you have business savings, checking or other accounts? Yes No If yes, provide the following:

Financial Institution	Account No.	Type of Account	Purpose

7. LIST ALL FULL AND PART TIME EMPLOYEES

Name of Employee	Position/Function	Monthly Salary or Hourly Rate	FT=Full time PT=Part time

8. PROVIDE THE FOLLOWING:

- a. A copy of your two most recent federal tax returns for your business including all supporting schedules.
- b. Balance Sheet as of the date of your bankruptcy filing.

- c. Income and Expense Statement for the twelve-month period prior to the date of your bankruptcy filing.
- d. Twelve-month Projected Cash Flow Statement. This Cash Flow Statement should reflect projected income and expenses for each of the twelve months following the date the bankruptcy petition was filed.
- e. Insurance policies/binders for all lines of business insurance verifying the coverages and that the policy is in effect.

9. DECLARATION UNDER PENALTY OF PERJURY BY DEBTOR(S)

I(we) declare under penalty of perjury that I(we) have answered all questions and provided all applicable documents pertaining to this business questionnaire in good faith and that said answers and documents are true and accurate.

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Please forward to your attorney for subsequent delivery to the Trustee’s office. If you and your attorney prefer, you may send the completed *Business Questionnaire* and enclosures directly to the Trustee’s office at the address shown below or email to ch13trustee@ch13cleve.com.

**Lauren A. Helbling, Chapter 13 Trustee
200 Public Square, Suite 3860
Cleveland, Ohio 44114**

ATTN: Business Analyst