

OFFICE OF JACK W. GOODING CHAPTER 13 STANDING TRUSTEE

Eastern and Western Districts of Arkansas
Pine Bluff, Little Rock, Hot Springs, El Dorado and Texarkana Divisions

Jack W. Gooding
Trustee

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BUSINESS CASE QUESTIONNAIRE

Debtor:
Case No:
Date Filed:

This form must be completed so the trustee can make a determination as to whether you are considered a business debtor under the United States Bankruptcy Code. All questions should be answered. If you need additional space, please attach a separate page. Be sure to reference the number of the item for which you are providing the answer on the additional page. Since the Trustee will rely on this information to review your case, the information should be detailed, accurate and organized.

1. Cause for Bankruptcy and Prior Bankruptcies.

What circumstances lead you to file a Chapter 13 Bankruptcy?

Have you filed a bankruptcy previously? If so, please list the chapter(s) filed, date(s) of filing and disposition of previous bankruptcies? What circumstances have changed from any previous bankruptcy that will indicate a feasible reorganization in this case?

2. **Seasonal Nature of Business.** 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.

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.

3. **Nature and Form of Business:** For each business or entity which you operate or you have an interest, provide the following information:

a) Name

b) Location

c) Form of business: Sole Proprietorship Corporation Partnership

Limited Liability Corporation

d) Taxpayer identification or social security number(s) used by entity or business.

e) Main product or service and nature of business.

f) All current and past names used by entity or business.

g) Indicate calendar year or date of the fiscal year end for each business.

h) Date on which you began operation of the business or acquired an interest in the business.

4. **Owners of Business.** For each entity listed in number 3, provide the names and addresses of 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 interest.

5. **Stock or Interest Owned.** If you own stock or any 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.

6. **Standing.** If any business you are operating as a corporation or other entity, which requires registration with a federal and or state agency, is the corporation or entity in good standing?

7. **Income Tax Returns.** Has the business filed all state and federal income tax returns which are currently or previously due? Yes No

a. List all states in which the business is required to file income tax returns:

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

c. If you are a sole proprietorship, have you filed all required state and federal tax returns?
Yes No

d. Does the business make estimated tax deposits? Yes No
Give the date and amount of the last estimated tax deposit.

8. **Employees:** Does your business have employees? Yes No

If yes, complete the following:

- a. Attach a list which provides the following for each employee:
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

b. Do you provide: health insurance Yes No
retirement plan Yes No

c. Have all state and federal withholding returns due been filed? Yes No

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.

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

Name on Account/Account Number

Name and Address of Bank or Entity at which account is maintained.

Signatories on the Account

Frequency on which deposits are made into the account.

9. Sales Or Other Tax Obligations:

a. Do you have any other tax obligations-by way of example sales tax, excise tax for over the road vehicles, fuel or other surcharge tax. Yes No 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.

b. Are you current on the tax obligations described in 9.a. Yes No
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.

10. **Leases:** Do you lease any property, equipment, or real estate including any of the locations in which the business is operated? If so, please provide the following for each lease:

1. Name and Address of Lessor
2. Description of property leased and term of lease
3. Lease payment/frequency of payment.
4. Is lease current in payments?
5. Do you propose to accept/reject lease?

11. **Books and Records.** Do you have an accountant or bookkeeper? Yes No

If yes, please provide the name, address, telephone number, fax number.

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

12. **Bank Accounts:** For each depository account maintained for the benefit of or by the

business, provide the following:

- a. Name of all account holders and account numbers of each account.
- b. Institution or bank in which account(s) are held.

13. Assets:

a. Attach a list which describes separately each business asset with a value of \$500 or more. For each item, provide the following:

- 1. Date of purchase and purchase price.
- 2. Current fair market value.

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

c. 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.

d. 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.

14. Assets Pledged:

Have you pledged the receivables, rents, profits or other cash collateral of the business? If so, please identify the asset pledged and the lien holder by name and address.

Please identify all other assets of the business which are pledged as security by any obligation or debt and the name and address of the lien holder(s) or mortgagee(s).

15. Insurance: Does the business maintain the following insurance coverage?

<u>Type</u>	<u>Yes/No</u>	<u>Limits</u>	<u>Policy # & Company</u>	<u>Agent Name & Addr</u>
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Commercial
Liability

Workers
Compensation

Fire/Extended
Coverage

Building
Contents
Inventory

Liability/Comp.
Vehicular

Life Insurance

Insured:
Beneficiary

Professional
Liability

Other (describe):

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.

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

16. **Licenses:** Is 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 a description of the license or permit required; the name, address and telephone of the agency or issuing authority, and whether the license is current or in good standing.

Please 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.

17. **Lawsuit.** If your business is a party to any lawsuit or administrative proceeding, please name all parties to such case, the court or agency before which any case is pending and the number and style of such case.

18. Documents to be Attached.

- a. Copies of the last two years state and federal income tax returns which have been filed.
- b. Copies of the last three (3) federal and state employee withholding returns which were filed and proof of remittance of the payments due.
- c. 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).
- d. Copies of last six(6) months operating reports reflecting itemization of all income and expenses.
- e. Balance sheet reflecting all assets and liabilities of the business effective the date of filing the chapter 13 petition.
- f. Monthly Income and Expense Statement.

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

Date: _____

Signature

Signature

Printed Name

Printed Name