

BUSINESS CASE QUESTIONNAIRE

Debtor Name(s): _____ Case No.: _____

Instructions

You are receiving this questionnaire because your bankruptcy schedules show income from a business or self-employment. The trustee uses this information to evaluate whether your proposed Chapter 13 plan is feasible and to meet reporting requirements under 11 U.S.C. § 1302(c).

Return the completed questionnaire and all applicable documents from the Document Checklist to your attorney. Please answer every question. If you need more space, attach a separate sheet. If you have any questions, contact your attorney. The Trustee's Office cannot provide legal advice or tax advice.

I. Basic Business Information

a. Current business name and address:

Business name: _____

Street address: _____

City, State, Zip: _____

b. Does your business have an Employer Identification Number (EIN)?

Yes — EIN: _____

No

c. Has the business operated under any other names?

Yes — list other name(s): _____

No

d. Describe the main products or services the business provides:

e. Business structure:

Sole proprietorship Partnership LLC Corporation

Other: _____

f. When did the business start operating?

g. Who owns the business? Percentages should total 100%.

Owner Name	Ownership Percentage

h. Is the business seasonal?

- Yes No

If yes, describe the seasonal pattern: _____

i. If you were to purchase the business today, how much would you pay for it?

\$ _____

j. Does the business have any employees?

- No
 Yes — list all employees.

Employee Name	Position	Monthly Pay	Full or Part Time?

Note: See the Resources section at the end of this questionnaire for information about the difference between an employee and an independent contractor. Include yourself as an employee only if the business is a separate entity (like a corporation or an LLC) and it employs you.

II. Licenses and Permits

a. Identify all licenses and permits required to operate your business. For each that is required, indicate whether you currently hold it.

License or Permit Type	Required?	Currently Held?
Business license	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational or professional license (type): _____	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Product or activity permit (e.g., food service): _____	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol or beer permit (type): _____	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Financial Records

a. How do you maintain the financial records for the business?

- Accountant Bookkeeper Accounting software (e.g., QuickBooks)
 Other: _____

Note: A debtor who is self-employed and incurs trade credit in the production of income has a statutory duty to keep certain records and provide periodic reports and summaries of the operation of the business. 11 U.S.C. § 1304(c); Fed. R. Bankr. P. 2015(d). Make sure you understand these requirements and whether they apply.

b. Do you keep separate bank accounts for your personal finances and your business?

- Yes No

c. List all business bank accounts:

Bank	Account Type	Last 4 Digits	Balance	Account Holder(s)

IV. Taxes

a. Federal Taxes

1. Are all federal income tax returns for your business income filed and up to date?

Yes No

If no, explain: _____

2. Do you or the business make estimated federal income tax payments?

Yes No

3. Are all payroll taxes current and all required payroll tax returns (Forms 940 and 941) filed?

Yes No N/A — no employees

If no, explain: _____

4. Does the business collect W-9s and issue Forms 1099-NEC to independent contractors?

Yes No N/A — no independent contractors

If no, explain: _____

Note: The Trustee offers a free Business Tax Workshop. Sign up at: www.ch13nsh.com/financial1.htm. (The Business Tax Workshop is different than the Financial Management Class.)

b. State and Local Taxes

1. Are all Tennessee business taxes current and all required returns filed?

Yes No Not required

If no, explain: _____

2. Are all Tennessee personal property taxes current and all required returns filed?

Yes No Not required

If no, explain: _____

3. Are all Tennessee sales and use taxes current and all required returns filed?

Yes No Not required

If no, explain: _____

4. Has the business registered with the Tennessee Department of Labor and Workforce Development to determine the status of liability for unemployment insurance?

Yes No N/A — no employees

If no, explain: _____

5. Are all Tennessee unemployment insurance taxes current and all required returns filed?

Yes No N/A — no employees

If no, explain: _____

6. Are all other state and local taxes current and all required returns filed? (Other state and local taxes might include franchise and excise taxes or taxes from other states.)

Yes — identify below No N/A — no other taxes

If no, explain: _____

V. Insurance

- a. Does the business have general liability insurance?
 Yes No
- b. Does the business have workers' compensation coverage?
 Yes No No — not required
If no, explain: _____
- c. If the business has workers' compensation coverage, does it cover you (Form I-4 election if applicable)?
 Yes No N/A
- d. Does the business have any other insurance policies, including commercial vehicle insurance?
 Yes — describe: _____
 No

Note: If you do not have health insurance, see the Resources section at the end of this questionnaire for additional information.

VI. Business Property

- a. List applicable business property on the Asset List at the end of this questionnaire.
- b. What is the approximate value of your business inventory (goods on hand for sale)?
Value: \$ _____
- c. What is the approximate value of accounts receivable (amounts owed for products/services already provided)?
Value: \$ _____

VII. Business Debts

- a. Do you incur trade credit in the production of income (such as deferring payment for supplies)?
 No
 Yes — please describe:

- a. Does the business lease office, retail, or other space?
 No
 Yes — please describe (landlord, location, monthly payment, expiration date):

- b. Does the business lease any equipment?
 No
 Yes — please describe (lessor, equipment, monthly payment, expiration date):

- c. Has the business sold future income or receivables or taken a loan secured by future income or receivables?
 No
 Yes — describe each transaction (lender, amount received, amount still owed, payment terms):

- d. Does the business have any other debts or financial obligations?
 No
 Yes — please describe (creditor, original amount, current balance, payment terms):

CERTIFICATION

Debtor Name(s): _____ Case No.: _____

I declare under penalty of perjury that my answers to this questionnaire are true and correct to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

Printed Name: _____

DOCUMENT CHECKLIST

Debtor Name(s): _____ Case No.: _____

Please provide the documents listed below. Check "Provided" when you have submitted a document, or "N/A" if it does not apply to your business.

Financial Records		
Provided	N/A	Document
<input type="checkbox"/>	<input type="checkbox"/>	Profit & loss statement(s) (and other statements if available) — most recent year
<input type="checkbox"/>	<input type="checkbox"/>	Business bank account statements — most recent 2 months
Tax Returns and Proof of Payment		
Provided	N/A	Document
<input type="checkbox"/>	<input type="checkbox"/>	Federal income tax returns with all schedules — most recent 2 years
<input type="checkbox"/>	<input type="checkbox"/>	Payroll tax returns (Forms 940/941) and proof of payment — most recent 3 months
<input type="checkbox"/>	<input type="checkbox"/>	Tennessee sales and use tax return and proof of payment — most recent 3 months
<input type="checkbox"/>	<input type="checkbox"/>	Tennessee unemployment insurance tax returns and proof of payment — most recent 3 months
Insurance		
Provided	N/A	Document
<input type="checkbox"/>	<input type="checkbox"/>	Proof of general liability insurance coverage
<input type="checkbox"/>	<input type="checkbox"/>	Proof of workers' compensation coverage
<input type="checkbox"/>	<input type="checkbox"/>	Proof of any other insurance coverage
Licenses and Permits		
Provided	N/A	Document
<input type="checkbox"/>	<input type="checkbox"/>	Copies of all required business licenses and permits (see Section II)

ADDITIONAL RESOURCES

The following websites provide general information that may assist in completing this questionnaire. Contact your attorney or a tax professional if you have any questions.

Topic	Web Address
Federal Requirements	
Starting a Business/Recordkeeping	https://www.irs.gov/forms-pubs/about-publication-583
Employer Identification Number (EIN)	irs.gov/businesses/employer-identification-number
Employee vs. independent contractor	irs.gov/businesses/small-businesses-self-employed/independent-contractor-self-employed-or-employee
Self-Employed Tax Center	irs.gov/businesses/small-businesses-self-employed/self-employed-individuals-tax-center
Estimated tax payments	irs.gov/businesses/small-businesses-self-employed/estimated-taxes
Payroll taxes (Forms 940 and 941)	irs.gov/businesses/small-businesses-self-employed/understanding-employment-taxes
Federal Unemployment Tax (FUTA)	irs.gov/taxtopics/tc759
Forms 1099-NEC (independent contractors)	irs.gov/businesses/small-businesses-self-employed/reporting-payments-to-independent-contractors
State and Local Requirements	
Tennessee SmartStart	tnsmartstart.com/guide/tennessee-business-registration-a-beginners-guide
New Business Guide	tn.gov/revenue/for-businesses/for-new-businesses/
Business Registration	sos.tn.gov/businesses/faqs/how-do-i-register-a-business
Tennessee business tax	tn.gov/content/tn/revenue/taxes/business-tax.html
Tennessee personal property tax	comptroller.tn.gov/office-functions/pa/property-taxes/tangible-personal-property.html
Tennessee sales and use tax	tn.gov/revenue/taxes/sales-and-use-tax.html
Tennessee unemployment insurance	tn.gov/workforce/employers/tax-and-insurance-redirect/unemployment-insurance-tax.html
Workers' compensation	tn.gov/workforce/injuries-at-work/employers/employers/who-must-carry-insurance.html
Workers' compensation coverage for employers (Form I-4)	tn.gov/workforce/injuries-at-work/employers/employers/who-must-carry-insurance/other-wc-coverage-options.html
Workers' compensation FAQ	lwdsupport.tn.gov/hc/en-us/sections/200583010-What-Employers-Need-to-Know
Bookkeeping and Accounting	
Simple Guide to Financial Statements	tsbdc.org/wp-content/uploads/2023/02/FINANCIAL_STATEMENTS.pdf
Bookkeeping basics	careerhub.sunyempire.edu/blog/2024/07/19/bookkeeping-101-a-beginners-guide-for-small-business-owners/

Topic	Web Address
Counseling, Training, and Mentoring	
Tennessee Small Business Development Centers	tsbdc.org/
SBA Resource Partners	sba.gov/local-assistance/resource-partners
Health Insurance	
Self-Employed health insurance	healthcare.gov/self-employed/
Guide to Self-Employed Health Insurance	healthinsurance.org/self-employed-health-insurance/
Help applying through Marketplace	healthcare.gov/apply-and-enroll/get-help-applying/

CHAPTER 13 MONTHLY CASH RECEIPTS AND DISBURSEMENTS

Date this form is due:	Monthly, on the 20 th day of the month following the current month being prepared
Form must be sent to:	Chapter 13 Trustee's Office
Attachments to form:	Copies of bank statements and deposit slips used to generate the report
Who uses this form:	Debtors who are self-employed and incur trade credit in the production of income

Pursuant to the Trustee Guidelines and General Order, all debtors who are self-employed and incur trade credit in the production of income must file periodic cash receipts and disbursement reports with the Trustee.

The following are some points to remember when preparing this report:

- Make extra copies of the report before you begin so that you will have blank copies to use for upcoming months.
- Avoid cash transactions and use checking accounts as much as possible.
- Be sure each bank statement has been reconciled before it is attached to the report.
- Be sure to keep a copy of the entire report for your records.
- The Trustee may file a motion to dismiss your case if required reports are not timely sent.
- Be sure the report to the Trustee is signed and dated.

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:
 - a. Purchases.....\$ _____
 - b. Cost of labor.....\$ _____
 - 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:

- 6. Business Property Rent/Lease.....\$ _____
- 7. Salaries and Wages of Employees.....\$ _____
- 8. Employee Benefits\$ _____
- 9. Equipment Lease Payments.....\$ _____
- 10. Secured Debt Payments.....\$ _____
- 11. Supplies (not included in 2c).....\$ _____
- 12. Utilities.....\$ _____
- 13. Telephone.....\$ _____
- 14. Repairs & Maintenance.....\$ _____
- 15. Miscellaneous Office Expense.....\$ _____
- 16. Advertising.....\$ _____
- 17. Travel & Entertainment.....\$ _____
- 18. Professional Fees:.....\$ _____
 Name: _____ Purpose _____
- 19. Insurance:
 - a. Liability \$ _____
 - b. Property \$ _____
 - c. Vehicle \$ _____
 - d. Worker’s Compensation \$ _____
 - e. Other _____ \$ _____
- 20. Taxes:
 - a. Payroll \$ _____
 - b. Sales \$ _____
 - c. Other _____ \$ _____
- 21. Total Expenses (add Lines 6 through 20).....\$ _____

TOTAL PROFIT OR LOSS FOR MONTH

(Subtract Line 21 from Line 5)\$ _____

I/WE declare under penalty of perjury that the foregoing statement of information is true and correct to the best of MY/OUR knowledge, information and belief:

Date _____ Debtor(s) Signature(s) _____