

BUSINESS EXAMINATION CHECKLIST

Office of Martha G. Bronitsky, 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 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 before the Business Examination Interview.

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 or 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
1) If yes, identify the type of equipment and the creditor's name.

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 accounts 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: 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.

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.

8. FEDERAL TAX RETURNS

- a) Provide a **COPY**, not an original, of your most recent federal tax return.

9. INSURANCE

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

- a) business operation liability insurance b) worker's compensation insurance c) vehicle insurance
d) liquor liability insurance e) real and/or personal property insurance f) other _____

10. 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 _____

11. PROFIT AND LOSS STATEMENT

Using the form on the back, provide a Profit and Loss Statement for last month.

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	Salaries and Wages of Employees		\$ _____
8	Employee Benefits		\$ _____
9	Equipment Lease Payments		\$ _____
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) Worker's 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)