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12
Business Information
(Green Sheet)

If you are self-employed, or if you have had income for which you do not receive a W-2, please provide the following:

- A. A completed **Business Questionnaire** with copies of all required documents.
- B. A completed **Business Budget** (attached to Business Questionnaire)
- C. **Profit and Loss Statements** (attached to Business Questionnaire) for each of the last 6 months
- D. Photocopies of any **1099s, or other proof of income received**, if any, received within last 6 months.
- E. Photocopies of **business bank statements** showing deposits for self-employment Tax Withholding.

Business Questions

You must answer these Business Questions (18-25) only if, during the last **six years**, you have been any of the following: An officer, director, managing executive, or owner of more than 5% of the voting securities of a corporation; a partner (other than a limited partner) or a partnership; a sole proprietor; or self-employed. Attach additional sheets if necessary.

You must fill out one of these sets of questions for each business you own or have operated during the last **six years**.

18. Name, location and nature of your business.

Give the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which you were an officer within the six years immediately preceding the filing of this case. NONE

19. Books, records, and financial statements

a) Give name, address and dates of service of all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records. NONE

b) Give name, address and dates of service of all firms or individuals who, within the last **two years** have audited the books of account and records, or prepared a financial statement of the debtor. NONE

c) Give name, address and dates of service of all firms or individuals who, at the time of the filing of this case, were in possession of your books of account and records. If the records are not available, explain. NONE

d) Give name, address and dates of service of all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within last **two years**. NONE

20. Inventories

a) List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory. NONE

b) Give the name and address of the person having the records of each of the inventories reported in a.) above. NONE

21. Current partners, officers, directors, and shareholders

a) For a partnership, list the nature & percentage of partnership interest of each partner. NONE

b) If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 % or more of the voting securities of the corporation. NONE

22. Former partners, officers, directors and shareholders

a) If your business is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the filing of this case. NONE

b) If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the filing of this case. NONE

23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **the last one year**. NONE

24. Tax Consolidation Group

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **last six-years**. NONE

25. Pension Funds

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the last **six-years**. NONE

Business Income and Expenses

Include on this form ONLY information related to your business operation

A. GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ _____

B. ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: \$ _____

C. ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (other than Debtor) \$ _____

4. Payroll Taxes \$ _____

5. Unemployment Taxes \$ _____

6. Worker's Compensation \$ _____

7. Other Business Taxes \$ _____

8. Inventory Purchases (including raw materials) \$ _____

9. Purchase of Feed/Fertilizer/Seed/Spray \$ _____

10. Rent (other than Debtor's principal residence) \$ _____

11. Utilities \$ _____

12. Office Expenses and Supplies \$ _____

13. Repairs and Maintenance \$ _____

14. Vehicle Expenses \$ _____

15. Travel and Entertainment \$ _____

16. Equipment Rental and Leases \$ _____

17. Legal/Accounting/Other Professional Fees \$ _____

18. Insurance \$ _____

19. Employee Benefits (*e.g.*, pension, medical, etc) \$ _____

20. N/A

21. Other (specify) _____ \$ _____

22. Total Monthly Expenses (add lines 3-21) \$ _____

23. Average Net Monthly Income (subtract line 22 from line 2) \$ _____

INSTRUCTIONS FOR PREPARING CHAPTER 7 PROFIT & LOSS STATEMENTS

1. Preparing Monthly Profit and Loss Statement: Before filing, you must prepare a monthly profit and loss statement for your business (hereinafter “P&L Statements”) pursuant to the following directions:

- a. List your actual business income and expenses for the previous month. Be sure to break out income and expenses according to the categories set forth in the attached form.
- b. You must sign the P&L Statement and print your name and Social Security Number on the statement.
- c. Submit the original P&L Statement to your attorney at the same time you turn in the completed Bankruptcy Questionnaire.

2. What Is The Purpose Of The P&L Statements? The P&L Statement serves to verify that your actual business income and expenses are consistent with the income and expenses stated in your bankruptcy papers filed with the Court (the statement of income and expenses listed on Schedules I and J).

3. What Form Should I Use? On the other side of these instructions is a P&L Statement form that you can use. However, if you use accounting software or employ an accountant, you can submit a P&L Statement generated from either of those two sources so long as they contain the same level of detail as set forth in the attached form.

4. What If My Business Income/Expenses Fluctuates From Month To Month? If your business income/expenses fluctuate (e.g. because your business is seasonal or you are paid on a commission basis, etc.), please include a note on the P&L Statement explaining the fluctuation.

MONTHLY PROFIT & LOSS STATEMENT
For period ending _____ 20____

(Do not include expenses that are listed on schedules J of your Bankruptcy Schedules)

INCOME	TOTALS
1. Gross receipts or sales	\$ _____
2. Cost of goods sold	\$ _____
a. Materials and Supplies \$ _____	
b. Labor Costs \$ _____	
(Do not include wages paid to your employees)	
c. Other _____ \$ _____	
3. Gross Profit (subtract line 2 from line 1)	\$ _____
4. Other Income, Describe _____	\$ _____
5. Gross Income (add lines 3&4)	\$ _____
EXPENSES	\$ _____
6. Monthly payment for business property or office space (rent of lease) \$ _____ Landlord's Name _____	\$ _____
7. Employee Wages	\$ _____
8. Employee Benefits	\$ _____
9. Equipment lease payment	\$ _____
10. Secured Debts payment	\$ _____
11. Supplies (not included in 2a above)	\$ _____
12. Utilities	\$ _____
13. Telephone	\$ _____
14. Repairs and Maintenance	\$ _____
15. Miscellaneous Office expenses Describe _____	\$ _____
16. Advertising	\$ _____
17. Travel & Entertainment	\$ _____
18. Professional Fees Professional's Name _____ Purpose _____	\$ _____
19. Insurance:	\$ _____
a. Liability \$ _____	
b. Property \$ _____	
c. Vehicle \$ _____	
d. Worker's Comp. \$ _____	
e. Other _____ \$ _____	
20. Taxes:	\$ _____
a. Payroll \$ _____	
b. Sales \$ _____	
Other _____ \$ _____	
21. Total Expenses (add lines 6 through 20)	\$ _____
TOTAL PROFIT (LOSS) (subtract line 21 from line 5)	\$ _____

I/We declare under penalty of perjury that the information provided above is true and correct to the best of my knowledge, information, and belief.

Signature _____

Dated: _____

Signature _____

Bk Case No. _____

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