

## Edward J. Maney, Trustee

### SELF-EMPLOYED/BUSINESS QUESTIONNAIRE

This Self-Employed Business Case Case contains a Business Case Questionnaire, a List of Current Trade Creditors, and 2 Monthly Business Operating Statements. We suggest you begin by preparing the Business Case Questionnaire. If your response to the first question is that you are no longer engaged in any form of self-employed business activity, there will be no need for you to complete and file the other forms.

However, if you are engaged in any form of self-employed business activity, it will be necessary for you to complete and file all forms included in this package and included below. Remember to fill out the top of each form giving us your case number, your name, and the date the form is prepared.

If you operate more than one business, it shall be necessary for you to prepare and submit a complete set of documents for each separate business. If you received only one business case package, call our office for the extra packages needed [(602-277-3776)].

#### **Instructions For Filing Self-Employed Business Case Documents**

**Business Case Questionnaire**-This is a one time filing requirement. Return the completed questionnaire to the Trustee within 20 days from the date received from the Trustee's office. Return the questionnaire with the completed Schedule of Accounts Payable.

**List of Current Trade Creditors**-This is a one time filing requirement unless instructed otherwise by the Trustee. NOTE: You must complete and return this List even if you presently do not incur trade credit (simply check the appropriate box at the top of the form).

**Monthly Business Operating Statement**- You must prepare and file Monthly Business Operating Statements for the period two months before your case was filed and continuing so as long as your case remains active and you continue to operate your business. For example, if your case was filed in March, we shall need operating statements beginning with the proceeding January and February. Monthly operating statements must be filed with the Court, with a copy to the Trustee, not later than the 15<sup>th</sup> of the month following the month for which the report is being prepared. The Business Operating Statement may be mailed to the Bankruptcy Court directly at USBC, 230 N. first ave. Phoenix Arizona 85203. If you operate more than one business and are filing multiple monthly operating reports, please identify the separate business by writing their names on the top of the forms.

**Edward J. Maney, Trustee**

**SELF-EMPLOYED/BUSINESS CASE QUESTIONNAIRE**

***Warning: Failure to Return this Questionnaire Within 20 Days  
May Result in the Dismissal of Your Case!***

Case No:

Case Name:

Date Prepared:

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A review of the documents filed in your case indicates that you owned/operated one or more businesses at the time your case was filed. If you owned more than one business, you must fill out a separate questionnaire for each business. The purpose of this questionnaire is to help us obtain needed information about your business activities.

- ◇ All information provided must be complete and accurate. Failure to provide complete and accurate information may result in the Trustee filing a motion to dismiss your case.
- ◇ The questionnaire must have the original signature of each debtor involved in the business and must be dated.
- ◇ Keep a copy of the completed, signed questionnaire for future reference.

\* \* \* \* \*

**Are you presently self-employed or do you own or operate a business?**

Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, when did you begin this business activity?*

***If No answer the following two questions and then skip to page 3 and sign, date and return this form to the Trustee.***

When did you cease operating the business? \_\_\_\_\_

Why did you cease operating the business? \_\_\_\_\_

***If Yes answer each of the following questions concerning the business you operate:***

1) Give the company name and a brief description of business you operate:

Company Name: \_\_\_\_\_

Describe the Business: \_\_\_\_\_

2) Are both husband and wife engaged in the business (if a joint filing)? Yes \_\_\_\_\_ No \_\_\_\_\_

3) Check the correct type of business you own:

\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC

If a corporation or partnership, who are the other stockholders or partners? \_\_\_\_\_

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4) Do you use trade credit in the operation of your business? Yes \_\_\_\_\_ No \_\_\_\_\_ (Note: Trade credit is defined as credit extended to you by creditors allowing you buy goods and materials used in your business which you pay for at a later date. NOTE: We have provided a List of Current Trade Creditors for your use in listing all trade creditors who presently extend trade credit to you or your business. You must submit the completed List of Current Trade Creditors along with this Questionnaire, to the Trustee within 20 days of the date you receive these documents.

5) Do you have any paid employees? Yes  No  If Yes, how many? \_\_\_\_\_  
If Yes, are you current in the payment of wages to your employees? Yes  No  If No, explain:  
Explanation: \_\_\_\_\_

If Yes, provide copies of employee timesheets and copies of cancelled paychecks for the past two pay periods.

If Yes, are you current in depositing all payroll taxes withheld? Yes  No  Send the Trustee copies of signed payroll withholding reports for the most recent quarter (Fed form 941 and AZ forms A1-Qrt and UC-018).

If Yes, are you in compliance with the Arizona Workmen's Compensation Law? Yes  No   
Provide the Trustee with evidence of compliance which must include a copy of the Notice required to be posted showing your policy number and a copy of the disclosure page of your policy showing that coverage is current.

6) Do you maintain business liability insurance? Yes  No  Send the Trustee a copy of the disclosure page of your property loss insurance policy showing the amounts and dates of coverage.

7) Do you maintain property loss insurance? Yes  No  Send the Trustee a copy of the disclosure page of your property loss insurance policy showing the amounts and dates of coverage.

8) Do you maintain Professional liability insurance (errors & omissions)? Yes  No  If Yes, send disclosure page of your property loss insurance policy showing the amounts and dates of coverage.

9) Are permits or special licenses needed for the operation of your business? Yes  No  If Yes, send us a copy of the license showing the license number and the date on which the license expires.

10) Do you operate your business from your home? Yes  No  If No, list below the address(es) from which you operate your business. Also, send us copies of those pages of your leases showing the lease terms and expiration dates. Business Address(es): \_\_\_\_\_

11) Do you operate a vehicle at any time in conducting your business? Examples would be driving a vehicle to your office or to meet with clients or customers with whom you do business? Or, driving a vehicle to the post office or to vendors from whom you buy equipment, supplies or materials? Or, driving your vehicle to deliver goods you are selling or to worksites where you will be performing work in the conduct of your business?  
Yes  No

12) Do your business receipts and disbursements go through a separate bank account? Yes  No   
If No, describe how you handle your business receipts and disbursements. \_\_\_\_\_

If Yes, who maintains your bank statements, deposit slips, and disbursement vouchers? \_\_\_\_\_

13) What is the most recent tax year for which you have filed tax returns for your business? \_\_\_\_\_  
Send the Trustee a signed copy of the most recent tax return filed for your business, including all schedules filed with the return. If you report your business activities on your 1040 returns, include a copy of Schedule C.

## **Your Responsibilities as a Self-Employed or Business Debtor**

If you have borrowed money from any creditor and as security or collateral for the loan you have pledged accounts receivable, inventory, rents, or other cash, you may not use the accounts receivable, inventory, rents, or cash without the express written consent of the creditor, or an Order from the Court allowing such use. Failure to obtain creditor consent or an Order from the Court before using these assets may result in severe penalties.

During the course of your Chapter 13 case it is your responsibility to pay all state and federal taxes on time. Failure to do so may result in severe penalty.

To continue the operation of your business, it is your responsibility to obtain and maintain comprehensive liability insurance for the operation of your business. If you change insurance carriers or any of the provisions of your business insurance coverage, you must notify the Trustee and provide documented evidence of the changes made.

*Send to; Edward J. Maney, Trustee  
P. O. Box 10434, Phoenix, AZ 85064*

\* \* \* \* \*

**I/We declare under penalty of perjury that the foregoing information is true and correct to the best of MY/OUR knowledge, information, and belief and that I/We have read, understand, and accept my responsibilities as a Business Debtor as presented above.**

***NOTE: If both husband and wife are engaged in the business, both must sign this declaration!***

Dated: \_\_\_\_\_ Debtor Signature \_\_\_\_\_

Dated: \_\_\_\_\_ Co-Debtor Signature \_\_\_\_\_



# MONTHLY BUSINESS OPERATING STATEMENT

Case No: \_\_\_\_\_ Debtor(s) Name: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

Receipts and Disbursement for Month Ended \_\_\_\_\_ A

	Amount for Month
<b>Gross Receipts:</b>	
<span style="border: 1px solid black; padding: 2px;">1</span> 1 Gross Sales . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">2</span> 2 Less Cost of Goods Sold . . . . .	\$ _____
3 Gross Profit from Sales (subtract line 2 from line 1) . . . . .	\$ _____
4 Add Other Income . . . . .	\$ _____
5 <b>Gross Income</b> (add lines 3 and 4) . . . . . <b>(A)</b>	<b>\$ _____</b>
 <b>Business Costs and Expenses: (Do not list Chapter 13 Plan payment)</b>	
<span style="border: 1px solid black; padding: 2px;">6</span> 6 Business Real Property Rent/Lease . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">7</span> 7 Business Real Property Utilities . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">8</span> 8 Salaries/Wages (not included on line 2 above; exclude owner's draw) . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">9</span> 9 Employee Benefits . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">10</span> 10 Payroll Tax Deposits . . . . .	\$ _____
11 Sales Tax Deposits . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">12</span> 12 Other Tax Deposits . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">13</span> 13 Auto Expense . . . . .	\$ _____
14 Repairs/Maintenance . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">15</span> 15 Insurance on Business (Fire, Theft, Liability, etc.) . . . . .	\$ _____
16 Workman's Compensation Insurance . . . . .	\$ _____
17 Supplies (not included on line 2 above) . . . . .	\$ _____
18 Telephone/Internet . . . . .	\$ _____
19 Advertising/Promotion . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">20</span> 20 Travel/Entertainment . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">21</span> 21 Professional Fees Paid (Attorney, Accountant, etc.) . . . . .	\$ _____
22 Other Costs/Expense . . . . .	\$ _____
23 <b>Total Business Costs and Expenses for Month</b> . . . . . <b>(B)</b>	<b>\$ _____</b>
24 <b>Net Income (Loss) for Month (A minus B)</b> . . . . .	<b>\$ _____</b>
 <span style="border: 1px solid black; padding: 2px;">25</span> Total Funds On Hand/In Bank At End Of Month . . . . .	 \$ _____
<span style="border: 1px solid black; padding: 2px;">26</span> Total Inventory On Hand At End Of Month . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">27</span> Total Accounts Receivable (Collectible) At End Of Month . . . . .	\$ _____
<span style="border: 1px solid black; padding: 2px;">28</span> Total Accounts Payable At End Of Month . . . . .	\$ _____

**Under penalty of perjury, I(we) declare that the foregoing information is true and correct.**

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR PREPARING MONTHLY BUSINESS OPERATING STATEMENT

This statement is to be prepared on a cash basis. The receipts, costs, and expenses reflected on the reverse side should represent cash received and disbursed. Do not use "accrual" accounting in preparing this statement.

The information requested on this statement should be easily understood by anyone familiar with the operation of a business. The letter coded information given below matches the letter codes shown on the reverse side.

- A** List the month and year which this Business Operating Statement represents.
- B** Gross sales must be reported on a cash basis. Do not report sales simply because you delivered goods or services to a buyer and set up an accounts receivable. Report sales when you are paid cash for the goods or services sold or receive cash in settlement of the receivables.
- C** List direct costs of manufacturing or assembling items for sale on this line. Also, list the purchase price you expect to pay for items purchased for resale on this line. Manufacturing costs would include direct labor, material costs, and the cost of supplies to be used in the process.
- D** List the amount paid for rent or lease payments for the business real property from which you operate your business. If you operate your business from your home and pay yourself rent, list the rent you paid yourself.
- E** Utilities should include electricity, gas, water, sewerage hook-up, etc.
- F** Include parttime and casual labor. Do not include any amounts you paid yourself.
- G** Include only employee benefits for which actual cash or check payments were made, i.e., health and dental insurance, contributions to 401k plans, etc. Do not include wages you paid for vacations, holidays, paid sick leave, etc.
- H** Include the deposits of employee payroll tax withholdings with your bank.
- I** Include property taxes not included in the business property rent/lease payments reported on line 6, heavy vehicle fuel taxes, etc. If operating the business from home, prorate the taxes on the portion of residence used for the business.
- J** Include fuel and lubrication costs, tire costs, maintenance costs, and registration fees.
- K** Include only insurance premiums paid for the operation of the business (hazard and liability). If operating the business from your home, prorate the premium expense to that portion of the home used for the business.
- L** Include only business related travel and entertainment costs. Do not include auto expense (see J above).
- M** Include fees paid to attorneys, accountants, professional organizations, trade organization dues, etc.
- N** Include the average monthly balance of funds held in all banks and savings institutions. Include "petty cash" as funds on hand.
- O** Value your inventory using the method you described in response to question 8c on the Business Case Questionnaire which you submitted to the Trustee earlier.
- P** Include only those receivables you consider "collectible."
- Q** Include the accounts payable you owed others at the end of the month.

# MONTHLY BUSINESS OPERATING STATEMENT

Case No: \_\_\_\_\_ Debtor(s) Name: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

Receipts and Disbursement for Month Ended \_\_\_\_\_ **A**

	Amount for Month
<b>Gross Receipts:</b>	
<b>1</b> Gross Sales . . . . .	\$ _____
<b>2</b> Less Cost of Goods Sold . . . . .	\$ _____
<b>3</b> Gross Profit from Sales (subtract line 2 from line 1) . . . . .	\$ _____
<b>4</b> Add Other Income . . . . .	\$ _____
<b>5</b> <b>Gross Income</b> (add lines 3 and 4) . . . . . <b>(A)</b>	<b>\$ _____</b>

<b>Business Costs and Expenses: (Do not list Chapter 13 Plan payment)</b>	
<b>6</b> Business Real Property Rent/Lease . . . . .	\$ _____
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<b>23</b> <b>Total Business Costs and Expenses for Month</b> . . . . . <b>(B)</b>	<b>\$ _____</b>

**24** **Net Income (Loss) for Month (A minus B)** . . . . . **\$ \_\_\_\_\_**

<b>N</b> Total Funds On Hand/In Bank At End Of Month . . . . .	\$ _____
<b>O</b> Total Inventory On Hand At End Of Month . . . . .	\$ _____
<b>P</b> Total Accounts Receivable (Collectible) At End Of Month . . . . .	\$ _____
<b>Q</b> Total Accounts Payable At End Of Month . . . . .	\$ _____

**Under penalty of perjury, I(we) declare that the foregoing information is true and correct.**

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_



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