

## Business Case Questionnaire

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

Debtor(s) Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Nature of Business \_\_\_\_\_

Please provide copies of the following::

- A. Copies of the most recently filed state and federal personal and business-related tax returns, including pages one and two plus Schedules A, B C, D and E, if applicable.
- B. Current insurance policies (declarations page), licenses, bonds and state registration required for your business. See questions 8, 9, and 10. **If you provide care in your home you must also provide a copy of your residential insurance and, if you transport clients, you must provide a copy of your vehicle insurance.**
- C. If your business is incorporated, your most recent profit and loss statement and balance sheet.

Questionnaire:

1. How long have you operated this business: \_\_\_\_\_  
Where will you report your business income: \_\_\_ personal tax return, \_\_\_ partnership tax return, \_\_\_ corporate tax return
2. Does your business have employees? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, how many, not including yourself? \_\_\_\_\_  
Does the business withhold taxes on these employees? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does your business use independent contractors? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are 1099s issued? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does your business keep inventory on hand? Yes \_\_\_\_\_ No \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_  
Do you or your business purchase inventory or equipment on credit?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Does your business carry accounts receivable? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, the approximate amount of receivables on your filing date \$ \_\_\_\_\_
6. Does your business own or lease office space or other real or personal property?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Address of real property: \_\_\_\_\_  
Description of personal property: \_\_\_\_\_

Business Case Questionnaire  
Page Two

7. Is the business required to carry the following insurance policies: Current/In force
- |                          |           |          |           |          |
|--------------------------|-----------|----------|-----------|----------|
| a. Commercial liability  | Yes _____ | No _____ | Yes _____ | No _____ |
| b. Workers' compensation | Yes _____ | No _____ | Yes _____ | No _____ |
| c. Commercial property   | Yes _____ | No _____ | Yes _____ | No _____ |
| d. Automobile coverage   | Yes _____ | No _____ | Yes _____ | No _____ |
| e. Other (list) _____    |           |          |           |          |
- Insurance agent/agency \_\_\_\_\_
8. Is your business required to have a license? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide a copy.  
Is the license required to protect the public? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Is your business required to have a bond? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide a copy.
10. Is the business required to be registered with the state? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, is your business currently registered? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are your business and personal records kept separately? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have all required tax returns been filed? (income, payroll, local, etc.)  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, please advise which returns have not been filed and when they will be filed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_