

Debtor Name: _____

Case No.: _____

CERTIFICATION OF BUSINESS DEBTOR

I, _____, being of full age and duly sworn upon my oath, depose(s) and say(s):

1. I have _____ employees and have filed quarterly tax returns through the quarter ending _____.
2. I have _____ independent contractors that have performed services and have filed 1099's through the calendar year of _____.
3. I have filed the necessary 940 (FUTA) tax returns through the year _____.
4. My principal business activity is _____.
5. My company is a sole proprietorship / partnership / corporation / limited liability co.

{If your business is other than a sole proprietorship, please provide copies of your partnership agreement, corporate charter or limited liability charter}

6. The gross income from my business for the previous year was _____ and the net income after expenses was _____. [Note - this form assumes a calendar year financial basis. If you are on a fiscal year, please indicate.]
7. I have filed tax returns (business and personal) through the year ended December 31, _____ with the Internal Revenue Service.
8. I have filed tax returns (business and personal) through the year ended December 31, _____ with the Commonwealth of Pennsylvania.
9. I began my current business on _____.
10. My business is located at _____.

11. I have/have not pledged any business receivables, rents, profits other cash as collateral for any loans.

12. I have/have not incurred "trade credit" in producing self-employment income.

[Trade credit had been described as credit that firms extend to other firms in the ordinary course of business through the creation of receivables or payables. Trade credit involves the exchange of goods and services for other good and services without the payment of money. This includes the extension of credit by the debtor to clients or the extension of creditors supplies to debtor.]

13. Licenses: Provide copies of the following, if applicable:

* Business License (If a business license is not required for your business/self-employment please explain)

* Seller's permit

* Contractor's License

* License to Rent Property

* Other License currently used _____

I have reviewed and completed the attached forms regarding insurance coverage (Exhibit A), business assets (Exhibit B) and bank accounts (Exhibit C).

I have attached copies of the insurance policies as proof of insurance, licenses if applicable, bank statements, and previous years tax returns (business and personal).

I declare under penalty of perjury that the foregoing info is true and correct.

, Debtor

Debtor Name: _____
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INSURANCE COVERAGE

Office of the Chapter 13, Standing Trustee

Please check if you carry any of the following types of insurance for your business.
(You must attach a copy of a recent policy statement for each insurance which you carry for your business)

	Date Effective To	Coverage Amount
_____ Workers Compensation Insurance	_____	_____
_____ General Liability	_____	_____
_____ Fire/Extensive Coverage	_____	_____
_____ Property Insurance	_____	_____
_____ Theft Insurance	_____	_____
_____ Auto Insurance	_____	_____
_____ Other (state types of insurance)		

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Description of ALL BANK ACCOUNTS TO WHICH YOU HAVE ACCESS

Use a separate page if necessary.

- a) Provide COPIES, no originals, of bank statements for all accounts for 3 months before your Chapter 13 Petition. (Note: Trustee may request copies of cancelled checks for this time period to clarify data contained on the bank statements).
- b) Are you the only authorized signatory(ies) on the accounts? Yes / NO
If NO, specify who else is an authorized signer _____.

BANK NAME	ACCOUNT No (Last 4#)	ACCOUNT TYPE	PURPOSE OF ACCOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Description of Business Assets

** Please list every business asset (i.e. equipment, accounts, inventory, etc.) used in the operation of your business with a value over \$500.00, regardless of whether it is leased or encumbered

ASSET	ORIGINAL COST	AGE OF ASSET	ESTIMATED CURRENT MARKET VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXHIBIT C

***YOU ARE REQUIRED TO COMPLETE
THE FOLLOWING
MONTHLY FINANCIAL REPORT
& CERTIFICATION
FOR THE FIRST MONTH YOU FILED FOR
BANKRUPTCY AND RETURN IMMEDIATELY
WITH THE OTHER ATTACHED PAPERWORK***

***YOU ARE ALSO REQUIRED TO FILL OUT
MONTHLY FINANCIAL REPORTS
& CERTIFICATIONS
FOR EACH AND EVERY MONTH AFTER YOU
FILED YOUR PETITION
UNTIL YOUR PLAN IS CONFIRMED
BY THE COURT***

***FAILURE TO PROVIDE MONTHLY FINANCIAL
REPORTS AS STATED ABOVE, WILL DELAY
CONFIRMATION OF YOUR PLAN AND
POSSIBLY CAUSE YOUR CASE TO BE
DISMISSED***

MONTHLY FINANCIAL REPORT OF BUSINESS

Debtor Name: _____
Case No.: _____
Business Name: _____
For the Month & Year: _____

Business Income:

- (1) Actual Income from Sales & Service \$ _____
- (2) Other \$ _____
- (3) Other \$ _____
- (4) Total Actual Income (Sum Lines 1-3) \$ _____

Actual Business Expense Paid

- (5) Rent/Lease \$ _____
- (6) Utilities (Electricity, Gas, Water & Sewer) \$ _____
- (7) Telephone \$ _____
- (8) Insurance \$ _____
- (9) Wages for Employees \$ _____
- (10) Wages for Self/Owners \$ _____
- (11) Taxes \$ _____
- (12) Gas and Fuel for Business Vehicles \$ _____
- (13) Other \$ _____
- (14) Other \$ _____
- (15) Other \$ _____
- (16) **Total Actual Business Expenses Paid Out (Sum Lines 5-16)** \$ _____

- (17) Net Business Income/Loss (Line 4 Minus Line 16) \$ _____
- (18) Net Wages from Regular Employment-Debtor \$ _____
- (19) Net Wages from Regular Employment-Spouse \$ _____
- (20) Amount Carried over from Last Month \$ _____
- (21) Net Monthly Income (Sum Lines 17-20) \$ _____

PERSONAL/BUSINESS (SOLE-PROPRIETORSHIP)

- (22) Rent/Mortgage \$ _____
- (23) (Additional Periodic Rent – School Taxes) \$ _____
- (24) Utilities (Electricity, Alarm, Oil, Trash Removal & Septic) \$ _____
- (25) Telephone \$ _____
- (26) Food \$ _____
- (27) Other \$ _____
- (28) Household Expenses (maintenance & up-keep) \$ _____
- (29) Medical and Dental \$ _____
- (30) Life & Health Insurance \$ _____
- (31) Auto Insurance \$ _____
- (32) Other \$ _____
- (33) **Total Actual Personal Expenses Paid (Sum Lines 22-32)** \$ _____
- (34) **Gross Excess Income (Line 21 Minus Line 33)** \$ _____
- (35) Monthly Chapter 13 Plan Payment \$ _____
- (36) **Net Excess Income (Line 34 Minus 35)** \$ _____

Carry amount on Line 35 to next month Line 20

**CERTIFICATION OF DEBTOR
REGARDING MONTHLY REPORT**

Debtor Name:

Case No.:

I, _____, being of full age and duly sworn upon my oath depose(s)
and say(s):

1. I am the business debtor(s) in the above referenced matter.
2. I have completed and attached a Monthly Financial Report for the month of _____, 20_____.
3. All the information in the Monthly Financial Report is complete, true and correct to the best of my knowledge, information and belief.

Date:

_____, Debtor