

**Annemarie B. Mathews**

Chapter 13 Trustee  
3700 Forest Dr., Ste. 302  
PO BOX 8477  
COLUMBIA, SC 29202  
(803) 254-2981

Case # \_\_\_\_\_

Dear Sir or Madam:

The above captioned case has been identified by my office as one in which the debtor is engaged in business as contemplated by 11 U.S.C. Section 1304(a). Accordingly, it will be necessary for you to provide my office with copies of the following documents within the next ten (10) days:

1. Copies of federal and state tax returns, along with supporting schedules for the two (2) years preceding the filing of the chapter 13 petition.
2. Copies of financial statements furnished to a third party within the two (2) years preceding the filing of the petition, including but not limited to the balance sheet, income statement and cash flow statement.
3. Monthly profit and loss statements for at least the year preceding the filing.
4. Current schedule of accounts receivable and accounts payable.
5. Current insurance policies.(declaration page only)
6. Completed business questionnaire (enclosed).

If any of this information is unavailable, you must explain why.

Additionally, you must give notice of the case as required by FRBP 2015.

The law requires your initial Chapter 13 payment to be made within 30 days after the filing of your petition. Failure to make the initial payment will result in the Trustee filing a motion to dismiss your case.

Furthermore, the following actions may not be taken by any self employed debtor without specific court authorization: use of cash collateral; payment of pre-petition wages or salary-with the exception that you may pay wages not exceeding \$4,300 per person owing for the pay period just prior to bankruptcy; payment of any other unsecured pre-petition debt; borrowing money or incurring debt; selling property other than in the ordinary course of business.

Finally, it is imperative that you realize it is your responsibility to maintain adequate records regarding the business and to maintain insurance required by state law, federal law, or the terms of any agreement with a third party. The trustee will not be responsible for, nor will he obtain, any such insurance.

If you have any questions, please contact your attorney who is being advised of the status of your case and the request for information by copy of this letter.

Thank you for your assistance in this matter.

Sincerely,

ANNEMARIE B. MATHEWS

**BUSINESS CASE QUESTIONNAIRE**

Debtor's name \_\_\_\_\_

Chapter 13 case # \_\_\_\_\_

Are you self-employed? \_\_\_\_\_

Name of business \_\_\_\_\_

Type of business (description) \_\_\_\_\_

\_\_\_\_\_

Has the business ever been incorporated: \_\_\_\_ Yes \_\_\_\_ No

If yes, list dates incorporated \_\_\_\_\_

Date business began \_\_\_\_\_

1. Does the business have employees? \_\_\_\_ Yes \_\_\_\_ No

If so, how many? \_\_\_\_\_

Does business withhold on these employees? \_\_\_\_ Yes \_\_\_\_ No

If so, attach copy of prior quarterly payroll tax return (form 941).

If not, how are employees compensated? \_\_\_\_\_

Are 1099's issued? \_\_\_\_ Yes \_\_\_\_ No

2. Do vendors or suppliers allow the business to purchase inventory on credit? \_\_\_\_ Yes \_\_\_\_ No

Do you anticipate incurring any post-petition trade credit or other business debt? \_\_\_\_ Yes \_\_\_\_ No

List all suppliers and vendors who allow a revolving credit account?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF YOU ANSWERED YES TO THIS SECTION, PLEASE PROVIDE A STATEMENT OF PROJECTED INCOME & EXPENSES**

3. Does the business keep inventory on hand? \_\_\_\_ Yes \_\_\_\_ No

Does the business have insurance on the inventory \_\_\_\_ Yes \_\_\_\_ No

Sales tax ID# \_\_\_\_\_

What is the average age of inventory? \_\_\_\_\_

What is average monthly value of inventory? \_\_\_\_\_

4. Does the business have accounts receivables (A/R)? \_\_\_\_ Yes \_\_\_\_ No

How many accounts make up the A/R? \_\_\_\_\_ (Approximate)

Does the business factor A/R? \_\_\_\_ (attach factoring agreement)

How old are the A/R? \_\_\_\_\_ (Supply age list if numerous)

What amount is reasonable collectable? \_\_\_\_\_

5. Is the business cyclical? \_\_\_\_ Yes \_\_\_\_ No

If so, what is the busy season? \_\_\_\_\_

What is the slow season? \_\_\_\_\_

6. Does the business own \_\_\_ lease \_\_\_ office space or real property?

Address of Property \_\_\_\_\_

Monthly payment \_\_\_\_\_ Term of payments or lease \_\_\_\_\_

Date purchased or leased \_\_\_\_\_

7. Does the company lease business equipment or autos? \_\_\_ Yes \_\_\_ No

Describe the leased/rented items \_\_\_\_\_

Monthly payment \_\_\_\_\_ Term of lease \_\_\_\_\_

IF MORE THAN ONE ITEM, PLEASE ATTACH SEPARATE INFORMATION ON EACH LEASE.

8. Does the business carry the following insurance policies?

a. Commercial liability? Yes \_\_\_ No \_\_\_ Policy# \_\_\_\_\_

b. Workers Compensation? Yes \_\_\_ No \_\_\_ Policy# \_\_\_\_\_

c. Commercial Property? Yes \_\_\_ No \_\_\_ Policy# \_\_\_\_\_

d. Automobile Coverage? Yes \_\_\_ No \_\_\_ Policy# \_\_\_\_\_

e. Other (list) \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Policy# \_\_\_\_\_

Are all policies current?

9. Is the business required to have a business license? \_\_\_ Yes \_\_\_ No

If so, please list: \_\_\_\_\_

Are the licenses current? \_\_\_ Yes \_\_\_ No

10. Attach a list of business assets, including the fair market value of each asset to include equipment, inventory, supplies, receivables and any other items.

**IN THE UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA**

**PROJECTED BUSINESS INCOME AND EXPENSES**

Financial Review of The Debtor's Business

(Note: ONLY INCLUDE information directly related to the business operation.)

Part A. ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly income: \$ \_\_\_\_\_

Part B. ESTIMATED FUTURE MONTHLY EXPENSES:

2. Net Employee Payroll (Other Than Debtor) \$ \_\_\_\_\_

3. Payroll Taxes

4. Unemployment Taxes

5. Workers Compensation

6. Other taxes

7. Inventory Purchases (including raw materials)

8. Purchase of Feed/Fertilizer/Seed/Spray

9. Rent (Other than debtor's principal residence)

10. Utilities

11. Office Expenses and Supplies

12. Repairs and Maintenance

13. Vehicle Expenses

14. Travel and Entertainment

15. Equipment Rental and Leases

16. Legal/Accounting/Other Professional Fees

17. Insurance

18. Employee Benefits (e.g. pension, medical, etc.)

19. Payments to be Made Directly By Debtor to Secured Creditors For  
Pre-petition Business Debts (Specify):

20. Other (Specify):

21. Total Monthly Expenses (Add items 2-20) \$ \_\_\_\_\_

Part C. ESTIMATED AVERAGE NET MONTHLY INCOME:

22. Average Net Monthly Income \$ \_\_\_\_\_

(Subtract item 21 from item 1)