

CERTIFICATION OF BUSINESS DEBTOR

Office of Chapter 13 Standing Trustee

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

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 year of 20__.
3. I have filed the necessary 940 (FUTA) tax returns through the year 20__.
4. My principal business activity is _____.
5. My business is a sole proprietorship / partnership / corporation/ limited liability company (Circle One)

{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 so indicate.]
7. I have filed tax returns (business and personal) through the year ended December 31, 20__ with the Internal Revenue Service.
8. I have filed state tax returns (business and personal) through the year ended December 31, 20__ with the Commonwealth of Pennsylvania.
9. I began my current business on _____.
10. My business is located at _____.

11. I have/have not (circle one)pledged any business receivables, rents, profits, or other cash as collateral for any loans.

12. 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 real 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 coverage, licenses if applicable, bank statements, and the previous two years tax returns (business and personal).

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

(Debtor)

(Debtor)

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 the most recent declaration page for each insurance which you carry for your business.)

	Date Effective To	Coverage Amount
_____ General Liability	_____	_____
_____ Workers Compensation	_____	_____
_____ Property	_____	_____
_____ Fire/Extended Coverage	_____	_____
_____ Theft	_____	_____
_____ Auto (for business vehicles)	_____	_____
_____ Other (state nature of coverage below)		

EXHIBIT A

BANK ACCOUNTS

Office of Chapter 13 Standing Trustee

- a) Provide COPIES, not originals, of bank statements for all accounts for the 3 months prior to your Chapter 13 Petition. (Note: Trustee may request copies of canceled checks for this time period to clarify data contained in the bank statements.)
- b) Are you the only authorized signatory(ies) on the account(s)? YES NO
If NO, specify who else is an authorized signer _____

BANK NAME	ACCOUNT NUMBER	ACCOUNT TYPE	PURPOSE OF ACCOUNT

EXHIBIT B

**CERTIFICATION OF DEBTOR
REGARDING MONTHLY REPORT**

Debtor: _____
Chapter 13 Case No.: _____

I, _____, declare under penalty of perjury that the following information is true and correct:

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

Date: _____
_____ Debtor

****YOU ARE REQUIRED TO COMPLETE A MONTHLY FINANCIAL REPORT FOR FIRST MONTH YOU FILED FOR BANKRUPTCY AND RETURN IT IMMEDIATELY WITH THE OTHER ATTACHED PAPERWORK.***

***** YOU ARE ALSO REQUIRED TO FILL OUT MONTHLY FINANCIAL REPORTS FOR EACH AND EVERY MONTH AFTER YOU FILED YOUR PETITION UNTIL YOUR PLAN IS CONFIRMED BY THE COURT. PLEASE MAKE PHOTOCOPIES OF THE ATTACHED MONTHLY FINANCIAL REPORT FORM, AS NEEDED.***

****** FAILURE TO PROVIDE THE MONTHLY FINANCIAL REPORTS AS STATED ABOVE WILL HOLD UP THE CONFIRMATION OF YOUR CASE AND POSSIBLY CAUSE YOUR CASE TO BE DISMISSED.***

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

Debtor Name: _____

Case No: _____

Business Name: _____

For the Month & Year (1/05, etc.): _____

BUSINESS INCOME:

(1) Actual Income from Sales & Service \$ _____
(2) Other (Specify) \$ _____
(3) Other (Specify) \$ _____
(4) **Total Actual Income (1+2+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/Owner(s) \$ _____
(11) Taxes \$ _____
(12) Gas and Fuel for Business Vehicles \$ _____
(13) Other (Specify) \$ _____
(14) Other (Specify) \$ _____
(15) Other (Specify) \$ _____
(16) **Total Actual Business Expenses Paid Or** \$ _____
(sum of 5 through 16)

(17) Net Business Income/Loss (line 4-Line 16) \$ _____
(18) Net Wages From Regular Employment-Del \$ _____
(19) Net Wages From Regular Employment-Spc \$ _____
(20) Amount Carried Over From Last Month \$ _____
(21) **Total Net Monthly Income (sum of 17 thr** \$ _____

PERSONAL

(22) Rent/Mortgage \$ _____
(23) Utilities (gas, electric, water, sewer, fuel) \$ _____
(24) Telephone \$ _____
(25) Food \$ _____
(26) Transportation (fuel, tolls, parking) \$ _____
(27) Other (specify) \$ _____
(28) Other (specify) \$ _____
(29) Other (specify) \$ _____
(30) Other (specify) \$ _____
(31) Other (specify) \$ _____
(32) **Total Actual Personal Expenses Paid (22** \$ _____

NET INCOME (LOSS)

(33) **Gross Excess Income (line 21 - line 32)** \$ _____
(34) MONTHLY CHAPTER 13 PLAN PAYMENT \$ _____
(35) **Net Excess Income (line 33 - line 34)** \$ _____
carry amount on line 35 to next month line 20