#### 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}*

1. 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.]
2. I have filed tax returns (business and personal) through the year ended December 31, \_\_\_\_\_\_\_\_ with the Internal Revenue Service.
3. I have filed tax returns (business and personal) through the year ended December 31, \_\_\_\_\_\_\_\_ with the Commonwealth of Pennsylvania.
4. I began my current business on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. My business is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. I have/have not pledged any business receivables, rents, profits other cash as collateral for any loans.
7. 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 ordiary 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.]

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Coverage**

**Effective To Amount**

*\_\_\_\_* Workers Compensation Insurance \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_* General Liability \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_* Fire/Extensive Coverage \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_* Property Insurance \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_* Theft Insurance \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_* Auto Insurance \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_* Other (state types of insurance)

**EXHIBIT A**

#### Debtor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of ALL BANK ACCOUNTS TO WHICH YOU HAVE ACCESS**

Use a separate page if necessary.

1. 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).
2. Are you the only authorized signatory(ies) on the accounts? Yes / NO

If NO, specify who else is an authorized signer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

BANK ACCOUNT ACCOUNT PURPOSE OF

NAME No (Last 4#) TYPE ACCOUNT

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXHIBIT B**

#### Debtor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

ORIGINAL AGE OF ESTIMATED CURRENT

ASSET COST ASSET MARKET VALUE

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXHIBIT C**

**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

1. Rent/Lease $\_\_\_\_\_\_\_\_
2. Utilities (Electricity, Gas, Water & Sewer) $\_\_\_\_\_\_\_\_
3. Telephone $\_\_\_\_\_\_\_\_
4. Insurance $\_\_\_\_\_\_\_\_
5. Wages for Employees $\_\_\_\_\_\_\_\_
6. Wages for Self/Owners $\_\_\_\_\_\_\_\_
7. Taxes $\_\_\_\_\_\_\_\_
8. Gas and Fuel for Business Vehicles $\_\_\_\_\_\_\_\_
9. Other $\_\_\_\_\_\_\_\_
10. Other $\_\_\_\_\_\_\_\_
11. Other $\_\_\_\_\_\_\_\_
12. **Total Actual Business Expenses Paid Out (Sum Lines 5-16)** $\_\_\_\_\_\_\_\_
13. Net Business Income/Loss (Line 4 Minus Line 16) $\_\_\_\_\_\_\_\_
14. Net Wages from Regular Employment-Debtor $\_\_\_\_\_\_\_\_
15. Net Wages from Regular Employment-Spouse $\_\_\_\_\_\_\_\_
16. Amount Carried over from Last Month $\_\_\_\_\_\_\_\_
17. Net Monthly Income (Sum Lines 17-20) $\_\_\_\_\_\_\_\_

# PERSONAL/BUSINESS (SOLE-PROPRIETORSHIP)

1. Rent/Mortgage $\_\_\_\_\_\_\_\_
2. (Additional Periodic Rent – School Taxes) $\_\_\_\_\_\_\_\_
3. Utilities (Electricity, Alarm, Oil, Trash Removal & Septic) $\_\_\_\_\_\_\_\_
4. Telephone $\_\_\_\_\_\_\_\_
5. Food $\_\_\_\_\_\_\_\_
6. Other $\_\_\_\_\_\_\_\_
7. Household Expenses (maintenance & up-keep) $\_\_\_\_\_\_\_\_
8. Medical and Dental $\_\_\_\_\_\_\_\_
9. Life & Health Insurance $\_\_\_\_\_\_\_\_
10. Auto Insurance $\_\_\_\_\_\_\_\_
11. Other $\_\_\_\_\_\_\_\_
12. **Total Actual Personal Expenses Paid (Sum Lines 22-32)** $\_\_\_\_\_\_\_\_
13. **Gross Excess Income (Line 21 Minus Line 33)** $\_\_\_\_\_\_\_\_
14. Monthly Chapter 13 Plan Payment $\_\_\_\_\_\_\_\_
15. **Net Excess Income (Line 34 Minus 35)** $\_\_\_\_\_\_\_\_

## ***Carry amount on Line 35 to next month Line 20***

**EXHIBIT D**

## **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