

James M. Wyman
Chapter 13 Trustee
PO Box 997
Mt. Pleasant, SC 29465-0997
Phone (843) 388-9844 Fax (843) 388-9877

Name
 Address
 Addresss

Re. Bankruptcy Case Number:
 NAME OF COMPANY:

Dear Debtor:

Your chapter 13 case has been identified by my office as one in which you may be engaged in business. Accordingly, please respond to the following questions and request for documents within the next eight (8) days. If you have any questions at all about how to fill out the forms, please contact your attorney. If you do not have an attorney, you may want to hire one, as this office cannot provide legal advice. *Failure to respond to this letter may result in delay in the progress of your case or ultimately in the dismissal of your case.*

<p>1. Are you presently self employed?</p> <p>You are self employed if you receive ANY income from a business, including rent from properties, that does not result in a 1040 form from an employer. If you own a corporation, and that corporation employs you, please indicate here and answer the questions below for the corporation.</p>	<p style="text-align: center;">Yes No (circle one)</p> <p>If no: Are you employed by a corporation which you own (and/or are a shareholder)?</p> <p style="text-align: center;">Yes No (circle one)</p> <p>If no to both: please stop here, sign at the bottom, and return this form to the address above.</p>
<p>2. What kind of business are you in? (name and short description of what you/ the business does)</p>	<p>If rental properties, please skip to #20</p>
<p>3. How long has your business operated (how long self employed)?</p>	
<p>4. Do you have any employees?</p>	<p style="text-align: center;">Yes No (circle one)</p> <p>If no: skip to question # 8</p>
<p>5. Give the name of each employee and that employee's relationship to you, if any. Continue on the back of the page if there is not enough room here.</p>	
<p>6. Are you current in income and payroll taxes, and in filing all tax returns? (answer "no" if you owe taxes)</p>	<p style="text-align: center;">Yes No (circle one)</p> <p>If yes: skip to question # 8</p>

<p>7. Income and Employment Taxes: List all tax period(s) for which you have not filed returns, or for which you owe taxes. If you owe, indicate amount owed for each tax period.</p>					
<p>8. Do you have accounts receivable? (money owed to you)</p>	<p style="text-align: center;">Yes No (circle one)</p> <p>If no: skip to question # 10</p>				
<p>9. Please list the name of the person who owes you, the amount due, date first due, and any reason why the debt is not collectible.</p>	<p style="text-align: center;">(continue on back if there is not enough room)</p>				
<p>10. Do you have any inventory?</p>	<p style="text-align: center;">Yes No (circle one)</p> <p>If no: skip to question # 12</p>				
<p>11. Please list all inventory, including a description of each item: (continue on back or separate sheet, if there is not enough room, but provide same table of information)</p>	<p>Item</p>	<p>Date of purchase</p>	<p>Purchase price</p>	<p>Current value (in current condition)</p>	<p>Have you listed it as collateral for a loan? If yes, list lender</p>
<p>12. Do you have equipment or supplies?</p>	<p style="text-align: center;">Yes No (circle one)</p> <p>If no: skip to question # 14</p>				
<p>13. Please list all equipment and supplies including a description of each item: (continue on back or separate sheet, if there is not enough room, but provide same table of information)</p>	<p>Item</p>	<p>Date of purchase</p>	<p>Purchase price</p>	<p>Current value (in current condition)</p>	<p>Have you listed it as collateral for a loan? If yes, list lender</p>
<p>14. Do you have a current business license?</p>	<p style="text-align: center;">Yes No (circle one)</p>				
<p>15. Do you have business liability insurance?</p>	<p style="text-align: center;">Yes No (circle one)</p> <p>If yes, please provide a copy of the policy declaration page. If no, please obtain adequate insurance to protect the estate from any liability from your business. If you have questions, please contact your attorney or consult with one.</p>				

<p>16. Do you have any bank accounts used in or for your business? This includes checking, savings, and any other type of account, whether in the name of the business or in another name.</p>	<p style="text-align: center;">Yes No (circle one)</p> <p>If yes, please provide a copy of the most recent 2 month's statements.</p>
<p>17. Do you expect to have to incur post petition trade credit or other business debt? (will you have to buy on credit or add to existing debt or take any additional loans while in bankruptcy?)</p>	<p style="text-align: center;">Yes No (circle one)</p> <p>If you are unsure of the answer, please contact your attorney or consult with one.</p> <p>If yes, skip to item # 19</p>
<p>18. Please provide the following if you do not anticipate incurring new debt or adding to existing debt.</p>	<p>a. Copies of federal and state tax returns for the last two (2) calendar years, both business and personal (if applicable), and including all supporting tax schedules.</p> <p>b. Two profit and loss forms, one for each month prior to filing your bankruptcy (see exhibit A – 1 copy for each month - attached to this letter)</p> <p>c. One statement of your anticipated income and expenses (estimated for the future – see exhibit B)</p> <p>d. copies of statements on all bank accounts used by or for business</p> <p>e. policy declarations page for business liability insurance</p>
<p>19. Please provide the following, if you do anticipate incurring new debt or adding to existing debt at any time during your bankruptcy.</p>	<p>a. Copies of federal and state tax returns, both business and personal, for the last two (2) calendar years including all supporting schedules.</p> <p>b. Monthly profit and loss statements on the form provided for the last twelve (12) calendar months (see exhibit A – 2 copies are provided - reproduce additional forms for the remaining months).</p> <p>c. A statement of <u>projected</u> income and expenses for the business (exhibit B)</p> <p>d. Copies of all financial statements furnished to a third party within the last two (2) years preceding the filing of the petition, including, but not limited to the balance sheet, income statement, and cash flow statement.</p> <p>e. Each month for the rest of the time that you are in bankruptcy, provide a profit and loss statement (see exhibit A) to this office and send a copy to the United States Trustee.</p>
<p>20. If you own property that you intend to keep and rent out while you are in bankruptcy, please provide the following.</p>	<p>a. Copies of federal and state tax returns for the last two (2) calendar years, and including all supporting tax schedules.</p> <p>b. Completed form showing monthly rental income vs expenditures (see Exhibit C)</p> <p>c. policy declarations page for liability insurance for each property (please print at the top of each page the street address of the property).</p>

PLEASE TAKE NOTICE THAT THE FOLLOWING ACTIONS MAY NOT BE TAKEN BY ANY DEBTOR WITHOUT SPECIFIC COURT AUTHORIZATION: use of cash collateral; post-petition employment of an attorney, accountant, or any other professional, 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 of 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.

Sincerely,

James M. Wyman, Trustee

c.c. Attorney for debtors

I HAVE COMPLETED THIS FORM AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ THE STATEMENTS ON THIS PAGE, AND WILL COMPLY – AND I HAVE ATTACHED ALL DOCUMENTS REQUIRED PER BOX #18, 19 OR 20 ABOVE, WHICHEVER IS APPLICABLE:

Debtor

Debtor

EXHIBIT A (PAGE 1)

Name of Debtor: _____

Case Number: _____

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH ENDING _____
 (list month to which form applies)

(NOTE: ONLY INCLUDE INFORMATION DIRECTLY RELATED TO BUSINESS OPERATION
- do not include any expenses listed on Schedule J)

1. Employee or subcontractor Payroll (<i>Including yourself</i> – list name and NET amount for each - not including deductions for payroll taxes & other deductions listed below)	Name	Net Amount for Month
2. Payroll Taxes, Unemployment Taxes, Worker’s compensation, Other taxes/ deductions from pay (specify type)	Name	Amount for Month
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount / Type
4. Inventory Purchases (including raw materials and supplies for use in business)	Amount for month: \$	
5. Rent (Other than debtor’s principal residence)	Amount for month: \$	
6. Utilities	Amount for month: \$	
7. Office Expenses and Supplies	Amount for month: \$	
8. Repairs and Maintenance	Amount for month: \$	
9. Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Amount for month: \$	
10. Travel and Entertainment expenses (list only if tax deductible)	Amount for month: \$	
11. Equipment Rental and Leases	Amount for month: \$	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Amount for month: \$	
13. Insurance	Amount for month: \$	
14. Payments made directly by debtor to Creditors for business debts (Specify)	Name of Creditor	Payment amount
15. Other (specify) Continue on back of page or on separate sheet if necessary	Reason for Expense	Amount for month

16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month’s Income: \$
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month’s Expenses: \$
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month: \$

EXHIBIT A (PAGE 2)

Name of Debtor: _____

Case Number: _____

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH ENDING _____
 (list month to which form applies)

(NOTE: ONLY INCLUDE INFORMATION DIRECTLY RELATED TO BUSINESS OPERATION
- do not include any expenses listed on Schedule J)

1. Employee or subcontractor Payroll (<i>Including yourself</i> – list name and NET amount for each - not including deductions for payroll taxes & other deductions listed below)	Name	Net Amount for Month
2. Payroll Taxes, Unemployment Taxes, Worker’s compensation, Other taxes/ deductions from pay (specify type)	Name	Amount for Month
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount / Type
4. Inventory Purchases (including raw materials and supplies for use in business)	Amount for month: \$	
5. Rent (Other than debtor’s principal residence)	Amount for month: \$	
6. Utilities	Amount for month: \$	
7. Office Expenses and Supplies	Amount for month: \$	
8. Repairs and Maintenance	Amount for month: \$	
9. Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Amount for month: \$	
10. Travel and Entertainment expenses (list only if tax deductible)	Amount for month: \$	
11. Equipment Rental and Leases	Amount for month: \$	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Amount for month: \$	
13. Insurance	Amount for month: \$	
14. Payments made directly by debtor to Creditors for business debts (Specify)	Name of Creditor	Payment amount
15. Other (specify) Continue on back of page or on separate sheet if necessary	Reason for Expense	Amount for month

16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month’s Income: \$
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month’s Expenses: \$
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month: \$

EXHIBIT A (PAGE 3)

Name of Debtor: _____

Case Number: _____

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH ENDING _____
 (list month to which form applies)

(NOTE: ONLY INCLUDE INFORMATION DIRECTLY RELATED TO BUSINESS OPERATION
- do not include any expenses listed on Schedule J)

1. Employee or subcontractor Payroll (<i>Including yourself</i> – list name and NET amount for each - not including deductions for payroll taxes & other deductions listed below)	Name	Net Amount for Month
2. Payroll Taxes, Unemployment Taxes, Worker’s compensation, Other taxes/ deductions from pay (specify type)	Name	Amount for Month
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount / Type
4. Inventory Purchases (including raw materials and supplies for use in business)	Amount for month: \$	
5. Rent (Other than debtor’s principal residence)	Amount for month: \$	
6. Utilities	Amount for month: \$	
7. Office Expenses and Supplies	Amount for month: \$	
8. Repairs and Maintenance	Amount for month: \$	
9. Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Amount for month: \$	
10. Travel and Entertainment expenses (list only if tax deductible)	Amount for month: \$	
11. Equipment Rental and Leases	Amount for month: \$	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Amount for month: \$	
13. Insurance	Amount for month: \$	
14. Payments made directly by debtor to Creditors for business debts (Specify)	Name of Creditor	Payment amount
15. Other (specify) Continue on back of page or on separate sheet if necessary	Reason for Expense	Amount for month

16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month’s Income: \$
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month’s Expenses: \$
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month: \$

EXHIBIT A (PAGE 4)

Name of Debtor: _____

Case Number: _____

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH ENDING _____
 (list month to which form applies)

(NOTE: ONLY INCLUDE INFORMATION DIRECTLY RELATED TO BUSINESS OPERATION
- do not include any expenses listed on Schedule J)

1. Employee or subcontractor Payroll (<i>Including yourself</i> – list name and NET amount for each - not including deductions for payroll taxes & other deductions listed below)	Name	Net Amount for Month
2. Payroll Taxes, Unemployment Taxes, Worker’s compensation, Other taxes/ deductions from pay (specify type)	Name	Amount for Month
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount / Type
4. Inventory Purchases (including raw materials and supplies for use in business)	Amount for month: \$	
5. Rent (Other than debtor’s principal residence)	Amount for month: \$	
6. Utilities	Amount for month: \$	
7. Office Expenses and Supplies	Amount for month: \$	
8. Repairs and Maintenance	Amount for month: \$	
9. Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Amount for month: \$	
10. Travel and Entertainment expenses (list only if tax deductible)	Amount for month: \$	
11. Equipment Rental and Leases	Amount for month: \$	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Amount for month: \$	
13. Insurance	Amount for month: \$	
14. Payments made directly by debtor to Creditors for business debts (Specify)	Name of Creditor	Payment amount
15. Other (specify) Continue on back of page or on separate sheet if necessary	Reason for Expense	Amount for month
16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month’s Income: \$	
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month’s Expenses: \$	
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month: \$	

EXHIBIT A (PAGE 5)

Name of Debtor: _____

Case Number: _____

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH ENDING _____
 (list month to which form applies)

(NOTE: ONLY INCLUDE INFORMATION DIRECTLY RELATED TO BUSINESS OPERATION
- do not include any expenses listed on Schedule J)

1. Employee or subcontractor Payroll (<i>Including yourself</i> – list name and NET amount for each - not including deductions for payroll taxes & other deductions listed below)	Name	Net Amount for Month
2. Payroll Taxes, Unemployment Taxes, Worker's compensation, Other taxes/ deductions from pay (specify type)	Name	Amount for Month
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount / Type
4. Inventory Purchases (including raw materials and supplies for use in business)	Amount for month: \$	
5. Rent (Other than debtor's principal residence)	Amount for month: \$	
6. Utilities	Amount for month: \$	
7. Office Expenses and Supplies	Amount for month: \$	
8. Repairs and Maintenance	Amount for month: \$	
9. Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Amount for month: \$	
10. Travel and Entertainment expenses (list only if tax deductible)	Amount for month: \$	
11. Equipment Rental and Leases	Amount for month: \$	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Amount for month: \$	
13. Insurance	Amount for month: \$	
14. Payments made directly by debtor to Creditors for business debts (Specify)	Name of Creditor	Payment amount
15. Other (specify) Continue on back of page or on separate sheet if necessary	Reason for Expense	Amount for month

16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month's Income: \$
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month's Expenses: \$
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month: \$

EXHIBIT A (PAGE 6)

Name of Debtor: _____

Case Number: _____

PROFIT AND LOSS STATEMENT FOR CALENDAR MONTH ENDING _____
 (list month to which form applies)

(NOTE: ONLY INCLUDE INFORMATION DIRECTLY RELATED TO BUSINESS OPERATION
- do not include any expenses listed on Schedule J)

1. Employee or subcontractor Payroll (<i>Including yourself</i> – list name and NET amount for each - not including deductions for payroll taxes & other deductions listed below)	Name	Net Amount for Month
2. Payroll Taxes, Unemployment Taxes, Worker’s compensation, Other taxes/ deductions from pay (specify type)	Name	Amount for Month
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount / Type
4. Inventory Purchases (including raw materials and supplies for use in business)	Amount for month: \$	
5. Rent (Other than debtor’s principal residence)	Amount for month: \$	
6. Utilities	Amount for month: \$	
7. Office Expenses and Supplies	Amount for month: \$	
8. Repairs and Maintenance	Amount for month: \$	
9. Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Amount for month: \$	
10. Travel and Entertainment expenses (list only if tax deductible)	Amount for month: \$	
11. Equipment Rental and Leases	Amount for month: \$	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Amount for month: \$	
13. Insurance	Amount for month: \$	
14. Payments made directly by debtor to Creditors for business debts (Specify)	Name of Creditor	Payment amount
15. Other (specify) Continue on back of page or on separate sheet if necessary	Reason for Expense	Amount for month

16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month’s Income: \$
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month’s Expenses: \$
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month: \$

EXHIBIT B

Name of Debtor: _____

Case number: _____

**PROJECTED MONTHLY BUSINESS INCOME AND EXPENSES
AVERAGE EXPECTED OVER THE NEXT THREE YEARS**
FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS

(NOTE: ONLY INCLUDE INFORMATION DIRECTLY RELATED TO THE BUSINESS OPERATION
- do not include any expenses listed on Schedule J)

ESTIMATED FUTURE MONTHLY EXPENSES:		
1. Employee or subcontractor Payroll (<i>Including yourself</i> – list name and monthly amount for each - not including deductions for payroll taxes & other deductions listed below)	Name	Monthly Net Amount
2. Payroll Taxes, Unemployment Taxes, Worker's compensation, Other taxes/ deductions from pay (specify type)	Name	Amount
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount/ Type
4. Inventory Purchases (including raw materials and supplies for use in business)	Monthly Amount: \$	
5. Rent (Other than debtor's principal residence)	Monthly Amount: \$	
6. Utilities	Monthly Amount: \$	
7. Office Expenses and Supplies	Monthly Amount: \$	
8. Repairs and Maintenance	Monthly Amount: \$	
9. Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Monthly Amount: \$	
10. Travel and Entertainment expenses (list only if tax deductible)	Monthly Amount: \$	
11. Equipment Rental and Leases	Monthly Amount: \$	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Monthly Amount: \$	
13. Insurance	Monthly Amount: \$	
14. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-petition business Debts not including debts paid through the Chapter 13 plan (Specify)	Name of Creditor	Payment amount
15. Other (specify)	Reason for expense	Monthly amount
16. ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME (before deductions):	Monthly Income: \$	
17. TOTAL OF EXPENSES (add lines 1-15 above)	Monthly Expenses: \$	
ESTIMATED AVERAGE NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income: \$	

EXHIBIT C: RENTAL PROPERTY INCOME VS EXPENSES (MONTHLY)

Debtor:		Case Number:	
Full address of rental property (include tax map number)		description (i.e. land, house & land, mobile home, condominium, etc)	Is property currently rented? If yes, when does lease end?
A			
B			
C			
D			
E			

	INCOME	Property A	Property B	Property C	Property D	Property E
1	Rent / income per month					
	EXPENSES					
2	Mortgage payment (list total amount for property if more than one)					
3	Maintenance / cleaning/ repairs (average per month)					
4	Management fees (average per month)					
5	Insurance (average per month) - do not list if included in mortgage payment					
6	Professional fees (average per month) Give details on back					
7	Advertising (average per month)					
8	Property taxes (average per month) - do not list if included in mortgage payment					
9	Utilities (only the amount <u>you</u> pay)					
10	Supplies (average per month) Give details on back					
11	Chapter 13 plan arrears cure (or full payment if in plan)					
12	Other (average per month) List on back					
	Total Expenses (Add lines 2 thru 11)					
	Total Net Income (subtract line 12 from line 1)					