

PART III FOR SELF-EMPLOYED AND BUSINESS OWNERS ONLY

Complete this section only if you are or have been self-employed or have owned more than 5% of a business or been an officer, director or manager of a business within the past 72 months. Skip the remainder of this worksheet if you have not been self-employed or owned more than 5% of a business in the last 6 years.

Business Income

If you are self-employed or own a business, please enter your estimated business income below. We will give you operating reports to complete for your actual income, expenses and business budget. You may also download the operating reports under the forms section of our website www.fealylawfirm.com

A. Gross Business Income (before expenses and taxes)

Last year	\$	(total)
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Last six Months	\$	(total)
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Current	\$	(monthly)
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B. Estimated Business Expenses

Last year	\$	(total)
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Last six Months	\$	(total)
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Current	\$	(monthly)
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C. Estimated Net (after expenses) Income

Last year	\$	(total)
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Last six Months	\$	(total)
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Current	\$	(monthly)
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Business Section of the Statement of Financial Affairs

Complete this section if you are self-employed or have owned more than 5% of a business or been an officer, director or manager of a business within the past 72 months. Skip the remainder of this worksheet if you have not been self-employed or owned more than 5% of a business in the last 6 years.

The following questions are to be completed by every client that is a corporation or partnership and by any individual client who is or has been, within the **six years** immediately preceding the filing of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

21. Nature, location and name of business

a. If you are an **individual**, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the client was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the filing of this case, or in which the client owned five (5) percent or more of the voting or equity securities within the **six years** immediately preceding the filing of this case.

If the client is a **partnership**, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the client was a partner or owned five (5) percent or more of the voting or equity securities, within the **six years** immediately preceding the filing of this case.

If the client is a **corporation**, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the client was a partner or owned five (5) percent or more of the voting or equity securities within the **six years** immediately preceding the filing of this case.

NAME, ADDRESS, AND TAXPAYER I.D.	NATURE OF BUSINESS	TYPE OF BUSINESS (CIRCLE ONE)	BEGINNING AND ENDING DATES OF OPERATION
Tax I.D. No.:		SOLE PROP DBA S CORP C CORP LLP LLC	From: To:
Tax I.D. No.:		SOLE PROP DBA S CORP C CORP LLP LLC	From: To:
Tax I.D. No.:		SOLE PROP DBA S CORP C CORP LLP LLC	From: To:
Tax I.D. No.:		SOLE PROP DBA S CORP C CORP LLP LLC	From: To:

b. Identify any business listed in response to subdivision "a", above, that is "single asset real estate". "Single asset real estate" means real property constituting a single property or project, other than residential real property with fewer than four (4) residential units, which generates substantially all of the gross income of a debtor and on which no substantial business is being conducted by a debtor other than the business of operating the real property and activities incidental thereto having aggregate, non-contingent, liquidated secured debts in an amount no more than \$4,000,000.

NAME AND ADDRESS

22. Books, records and financial statements.

a. **Bookkeepers and accountants within past 24 months.** List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of your books of account and records.

NAME AND ADDRESS	DATE(S) SERVICES RENDERED

b. **Auditors and preparers of financial statements within past 24 months.** List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the client.

NAME AND ADDRESS	DATE(S) SERVICES RENDERED

c. People in possession of books and records. List all firms or individuals who at the time of the filing of this case were in possession of your books of account and records. If any of the books of account and records are not available, explain.

NAME AND ADDRESS
Is this person available? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:
NAME AND ADDRESS
Is this person available? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:

d. People who received financial statements within past 24 months. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the filing of this case by the client.

NAME AND ADDRESS	DATE ISSUED

23. Inventories

a. Last two inventories. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and value basis (market or other) of each inventory

DATE OF INVENTORY	SUPERVISOR	DOLLAR AMOUNT (Specify cost, market or other)

b. List the name and address of the person having possession of the records of each of the two inventories reported in "a", above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
Date of Inventory:
Date of Inventory:

24. Current Partners, Officers, Directors and Shareholders.

a. **Partners of a partnership.** If your business is a **partnership**, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST
	Percentage Interest: %
	Percentage Interest: %

b. **Officers, Directors and Shareholders of a Corporation.** If your business is a **corporation**, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds five percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS OF OFFICER	TITLE OF OFFICER
	Percentage Interest: %
	Percentage Interest: %
	Percentage Interest: %

25. Former partners, officers, directors and shareholders who withdrew in past 12 months.

a. If your business is a **partnership**, list each member who withdrew from the partnership within **one year** immediately preceding the filing of this case.

NAME AND ADDRESS OF MEMBER	DATE OF WITHDRAWAL

b. If your business is a **corporation**, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the filing of this case.

NAME AND ADDRESS	DATE OF TERMINATION

26. Withdrawals and distributions from a partnership or corporation within past 12 months.

If your business is a **partnership or corporation**, list all withdrawals or distributions credited or given to an **insider**, including compensation in any form - bonuses, loans, stock redemptions, options, etc. - exercised and any other perquisite during **one year** immediately preceding the filing of this case.

NAME & ADDRESS OF RECIPIENT AND RELATION TO YOU/YOUR BUSINESS	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Relation:		
Relation:		

27. Tax Consolidation Group.

If your business is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which your business has been a member at any time within the **six-year** period immediately preceding the filing of the case.

NAME OF PARENT CORPORATION
Taxpayer I.D. No.:

28. Pension Funds.

If your business is to be the debtor (filer of bankruptcy), list the name and federal taxpayer identification number of any pension fund to which your business, as an employer, has been responsible for contributing at any time within the **six-year** period immediately preceding the filing of the case.

NAME OF PENSION FUND
Taxpayer I.D. No.:
Taxpayer I.D. No.:

You will need to complete at least six months of operating reports so we may get a picture of your business income and expenses. You may download these forms at www.fealylawfirm.com or get them from us. It is often necessary to complete the last 12 months of operating reports, so we can get a more accurate picture of the business.

I have read all of the above questions and have answered them completely and accurately to the best of my ability with reasonable amounts of effort.

DATED: _____

CLIENT

CO-CLIENT