

Vortman & Feinstein

A Partnership of Professional Service Corporations

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CORPORATIONS AND LIMITED LIABILITY COMPANIES

Legal Name: _____ _____	If you are unsure about an answer leave it blank!
All other names used by you in the last six years: _____ _____	Include trade names.
Taxpayer Identification Number/EIN: _____	If more than one, list all numbers
NAICS Code, if known: _____	
Street Address: _____ _____	
Mailing Address: _____	If different from street address
County: _____	
Nature of Business: _____	
Person Authorized to Sign Petition: _____	
Title: _____	
Debtor's Website: _____	

EQUITY SECURITY HOLDER INFORMATION

Name	Address	Security Class	Number of Securities	Kind of interest

PRIOR BANKRUPTCIES

Location of filing:		If more than one in the last ten years, attach additional sheets
Case Number:		
Date Filed:		
Discharged?		

PENDING BANKRUPTCY (Filed by any spouse, partner or affiliate)

Debtor Name:		If more than one, attach additional sheets
Case Number:		
Date Filed:		
District:		
Relationship:		
Judge:		

CONTACT INFORMATION:

Primary: _____

Cell: _____

Secondary: _____

Email Addresses: _____

Notes:

FOR OFFICE USE ONLY

Attorney's Notes: Recommended Chapter 7, 11, 13? _____

Is Debtor a small business as defined in 11 U.S.C. § 101(51D)? _____

Court Filing Fee: \$ _____ Amount Paid: \$ _____ Date of Payment: _____

Attorneys Estimated Fee: \$ _____ Balance Due: \$ _____

TERMS OF ENGAGEMENT:

If you return the Worksheets to our office for preparation, you will be asked to sign our Engagement Agreement and you agree to the terms and conditions of the Agreement (a copy of which is attached to the Information Package part of these worksheets) even if the original Agreement is not signed inadvertently, or not signed until the time of the final preparation of the paperwork for filing. The returning of the Worksheets constitutes your agreement to the terms of our engagement set forth therein. Thank You.

These worksheets are our office's attorney/client working papers and generally cannot be and will not be released or disclosed to any third party because they are privileged attorney/client documents.

YOU MUST ATTACH THE FOLLOWING TO THE WORKSHEETS, AS THEY ARE REQUIRED TO BE PROVIDED TO THE TRUSTEE:

ATTACHED CHECKLIST:

1. _____ Your last year's filed federal Income Tax Return (Form 1120)
If you didn't file a return for last year, then a copy of the last tax return you did actually file
2. _____ Copies of your last year-to-date Profit & Loss Statement and current Balance Sheet.
3. _____ Copy of your bank statements, for all bank accounts, for 2 months that we file the bankruptcy. The trustee is required to verify the amount on hand at the time of the filing, and we must provide the trustee with bank statements for verification. Therefore, be careful when filling out the forms, to account for checks that are written but not cleared.
4. _____ Proof of Insurance on all assets, fire insurance, auto insurance, etc.

ASSETS – REAL ESTATE OWNED BY THE COMPANY

Do you rent your work space, store, or office? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you rent your location, please list your landlord under "Executory Contracts."			
Address and description of real property that you own or have an interest in:			
Property Type: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex or Multi-Unit Building <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Land <input type="checkbox"/> Office Building <input type="checkbox"/> Commercial Real Estate			
Nature of Debtor's Interest in Property: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Equitable Interest <input type="checkbox"/> Joint Tenant <input type="checkbox"/> Other: _____			
Ownership Percentage: _____ % Name(s) of Co-Owner: _____			
Market Value: \$ _____			
Date Purchased: _____			
Please list all debts that you owe OR that creditors claim you owe that are secured by this property on the following page.			

Is a depreciation schedule available? If so, please attach.	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
Has the above inventory been appraised by a professional within the last year?	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

SECURED CREDITORS ON REAL ESTATE

What is the address of the property? _____

Mortgages, Second Mortgages, Etc.

1st MORTGAGE: Name of Creditor
And "**customer service**" mailing address, not the address to which you send payment:

Name: _____

Address: _____

HOW MUCH DO YOU OWE ON THE MORTGAGE? \$ _____

Account Number: _____ Interest Rate: _____ %

Monthly Payment: \$ _____ When did you obtain the loan? (Date) _____

Amount in Arrears (if any): \$ _____ How many months in arrears? _____

How did you determine the value? (Appraisal; Tax Value, etc.) _____

What is your intention for the property? (i.e. keep it) _____

2nd MORTGAGE: Name of Creditor
And "**customer service**" mailing address, not the address to which you send payment:

Name: _____

Address: _____

HOW MUCH DO YOU OWE ON THE MORTGAGE? \$ _____

Account Number: _____ Interest Rate: _____ %

Monthly Payment: \$ _____ When did you obtain the loan? (Date) _____

Amount in Arrears (if any): \$ _____ How many months in arrears? _____

How did you determine the value? (Appraisal; Tax Value, etc.) _____

What is your intention for the property? (i.e. keep it) _____

If you have more than 2 loans on your home, then list information on a separate sheet.

ASSETS – REAL ESTATE OWNED BY THE COMPANY

(2ND Home/Rental Property/Other Real Property)

Address and description of real property that you own or have an interest in:																																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Property Type:</td> <td style="width: 20%;"><input type="checkbox"/> Single Family Home</td> <td style="width: 20%;"><input type="checkbox"/> Duplex or Multi-Unit Building</td> <td style="width: 20%;"><input type="checkbox"/> Condominium</td> <td style="width: 20%;"><input type="checkbox"/> Mobile Home</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Land</td> <td><input type="checkbox"/> Office Building</td> <td colspan="2"><input type="checkbox"/> Commercial Real Estate</td> </tr> <tr> <td>Nature of Debtor's Interest in Property:</td> <td><input type="checkbox"/> Fee Simple</td> <td><input type="checkbox"/> Equitable Interest</td> <td><input type="checkbox"/> Joint Tenant</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td>Ownership Percentage:</td> <td>_____ %</td> <td>Name(s) of Co-Owner:</td> <td colspan="2">_____</td> </tr> <tr> <td>Market Value:</td> <td>\$ _____</td> <td colspan="3"></td> </tr> <tr> <td>Date Purchased:</td> <td colspan="4">_____</td> </tr> </table>					Property Type:	<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Duplex or Multi-Unit Building	<input type="checkbox"/> Condominium	<input type="checkbox"/> Mobile Home		<input type="checkbox"/> Land	<input type="checkbox"/> Office Building	<input type="checkbox"/> Commercial Real Estate		Nature of Debtor's Interest in Property:	<input type="checkbox"/> Fee Simple	<input type="checkbox"/> Equitable Interest	<input type="checkbox"/> Joint Tenant	<input type="checkbox"/> Other: _____	Ownership Percentage:	_____ %	Name(s) of Co-Owner:	_____		Market Value:	\$ _____				Date Purchased:	_____			
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Market Value:	\$ _____																																	
Date Purchased:	_____																																	
Please list all debts that you owe OR that creditors claim you owe that are secured by this property on the following page.																																		

Is a depreciation schedule available? If so, please attach.	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
Has the above inventory been appraised by a professional within the last year?	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

SECURED CREDITORS ON OTHER REAL ESTATE ASSETS

What is the address of the property? _____
--

Mortgages, Second Mortgages, Etc.

1 st MORTGAGE: Name of Creditor And " customer service " mailing address, <u>not</u> the address to which you send payment: Name: _____ Address: _____

HOW MUCH DO YOU OWE ON THE MORTGAGE? \$ _____ Account Number: _____ Interest Rate: _____ % Monthly Payment: \$ _____ When did you obtain the loan? (Date) _____ Amount in Arrears (if any): \$ _____ How many months in arrears? _____ How did you determine the value? (Appraisal; Tax Value, etc.) _____ What is your intention for the property? (i.e. keep it) _____
--

2 nd MORTGAGE: Name of Creditor And " customer service " mailing address, <u>not</u> the address to which you send payment: Name: _____ Address: _____

HOW MUCH DO YOU OWE ON THE MORTGAGE? \$ _____ Account Number: _____ Interest Rate: _____ % Monthly Payment: \$ _____ When did you obtain the loan? (Date) _____ Amount in Arrears (if any): \$ _____ How many months in arrears? _____ How did you determine the value? (Appraisal; Tax Value, etc.) _____ What is your intention for the property? (i.e. keep it) _____
--

If you have more than 2 loans on your home, then list information on a separate sheet.

If you have more than two pieces of real estate, duplicate and attach pages 6 and 7 for all properties.

ASSETS – VEHICLES

Including Cars, Vans, Trucks, Motorcycles, Sport Utility Vehicles, Tractors, etc.

Make:	Year:
Model:	Mileage:
Other information/Condition:	

What is the car or collateral worth? \$ _____
How did you determine the value? (Appraisal; Comparable, etc.)

AUTOMOBILE LOAN INFORMATION	
(If you do not owe any money on your vehicle, leave this section blank.)	
Name of Secured Creditor	
And " customer service " mailing address, <u>not</u> the address to which you send payment:	
Name:	
Address:	
HOW MUCH DO YOU OWE ON THE LOAN? \$ _____	
Account Number: _____	Interest Rate: _____ %
Monthly Payment: \$ _____	When did you obtain the loan? (Date) _____
Amount in Arrears (if any): \$ _____	How many months in arrears? _____
What is your intention for the property? (i.e. keep it) _____	

Is a depreciation schedule available? If so, please attach. <input type="checkbox"/> No. <input type="checkbox"/> Yes.
Has the above inventory been appraised by a professional within the last year? <input type="checkbox"/> No. <input type="checkbox"/> Yes.

If you have more than one loan secured by this vehicle, then list information on a separate sheet.

ASSETS – VEHICLES (CONTINUED)

Including Cars, Vans, Trucks, Motorcycles, Sport Utility Vehicles, Tractors, etc.

Make:	Year:
Model:	Mileage:
Other information/Condition:	

What is the car or collateral worth? \$ _____
How did you determine the value? (Appraisal; Comparable, etc.)

AUTOMOBILE LOAN INFORMATION	
(If you do not owe any money on your vehicle, leave this section blank.)	
Name of Secured Creditor	
And " customer service " mailing address, <u>not</u> the address to which you send payment:	
Name:	
Address:	
HOW MUCH DO YOU OWE ON THE LOAN? \$ _____	
Account Number: _____	Interest Rate: _____ %
Monthly Payment: \$ _____	When did you obtain the loan? (Date) _____
Amount in Arrears (if any): \$ _____	How many months in arrears? _____
What is your intention for the property? (i.e. keep it) _____	

Is a depreciation schedule available? If so, please attach. <input type="checkbox"/> No. <input type="checkbox"/> Yes.
Has the above inventory been appraised by a professional within the last year? <input type="checkbox"/> No. <input type="checkbox"/> Yes.

If you have more than one loan secured by this vehicle, then list information on a separate sheet.

If you have more than 2 vehicles, then list information on a separate sheet.

OTHER PERSONAL PROPERTY ASSETS

VALUE SHOULD BE DETERMINED BASED ON THE ITEMS' REPLACEMENT COST (I.E., IF YOU HAD TO GO OUT AND BUY IT USED IN THE SAME CONDITION IT IS IN NOW).

If an individual item is valued at over \$600, please itemize it on a separate page.

FINANCIAL ASSETS	
2. Cash on Hand	\$ _____
3a. Checking Account:	
Bank Name: _____	\$ _____
Bank Name: _____	\$ _____
3b. Savings Account	
Bank Name: _____	\$ _____
Bank Name: _____	\$ _____
4. Other Cash Equivalents	\$ _____
You must provide the Trustee with a copy of all your Bank Statements for the month prior to filing to verify this amount; so be aware of any checks that are outstanding and not cleared. If you have additional bank accounts, please attach a separate, additional page.	
7. Deposits, Including Security Deposits and Utility Deposits	\$ _____
8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, etc.	\$ _____
11a. Accounts Receivable – Over 90 days old	\$ _____
11b. Accounts Receivable – 90 days old or less	\$ _____
11c. Accounts Receivable – Uncollectable or Doubtful	\$ _____
14. Mutual Funds, or Publicly Traded Stock Account	
Name: _____	\$ _____
Name: _____	\$ _____
15. Interests in Non-Publically Traded Stock and Interests in Incorporated and Unincorporated Businesses	
Name: _____ % Ownership: _____	\$ _____
Name: _____ % Ownership: _____	\$ _____

INVENTORY		
19. Raw Materials	\$	
20. Work in Progress	\$	
21. Finished Goods, including goods held for resale	\$	
22. Other Inventory or Supplies	\$	
24. Are any of the above perishable?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.
25. Inventory Described Above Purchased Within 20 Days	\$	
26. Has the above inventory been appraised by a professional within the last year?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.

AGRICULTURAL ASSETS		
28. Crops Either Planted or Harvested	\$	
29. Farm Animals	\$	
30. Farm Machinery and Equipment	\$	
31. Farm & Fishing Supplies, Chemicals, and Feed	\$	
32. Any Other Farm & Commercial Fishing Related Property	\$	
34a. Is the Debtor a member of an agricultural cooperative?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.
34b. Is the Debtor's property stored at the cooperative?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.
35. Agricultural Assets Described Above Purchased Within 20 Days	\$	
36. Is a depreciation schedule available? If so, please attach.		<input type="checkbox"/> No. <input type="checkbox"/> Yes.
26. Has the above inventory been appraised by a professional within the last year?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.

OFFICE FURNITURE, FIXTURES, AND EQUIPMENT																	
39. Office Furniture	\$																
40. Office Fixtures	\$																
30a. General Office Equipment	\$																
30b. Electronics, including Computers, Tablets, Printers, Faxes, Communication Systems, Televisions, Cell Phones, etc.		Please list all items separately below. If more space is needed, please attach an additional page.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Quantity</th> <th style="width: 60%;">Item/Category</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>			Quantity	Item/Category				\$			\$			\$			\$
Quantity	Item/Category																
		\$															
		\$															
		\$															
		\$															
42. Collectibles, including Books and Art	\$																
44. Is a depreciation schedule available? If so, please attach.		<input type="checkbox"/> No. <input type="checkbox"/> Yes.															
45. Has the above inventory been appraised by a professional within the last year?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.															

INTANGIBLES AND INTELLECTUAL PROPERTY

60. Patents, Copyrights, Trademarks, and Trade Secrets [Please attach a separate page describing your interest.]	\$	
61. Internet Domain Names and Websites		
62. Licenses, Franchises, and Royalties [Please attach a separate page describing your interest.]	\$	
63. Customer Lists, Mailing Lists, or Other Compilations	\$	
67. Do your lists include personally identifiable information?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.
Do you have an official privacy policy?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.
64. Any other intangibles or intellectual property	\$	
65. Goodwill	\$	
68. Is an amortization or other similar schedule available for the above?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.
69. Has the above property been appraised by a professional within the last year?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.

ALL OTHER ASSETS

71. Notes Receivable	\$	
72. Tax Refunds and Unused Net Operating Losses (NOLs)	\$	
73. Insurance Policies (cash value, not face value)	\$	
74. Causes of Action Against Third Parties	\$	
Describe:		Has a lawsuit been filed? <input type="checkbox"/> No. <input type="checkbox"/> Yes.
		Case Number: _____
		Court: _____
75. Other Contingent & Unliquidated Claims of Every Nature	\$	
76. Trusts and Equitable or Future Interests in Property	\$	
79. Has the above property been appraised by a professional within the last year?		<input type="checkbox"/> No. <input type="checkbox"/> Yes.

77. Please list any other property OF ANY KIND not listed in the above categories or that you are unsure of how to categorize. If necessary, attach separate pages.

OTHER SECURED DEBTS

Please list all other secured creditors not previously listed
(i.e., anything other than a home mortgage or automobile loan).

Name of Secured Creditor And " customer service " mailing address, <u>not</u> the address to which you send payment:	
Name:	_____
Address:	_____ _____ _____
HOW MUCH DO YOU OWE ON THE LOAN?	\$ _____
What is the secured property?	_____
Account Number:	_____ Interest Rate: _____ %
Monthly Payment:	\$ _____ When did you obtain the loan? (Date) _____
Amount in Arrears (if any):	\$ _____ How many months in arrears? _____
What is the collateral worth?	\$ _____
How did you determine the value? (Appraisals; Comparable, etc.)	_____
What is your intention for the property? (i.e. keep it)	_____
Name of Secured Creditor And " customer service " mailing address, <u>not</u> the address to which you send payment:	
Name:	_____
Address:	_____ _____ _____
HOW MUCH DO YOU OWE ON THE LOAN?	\$ _____
What is the secured property?	_____
Account Number:	_____ Interest Rate: _____ %
Monthly Payment:	\$ _____ When did you obtain the loan? (Date) _____
Amount in Arrears (if any):	\$ _____ How many months in arrears? _____
What is the collateral worth?	\$ _____
How did you determine the value? (Appraisals; Comparable, etc.)	_____
What is your intention for the property? (i.e. keep it)	_____

UNSECURED DEBTS

Debts refer to any amount of money that you owe to any person or company. This includes any debt that has been "Charged Off." Monthly bills, such as the telephone bill or car insurance are not debts unless you are more than one month behind. You already listed debts that are secured in the Asset Section, so you will not need to relist them here. If you are unsure whether a debt is secured or not, call us. **If there is a debt you wish to continue paying, you must still list it in this Section. Failure to do so can result in additional fees, denial of your bankruptcy, or even criminal prosecution. We can always attempt to pull debts out after the case is filed.**

Debts are divided into categories by the Court:

1. Taxes owed to either the IRS or a state or local government;
2. Wages, salaries, and commissions
3. Contributions to Employee Benefit Plans
4. Claims for death or injury under certain circumstances
5. Court Fines, including traffic and parking infractions;
6. Student Loans; and
7. All other debts, including credit cards, medical bills, NSF checks, etc.

TAXES

My last filed federal tax return was for 2015. 2014. 2013. 2012. Other: _____

Within the ten years prior to filing for bankruptcy, which, if any, federal tax returns were NOT filed?

If you were not required to file a federal tax return for any year, please state the reason below:

TAX DEBTS

(Tax agency means IRS or WA State Property taxes, etc.)

1.	Tax Agency:	_____
	Address:	_____
	Type of Return: (1040, 941, etc.):	_____
	Tax Year:	_____
	Return Filed:	Month: _____ Year: _____
	Amount due:	_____

2.	Tax Agency:	_____
	Address:	_____
	Type of Return: (1040, 941, etc.):	_____
	Tax Year:	_____
	Return Filed:	Month: _____ Year: _____
	Amount due:	_____

3.	Tax Agency:	_____
	Address:	_____
	Type of Return: (1040, 941, etc.):	_____
	Tax Year:	_____
	Return Filed:	Month _____ Year: _____
	Amount due:	_____

IF YOU HAVE MORE THAN THREE TAXES OWED, PLEASE PROVIDE THE INFORMATION REQUESTED ABOVE FOR THE ADDITIONAL TAXES ON A SEPARATE SHEET OF PAPER.

WAGES, SALARIES, AND COMMISSIONS OWED TO EMPLOYEES & CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

Name of Creditor and Address	When Incurred & For What	Amount of Claim (Note if Disputed)
Name:		\$
Address:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Name:		\$
Address:		
Name:		\$
Address:		

Please attach as many sheets as necessary.

GENERAL CREDITORS

PLEASE USE ADDRESS FOR "CUSTOMER SERVICE" AND NOT THE ADDRESS TO WHICH YOU MAIL PAYMENTS.

Name of Creditor and Address	When Incurred & For What	Amount of Claim (Note if Disputed)
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		

GENERAL CREDITORS

PLEASE USE ADDRESS FOR "CUSTOMER SERVICE" AND NOT THE ADDRESS TO WHICH YOU MAIL PAYMENTS.

Name of Creditor and Address	When Incurred & For What	Amount of Claim (Note if Disputed)
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		

GENERAL CREDITORS

PLEASE USE ADDRESS FOR "CUSTOMER SERVICE" AND NOT THE ADDRESS TO WHICH YOU MAIL PAYMENTS.

Name of Creditor and Address	When Incurred & For What	Amount of Claim (Note if Disputed)
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		

GENERAL CREDITORS

PLEASE USE ADDRESS FOR "CUSTOMER SERVICE" AND NOT THE ADDRESS TO WHICH YOU MAIL PAYMENTS.

Name of Creditor and Address	When Incurred & For What	Amount of Claim (Note if Disputed)
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		
Name:		\$
Address:		
Account No.:		

EXECUTORY CONTRACTS AND LEASES

Describe all executory contracts and leases of any nature and all unexpired leases of real property or personal property. Include any timeshare interests.	
Party: _____	If you are unsure about an answer leave it blank!
Address: _____	
Description: _____	List all contracts or leases which will continue after your bankruptcy is filed
Intent: <input type="checkbox"/> Assume <input type="checkbox"/> Reject (Chapters 7 and 13 only)	

CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the non-debtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a co-debtor or a creditor, indicate that by stating "a minor child." See 11 U.S.C § 112; Fed. Bankr. P. 1007(m)

Name and Address of Co-Debtor:	Creditor to Whom Co-Debtor May Be Liable:
Other Names by Which Co-Debtor is Known:	

Name and Address of Co-Debtor:	Creditor to Whom Co-Debtor May Be Liable:
Other Names by Which Co-Debtor is Known:	

INCOME AND EXPENSES:
ATTACH CURRENT PROFIT & LOSS STATEMENT

Statement of Financial Affairs

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form.

Answer every question.

1. Gross Revenue from Business

None

Attach copies of your tax returns for the past two years.

	Gross Revenue (Before Deductions and Exclusions)	Source
Year to Date: 20__		
1 Year Ago: 20__		
2 Years Ago: 20__		

2. Non-Business Revenue

None

Include revenue regardless of whether that revenue is taxable. "Non-business income" may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in #1, above.

	Gross Revenue (Before Deductions and Exclusions)	Source
Year to Date: 20__		
1 Year Ago: 20__		
2 Years Ago: 20__		

3. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225 or more?

No.

List payments or transfers – including expense reimbursements – to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225.

Yes. List each creditor to whom you paid a total of \$6,225 or more in one or more payments and the total amount you paid that creditor. (Do not include payments to an attorney for this bankruptcy case.)

Creditor Name and Address	Dates	Total amount or value	Reasons for payment or transfer
			<input type="checkbox"/> Secured Debt <input type="checkbox"/> Unsecured loan <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Secured Debt <input type="checkbox"/> Unsecured loan <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other: _____

If more, list the same information for each creditor on the back of this page or separate page.

4. Within 1 year before you filed for bankruptcy, did you make a payment or other transfer of No. property that benefitted any insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101.

Yes. List all payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider, unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6225.

Insider's Name, Address, and Relationship to the Debtor	Dates	Total amount or value	Reasons for payment or transfer

5. Within 1 year before you filed bankruptcy, was any of your property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller? No.

Yes.

Creditor Name:		_____	
Describe the Property:		_____	
Date:	_____	Value:	_____ \$
Nature of Proceeding:	<input type="checkbox"/> Foreclosure Pending	<input type="checkbox"/> Foreclosed and Sale Scheduled.	<input type="checkbox"/> Foreclosed and Sold. <input type="checkbox"/> Deed in Lieu of Foreclosure.
	<input type="checkbox"/> Repossessed	<input type="checkbox"/> Returned to the Seller	

Creditor Name:		_____	
Describe the Property:		_____	
Date:	_____	Value:	_____ \$
Nature of Proceeding:	<input type="checkbox"/> Foreclosure Pending	<input type="checkbox"/> Foreclosed and Sale Scheduled.	<input type="checkbox"/> Foreclosed and Sold. <input type="checkbox"/> Deed in Lieu of Foreclosure.
	<input type="checkbox"/> Repossessed	<input type="checkbox"/> Returned to the Seller	

6. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No.

Yes.

Creditor Name:	_____
Account Number:	_____
Describe the Action the Creditor Took:	_____
Date:	Amount: \$ _____

Creditor Name:	_____
Account Number:	_____
Describe the Action the Creditor Took:	_____
Date:	Amount: \$ _____

7. Within 1 year before you filed bankruptcy, were you a party in any lawsuits and administrative proceedings, executions, garnishments and attachments?

No.

Yes.

Case Caption and Number:	_____
Court and Location:	_____
Status of Case:	_____
Nature of Proceeding:	_____

Case Caption and Number:	_____
Court and Location:	_____
Status of Case:	_____
Nature of Proceeding:	_____

Case Caption and Number:	_____
Court and Location:	_____
Status of Case:	_____
Nature of Proceeding:	_____

If more, list the same information for each lawsuit on the back of this page or separate page.

8. Did you have any property in the hands of an assignee for the benefit of creditors within 120 days before filing this case, and/or any property in the hands of a receiver, custodian, or other court appointed officer within 1 year before filing this case?

No.

Yes. Please provide the name and contact information, description of the property, and the terms of assignment or settlement, including case title, number, court, and date of order or assignment.

9. Within 2 years before you filed for bankruptcy, did you give any gifts or charitable contributions with a total value of more than \$1,000 per recipient? No.

Yes.

Recipient's Name:	_____	Relationship to Debtor:	_____
Address:	_____		
Describe the gifts:	_____		
Date:	_____	Value:	\$ _____

Recipient's Name:	_____	Relationship to you:	_____
Address:	_____		
Describe the gifts:	_____		
Date:	_____	Value:	\$ _____

10. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or casualty? No.

Yes.

Describe the property you lost and how the loss occurred	_____		
Describe any insurance coverage for the loss. Include the amount that insurance has paid.	_____		
Date of Loss:	_____	Value:	\$ _____

Describe the property you lost and how the loss occurred	_____		
Describe any insurance coverage for the loss. Include the amount that insurance has paid.	_____		
Date of Loss:	_____	Value:	\$ _____

11. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No.

Yes.

Person who was paid:	_____		
Person who made the payment, if not you:	_____		
Date(s) of payment or transfer:	_____	Amount:	\$ _____

Person who was paid:	_____		
Person who made the payment, if not you:	_____		
Date(s) of payment or transfer:	_____	Amount:	\$ _____

12. Within 10 years before you filed for bankruptcy, did you make payments or transfer any property to a self-settled trust or similar device of which the Debtor is a beneficiary? No.

Yes.

Name of Trust:	
Description of the property transferred:	
Date(s) of payment or transfer:	Value: \$

13. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? No.

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property. Do not include gifts and transfers that you have already listed on this statement.

Yes.

Person Who Received Transfer		Relationship to Debtor:	
Address:			
Describe the Property Transferred:			
Describe Any Property or Payments Received or Debts Paid in Exchange:			
Date:	Value:	\$	

Person Who Received Transfer		Relationship to Debtor:	
Address:			
Describe the Property Transferred:			
Describe Any Property or Payments Received or Debts Paid in Exchange:			
Date:	Value:	\$	

14. List all previous addresses used by the Debtor within 3 years before filing this case and the dates the addresses were used. No.

15. HEALTH CARE BANKRUPTCIES: Is the debtor primarily engaged in offering services and facilities for: No.

___ Diagnosing or treating injury, deformity, or disease, or

___ Providing any surgical, psychiatric, drug treatment, or obstetric care?

Yes.

Facility Name:	_____
Address:	_____
Nature of the business operation, including type of services the Debtor provides:	_____
Location where patient records are maintained (if different than the above):	_____
If the Debtor provides meals and housing, number of patients in Debtor's care:	How are records kept? <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

16. Does the Debtor collect and retain personally identifiable information of customers? No.

Yes.

Nature of the Information collected and retained:
Do you have an official privacy policy? <input type="checkbox"/> No. <input type="checkbox"/> Yes.

17. Within 6 years before filing this case, have any employees of the Debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? No.

Yes. Does the Debtor serve as plan administrator?

No.

Yes → Name of Plan: _____ EIN of the Plan: _____

Has the plan been terminated? No. Yes.

18. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in the Debtor's name, or for the Debtor's benefit, closed, sold, moved, or transferred? No.

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

Yes.

Name of Financial Institution:	_____
Account Number:	_____
Date account was closed, sold, moved, etc.:	_____ Amount of last balance \$ _____
Type of Account:	<input type="checkbox"/> Checking. <input type="checkbox"/> Savings. <input type="checkbox"/> Money Market. <input type="checkbox"/> Brokerage.
	<input type="checkbox"/> Other: _____

19. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No.

Yes.

Name of Financial Institution:	_____
Who else had access to it? (Address?)	_____
Describe the contents.	_____
Do you still have it?	Date Closed.

20. Have you stored property in a storage unit or place other than your primary premises within 1 year before you filed for bankruptcy? No.

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Yes.

Name of Storage Facility (Address?)	_____
Who else had access to it? (Address?)	_____
Describe the contents.	_____
Do you still have it?	Date Closed.

21. Does the Debtor hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust. Do not list leased or rented property. No.

Yes.

Owner's Name and Address	_____
Where is the property?	_____
Describe the contents.	_____
Value:	

Environmental Information

For the purpose of these questions, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, release of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

“Hazardous Material” means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

22. Has the Debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No.

Yes.

Case Caption and Number:	_____
Court and Location:	_____
Status of Case:	_____
Nature of Proceeding:	_____

23. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No.

Yes.

Name and Address of Site:	_____
Governmental Unit:	_____
Environmental Law, if known:	_____
Date of Notice:	_____

24. Have you notified any governmental unit of any release of hazardous material? No.

Yes.

Name and Address of Site:	_____
Governmental Unit:	_____
Environmental Law, if known:	_____
Date of Notice:	_____

25. List any businesses for which the Debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. None

Name	Employer Identification Number	Address	Nature of Business	Beginning & Ending Dates of Operation

26a. List all accountants and bookkeepers who maintained the Debtor's books and records within 2 years before filing this case. None.

Name:	_____
Address:	_____
Dates of Service:	_____

Name:	_____
Address:	_____
Dates of Service:	_____

26b. List all firms or individuals who have audited, compiled, or reviewed Debtors books of account and records, or prepared a financial statement within 2 years before filing this case. None.

Name:	_____
Address:	_____
Dates of Service:	_____

Name:	_____
Address:	_____
Dates of Service:	_____

26c. List all firms or individuals who were in possession of the Debtor's books of account and records when this case is filed. None.

Name:	_____
Address:	_____
If any books of account and records are unavailable, explain why:	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. None.

27. Have any inventories of the Debtor's property been taken within 2 years before filing this case? None.

Supervisor's Name:	_____
Name of person in possession of inventory records:	_____
Address:	_____
Date of Inventory:	_____
Dollar Amount and Basis (cost, market, etc.) of each inventory:	

28. List the Debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the Debtor at the time of the filing of this case. None

Name	Address	Position and nature of any interest	Beginning & Ending Dates when position or interest was held

29. Within 1 year before the filing of this case, did the Debtor have officers, directors, managing members, general partners, members in control of the Debtor or shareholders in control of the Debtor who no longer hold these positions?

No.

Yes.

Name	Address	Position and nature of any interest	Beginning & Ending Dates when position or interest was held

30. Within 1 year before filing this case, did the Debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and other options exercised?

No.

Yes.

Name: _____	Relationship to Debtor: _____
Address: _____	
Amount of Money or Description and Value of Property Transferred: _____	
Dates: _____	
Reason: _____	

Name: _____	Relationship to Debtor: _____
Address: _____	
Amount of Money or Description and Value of Property Transferred: _____	
Dates: _____	
Reason: _____	

31. Within 6 years before filing this case, has the Debtor been a member of any consolidated group for tax purposes?

No.

Yes → Name of Parent Corporation: _____ EIN: _____

31. Within 6 years before filing this case, has the Debtor as an employer been responsible for contributing to a pension fund?

No.

Yes → Name of Pension Fund: _____ EIN: _____

**PLEASE SIGN THE LAST PAGE OF THE FOLLOWING
ENGAGEMENT LETTER AND RETURN WITH THE
WORKSHEETS. EVEN IF THE ENGAGEMENT LETTER IS
INADVERTANTLY NOT SIGNED, YOUR RETURN OF THIS
PACKAGE OPERATES AS YOUR CONSENT THAT YOU
HAVE REVIEWED AND AGREED TO THE TERMS OF
ENGAGEMENT OF OUR OFFICE. THANK YOU!**