# Gunn and Gunn Bankruptcy Worksheet Instructions

# Please read this letter before you attempt to complete the questionnaire.

We are pleased that you have determined to place confidence in us as your attorneys for the purpose of assisting your business with its bankruptcy case. We will do our best to see that the case proceeds in a timely and well organized manner. We will also strive to do what we can to give you good legal advice and to protect you business's financial and legal interests. In order to accomplish that goal, however, we require your assistance.

In order for our firm to accurately represent you with respect to a bankruptcy filing, we require additional information which was not obtained during our initial interview. This packet contains questionnaires that need to be completed in order for us to prepare a bankruptcy petition. Some of the information requested is the same as provided in our initial interview. Nevertheless, please complete this questionnaire completely – even if you already gave us this information before.

We will be relying upon the information that you provide. We will not "second guess" your answers nor are we going to make "corrections" to the answers you provide. We will assume that you have fully and accurately completed the questionnaire. *Do not leave any question blank*. If the answer to a question is "none" or "not applicable" please so indicate. It is very important that you are accurate, as providing inaccurate information on a bankruptcy petition can have serious negative consequences.

When listing creditors, please remember that we must have a complete address. The address information you provide will be used to send a notice to the creditor. If you list only a creditor's name, the bankruptcy court will reject the petition. If you do not have a bill for a creditor, we suggest that you call information, look in the telephone book, search your old files, look at a credit report, check on the Internet or take other action to locate a mailing address. If after all of these methods have failed, you may list the address as "General Delivery" to the City, State, and Zip code for the creditor. General Delivery should be used only as a last resort.

Once you have completed these forms, you should return them to our office. One of the attorneys will take some time to review this information. Once that has been done, we will call you to clarify the information which you provided. Though we often catch many of our client's oversights, please do not assume that we will catch all of your errors. Because we do not know the businesses financial affairs in detail, we must assume that you have provided all of the required information.

After we have clarified any information you have provided, we will have a member of our bankruptcy staff prepare the bankruptcy schedules in your case. Our staff will rely upon the information you have given in preparing those documents. At times, additional clarification will be needed, and a member of our staff will contact you regarding the additional information that is required. Once the petition has been prepared, we will contact you so that you may come to our office to review and sign the final documents. The petition will need to be signed by a corporate officer or a general partner who has been authorized by the business to file the petiton. The signer of the bankruptcy documents should be familiar with the financial situation of the business, and be prepared to appear on behalf of the business at the hearing with the bankruptcy trustee.

Again, we thank you for placing confidence in our firm and hope that our representation in this matter meets with your expectations. Please remember to print legibly and to fully provide all information.

Sincerely,

Robert, Marc and Jana Gunn Attorneys

# **Required Documents**

# **Business Bankruptcy**

We are required to review the following documents in order to properly advise you regarding your case and in order to prepare bankruptcy schedules. These documents must be provided before we can proceed. We realize that this is a significant amount of information and that it may take some time to provide all of this information. Realize that we are asking for this information for a reason, and that obtaining the information is important to your case. At a *minimum* we need you to obtain and provide the following:

- 1. **Profit / Loss Statements for past Six (6) months** (showing income and expenses from business operations)
- Evidence of income from any other source (i.e. other than business operations) for the preceding six (6) months
- 3. A copy of the complaint for any lawsuit filed against the business in the last 2 years (if you do not have a copy, provide at a minimum the parties to the lawsuit, the court in which the case was filed, the court case number, the nature of the lawsuit, the date a judgment (if any) was entered, and the present status of any pending case)
- 4. Copy of any judgment(s) entered against the business in the last 2 years.
- 5. Copy of any writ of garnishment received by the business, the business bank, or customers within the last 4 months
- 6. Copies of Federal and State income tax returns (including all schedules) for the previous two (2) years
- 7. Copy of title or registration for every vehicle upon which the business name appears
- 8. Copy of the most recent property tax statement for any real estate upon which the business name appears
- 9. Copy of **most recent mortgage statement** for any real property. This includes primary mortgage, second mortgage, equity line of creditor or any other debt secured by an interest in real estate.
- 10. Copy of **most recent statement for any vehicle** on which the business owes money that shows the current balance owing, the monthly payment, and if possible the interest rate on the loan.
- 11. Copy of **purchase agreement for any vehicle**, or if not available, information regarding the date the vehicle was purchased.
- 12. Copy of Kelly Blue Book value for each vehicle (www.kbb.com) the business owns or is purchasing.
- 13. Completed Homework Packet (attached).

**Note** We do **not need** credit card statements or copies of other bills. You should list the information for these debts on the creditor information worksheets at the end of the Homework Packet. Please make sure the information you provide is accurate and complete.

**GUNN & GUNN** 

Attorneys at Law Post Office Box 4057 Salem, Oregon 97302 (503) 362-6528

| Date C | Completed: |  |
|--------|------------|--|
|        |            |  |

#### **Business Information**

| Corporation / Partnership:   |  |  |  |  |
|--|--|--|--|--|
| Full Registered Name:  | D.B.A if Any:  |  |  |  |
|  |  |  |  |  |
| Federal Tax Identification No:   | Social Security No.  |  |  |  |
| Date Started (Registered)  | Date Ceased Business (if closed):  |  |  |  |
| Within the last 6 YEARS have you been: an officer, director, managing executive, or owner of more that 5 percent of the voting securities of a corporation; a partner in a partnership; a sole proprietor of any business, or self employed? | Within the last 6 YEARS have you been: an officer, director, managing executive, or owner of more that 5 percent of the voting securities of a corporation; a partner in a partnership; a sole proprietor of any business, or self employed? |  |  |  |
| □ Yes □ No If Yes, Please complete Business Information Schedule as well   | □ Yes □ No If Yes, Please complete Business Information Schedule as well   |  |  |  |
| Nature of Business(s):   |  |  |  |  |
| Corporate Officers (corporations):   | General Partners (partnerships)  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Prior Business Addresses or Registered Offices (Last 2 Years)  |  |  |  |  |

If the business has operated from other locations within the last two (2) years, or if the registered office has changed within the last two (2) years please provide the following information:

| Address | Nature of Office | Date Started | Date Ended |
|---------|------------------|--------------|------------|
|         |                  |              |            |
|         |                  |              |            |
|         |                  |              |            |
|         |                  |              |            |

# **Prior Bankruptcy Cases**

If the business has filed for bankruptcy in the last 10 years, please provide the following information. If no prior bankruptcy cases in the last 10 years, so indicate.

| Type of Case (CH 7 or CH 11) | When Filed | Business Name at Time | Where Filed |
|------------------------------|------------|-----------------------|-------------|
|                              |            |                       |             |
|                              |            |                       |             |

#### Hazardous Property / Materials

| Further if Ver for each par            | Further, if Yes for each property, describe the nature and location of the dangerous condition, whether environmental or otherwise, |  |  |  |                  |  |
|--|---|--|--|--|------------------|--|
| that possesses or is alleged to pose a |   |  |  |  | ii or otherwise, |  |

We need an accurate list of all property of every kind, nature and description. For each category of asset, please provide a description so that we can identify the asset or property. That description does not need to be detailed, a general description such as "Real Propert at 1234 Any Street, Salem, Oregon" is sufficient. When completing this information, the value that is required to be listed is the replacement value. Replacement Value can be defined as the price necessary to replace any given item with an item of the same or substantially similar condition. It is **not** the same as "Retail Value" which is the price if the item were new. This may be a different value than is on the balance sheet, and may not take into account the depreciated value of property.

If the business owes money on an asset (i.e. real estate, equipment, etc.), please provide the amount owed. Please also write the name of the creditor. If a single item of property has more than one creditor (for example a first and second mortgage on real property), please list the amount of each debt and the name of each creditor. Remember to list the debt, as well as the name and address of the creditor on the creditor worksheets.

If the business does not own a given type of property, please indicate None so that we know you have considered the question.

#### Schedule A - Real Estate

List any interest in real property, including leasehold interests.

| Description of Property | Owner | Fair Market<br>Value | Amount Owed | Creditor Owed |
|-------------------------|-------|----------------------|-------------|---------------|
|                         |       |                      |             |               |
|                         |       |                      |             |               |
|                         |       |                      |             |               |
|                         |       |                      |             |               |

#### Schedule B - Personal Property

Personal Property includes anything that is not Real Property. List all property, of any kind nature and description owed by the business. This includes not only fixed assets, but also intellectual property, accounts receivable, intangibles, etc. The attached list is based upon the bankruptcy schedules, and many types of assets may not be owned by the business. If the business does not own an asset of a particular type or category, please so indicate. Remember, we need to know the assets owned by the business, NOT assets owned by the shareholders or partners.

Even if an asset does not have a "value" you still need to list the asset. For example, the company may have a potential claim against a third party which may not yet be liquidated. If you don't know where to list an item, simply list it under item 33 "Any other Property".

|    | Description of Property  | Owner | Fair Market<br>Value | Amount Owed | Creditor Owed |
|----|--|-------|----------------------|-------------|---------------|
| 1. | Cash on Hand   |       |                      |             |               |
| 2. | Bank Accounts (include type of account, i.e. checking, savings, money market, and name of bank, List ALL Accounts)   |       |                      |             |               |
| 3. | Security Deposits (examples would be cleaning or damage deposit with a landlord or a deposit with a utility company) |       |                      |             |               |
| 4. | Household Goods, Furnishings, Appliances, and Electronics (if any)   |       |                      |             |               |
| 5. | Books, Pictures, Art, Video Tapes, CD's,<br>Records, Collections, or Other Miscellaneous<br>items                    |       |                      |             |               |
| 6. | Clothing (i.e uniforms if any)   |       |                      |             |               |
| 7. | Jewelry and Furs (if any)  |       |                      |             |               |
| 8. | Firearms, Sporting Equipment, Photographic Equipment, Hobby Equipment  |       |                      |             |               |

|     | Description of Property   | Owner | Fair Market<br>Value | Amount Owed | Creditor Owed |
|-----|---|-------|----------------------|-------------|---------------|
| 9.  | Life Insurance Policies (Indicate company and whether term, universal life, whole life. If policy has a cash surrender value, so indicate otherwise indicate no fair market value)                            |       |                      |             |               |
| 10. | Annuities   |       |                      |             |               |
| 11. | Retirement Accounts (Indicate type of account, i.e PERS, FERS, IRA, 401(k), Profit Sharing Plan)  |       |                      |             |               |
| 12. | Stock in other Companies (list company, number of shares, and value)  |       |                      |             |               |
| 13. | Partnership Interests (interests in other businesses)   |       |                      |             |               |
| 14. | Government Bonds, Promissory Notes,<br>Uncashed Checks, other Negotiable<br>Instruments   |       |                      |             |               |
| 15. | Accounts Receivable (list any money owed to you by other people and indicate the reason the money is owed)  |       |                      |             |               |
| 16. | Alimony, Maintenance, Child Support, Property Settlement  |       |                      |             |               |
| 17. | Tax Refunds (indicate expected amount and tax year)  □ IRS (Federal)  □ DOR (State)   |       |                      |             |               |
| 18. | Life Estates, Future interests  |       |                      |             |               |
| 19. | Interests in Decedents Estates, death benefits, insurance benefits, trusts  |       |                      |             |               |
| 20. | Other Contingent Claims (Personal Injury Claims, Workers Compensation Claims, or other claims to recover money or property. Even if you don't think your claim is valuable, you still need to list the claim) |       |                      |             |               |
| 21. | Patents and Copyrights  |       |                      |             |               |
| 22. | Licenses, Franchises, Intangibles   |       |                      |             |               |

|                       | Description of Property  | Owner | Fair Market<br>Value | Amount Owed | Creditor Owed |
|-----------------------|--|-------|----------------------|-------------|---------------|
| 23.                   | Automobiles (Provide the year, make, model of the vehicle)   |       |                      |             |               |
| Year<br>Make<br>Model |  |       |                      |             |               |
| Year<br>Make<br>Model |  |       |                      |             |               |
| Year<br>Make<br>Model |  |       |                      |             |               |
| 24.                   | Boats, Motors, etc.  |       |                      |             |               |
| 25.                   | Aircraft   |       |                      |             |               |
| 26.                   | Office Equipment, Furnishings, Supplies  |       |                      |             |               |
| 27.                   | Machinery, Fixtures, Equipment, Tools  |       |                      |             |               |
|                       |  |       |                      |             |               |
| 28.                   | Inventory  |       |                      |             |               |
| 29.                   | Animals, Livestock   |       |                      |             |               |
| 30.                   | Crops  |       |                      |             |               |
| 31.                   | Farming Equipment  |       |                      |             |               |
| 32.                   | Farm Supplies, Chemicals, etc.   |       |                      |             |               |
| 33.                   | All Other Personal Property (list any other property which has not been listed above, this would include a mobile home for example if it was not already listed) |       |                      |             |               |
|                       |  |       |                      |             |               |
|                       |  |       |                      |             |               |

### **Statement of Financial Affairs**

Please answer all questions. Do not leave any questions blank. If you are uncertain if a given transaction applies to a given question, disclose the transaction and make a note of your question. When in doubt as to whether or not to list a transaction, full disclosure is preferred.

| to list | a tr | ransaction, full disclosure is preferred.   |
|---------|------|---|
| 1.      | Inc  | dicate your gross annual income from business operations the beginning of this year and for the prior two calendar years. |
|         |      |   |

| Year to Date Gross Income (2010) |  |
|----------------------------------|--|
| 2009 Gross Annual Income         |  |
| 2008 Gross Annual Income         |  |

2. If the business received any income from any other source this year or in the previous two calendar years, please indicate the year, the source and the *gross* amount of that income.

| Year | Source | Amount |
|------|--------|--------|
|      |        |        |
|      |        |        |

3(a). List all payments to creditors made within the last 90 days which total \$5,860.00 or more to any single creditor. This would include, for example a car payment of \$200.00 which has been made every month for the last three months.

| Creditor Name | Approximate Payment Dates | Payment Amounts | Balance Owing |
|---------------|---------------------------|-----------------|---------------|
|               |                           |                 |               |
|               |                           |                 |               |
|               |                           |                 |               |
|               |                           |                 |               |
|               |                           |                 |               |
|               |                           |                 |               |

3(b). List all payments made in the last 12 months to any insider (i.e. partner, shareholder, business associate, etc.). Indicate the persons name, relationship and address, the time period of the payments, the amount of the payments, the reason for the payments, and the balance owed to that person (if any).

| Name, Relationship, Address | Reason for Payment | Approximate Payment<br>Dates | Amount of<br>Payment | Balance Owing |
|-----------------------------|--------------------|------------------------------|----------------------|---------------|
|                             |                    |                              |                      |               |
|                             |                    |                              |                      |               |
|                             |                    |                              |                      |               |

|   |  |  | Dispute   |                     |   |
|---|--|--|---|---------------------|---|
|   |  |  |   |                     |   |
|   |  |  |   |                     |   |
|   |  |  |   |                     |   |
|   |  |  |   |                     |   |
|   |  |  |   |                     |   |
| (b). List any creditors who have onths. Provide the information re-   | e garnished wages, seized ban<br>quested.  | k accounts, or                           | taken other similar                                   | actions against you | within the last 1                       |
| Name of Creditor  | Date Garnished / Seized  | Amount G                                 | arnished / Seized                                     | Is this Creditor    | Still Garnishing                        |
|   |  |  |   |                     |   |
|   |  |  |   |                     |   |
|   |  |  |   |                     |   |
|   |  |  |   |                     |   |
| reclosure or returned to the seller   | within the last 12 months. Pro   | ovide the requ                           | ested information.                                    |                     |   |
| Name of Creditor  | Nature of Ac (i.e. repossession, for   | etion                                    | Date of Action  | Property            | and Value                               |
|   | Nature of Ac   | etion                                    |   | Property            | and Value                               |
|   | Nature of Ac   | etion                                    |   | Property            | and Value                               |
| Name of Creditor  | Nature of Ac   | etion<br>preclosure)                     | Date of Action  |                     |   |
| Name of Creditor  | Nature of Ac<br>(i.e. repossession, fo   | etion<br>preclosure)                     | Date of Action  |                     | ths).                                   |
| Name of Creditor  (a). List any property which ha   | Nature of Ac<br>(i.e. repossession, for  | etion<br>preclosure)                     | Date of Action  | ast 120 days (6 mon | ths).                                   |
| Name of Creditor  (a). List any property which ha  Name of Creditor   | Nature of Ac<br>(i.e. repossession, for  | etion<br>preclosure)<br>penefit of any o | Date of Action  creditor within the la                | ast 120 days (6 mon | ths).                                   |
| Name of Creditor  (a). List any property which ha  Name of Creditor  (b) Has any property been place.  List any gifts or charitable                                     | s been assigned to or for the b  | penefit of any one custodian?            | Date of Action  creditor within the la  Nature of Pro | ast 120 days (6 mon | ths).                                   |
| Name of Creditor  (a). List any property which ha  Name of Creditor  (b) Has any property been place.  List any gifts or charitable                                     | S been assigned to or for the been assigned to a receiver of the hands of a receiver contributions made within the | penefit of any one custodian?            | Date of Action  creditor within the la  Nature of Pro | est 120 days (6 mon | ths).                                   |
| Name of Creditor  (a). List any property which ha  Name of Creditor  (b) Has any property been place.  List any gifts or charitable ifts to charity less than \$100.00  | S been assigned to or for the been assigned to a receiver of the hands of a receiver contributions made within the | penefit of any one custodian?            | Date of Action  creditor within the la  Nature of Pro | est 120 days (6 mon | ths).  of Assignment  less than \$200.0 |
| Name of Creditor  (a). List any property which ha  Name of Creditor  (b) Has any property been place.  List any gifts or charitable gifts to charity less than \$100.00 | S been assigned to or for the been assigned to a receiver of the hands of a receiver contributions made within the | penefit of any one custodian?            | Date of Action  creditor within the la  Nature of Pro | est 120 days (6 mon | ths).  of Assignment  less than \$200.0 |

List any lawsuits or administrative proceedings to which the business is or was a party within the last 12 months. Provide the

Nature of Case & Amount in

Status of Case

Court and Case No.

4(a).

requested information.

**Parties** 

|               | Description and Value of Property   | 7         | Date of Lo        | ss Circ        | Circumstances of Loss (including whether or not co<br>by insurance) |                                       |
|---------------|---|-----------|-------------------|----------------|---|---------------------------------------|
| 9.<br>bankr   | List any payments made to any per ruptcy within the last 12 months.   | son, inc  | luding attorneys  | , consumer cr  | edit counseling, or others  | s for debt counseling or              |
|               | Name and Address of Person Paid   | l         | Date of Payn      | nent           | Amount and re   | ason for Payment                      |
| the tit       | List any property which you have a<br>non examples include selling of real es<br>tle to a vehicle for the benefit of a co-o<br>d also be listed here. | state, eq | uipment, vehicle  | s, etc. Tradi  | ng in a vehicle to purchas  | se another vehicle. Signing off       |
|               | Description and Value of Property   | I         | Date of Tran      | sfer I         | Name and Address of Ti  | ransferee and Relationship            |
|               |   |           |                   |                |   |                                       |
|               |   |           |                   |                |   |                                       |
| 11.           | List any financial accounts which h   | ave bee   | n closed, sold, o | r otherwise to | ansferred within the last   | 12 months.                            |
|               | Name of Institution (i.e. Bank Nam  | e)        | Date of Clos      | ing            | Value of Account at Clo   | osing and Type of Account             |
|               |   |           |                   |                |   |                                       |
|               |   |           |                   |                |   |                                       |
| 12.<br>inform | List any safe deposit box which is on mation.   | currently | y held or which l | nas been held  | within the last 12 month  | s. Provide the requested              |
|               | Name and Address of Bank  | Who       | Has Access?       |                | Contents  | If Closed, Date of Closure            |
|               |   |           |                   |                |   |                                       |
| 13.           | Are you aware of any set offs made  | by any    | creditor against  | any personal   | property. □ Yes □ No  | 0                                     |
| 14.<br>have a | List any property which you hold fa vehicle that belongs to your employe  |           | er person. For 6  | example, if yo | u have a bank account fo  | or a parent or for a child, or if you |
|               | Name of Owner   |           | Property          | Location       | Descr   | iption of Property                    |
|               |   |           |                   |                |   |                                       |
| 15.           | Please make sure you have comple  | ted the p | orior address inf | ormation con   | pletely where indicated.  |                                       |
| 16.           | N/A   |           |                   |                |   |                                       |

List any losses from fire, theft, casualty or gambling within the last 12 months.

8.

| 7. Has the business ever received w violation of an Environmental La   |                  | m a governmental unit tl<br>□ No                 | nat it may         | be liable or po | tentially li       | able under or in            |
|--|------------------|--|--------------------|-----------------|--------------------|-----------------------------|
| If Yes provide the following info  | rmation:         |  |                    |                 |                    |                             |
| Site Name (if any) and Address   |                  | and Address of<br>ental Unit Providing<br>Notice | tal Unit Providing |                 | ate of Notice Envi |                             |
| Have the business ever given not  If Yes provide the following info  |                  | nental unit of a release o                       | f Hazardo          | ous Materials?  | □ Yes              | □ No                        |
| Site Name (if any) and Address   |                  | and Address of<br>ental Unit Providing<br>Notice | Date               | e of Notice     | Env                | rironmental Law<br>Involved |
|  |                  |  |                    |                 |                    |                             |
| Has the business ever been a part Environmental Law? □ Yes  If Yes provide the following info  Name and Address of Governmenta | □ No rmation:    | l or administrative proce                        | redings, in        |                 |                    | orders, under any           |
| Name and Address of Governmenta  | Cint             | Docket Number                                    |                    | 51              | atus of D          | isposition                  |
| 8. Business Interests: List the Nature oting securities within last <b>6 years</b>   | , Location and 1 | name of Business of whic                         | ch the del         | otor business w | as a partno        | er, or owned 5% of          |
| Business Name / Addre  | ss               | Nature of Bus                                    | iness              | Date Sta        | ırted              | Date Ceased                 |
|  |                  |  |                    |                 |                    |                             |
|  |                  |  |                    |                 |                    |                             |
| 9. Business Records: List Any Book within last <b>6</b> ye   |                  | itants who have kept or s                        | upervised          | l books of acco | unt and re         | cords for the busin         |
| Name a   | nd Address       |  |                    |                 | Servic             | es                          |
|  |                  |  |                    |                 |                    |                             |
|  |                  |  |                    |                 |                    |                             |

| Name :  | and Address   |                     | Date ar             | nd Service               |  |
|---|---|---------------------|---------------------|--------------------------|--|
|   |   |                     |                     |                          |  |
|   |   |                     |                     |                          |  |
| usiness Accounts / Records: List a                        | any Firms or individuals in possessio                               | n of accounts at th | nis time other than | ı you.                   |  |
| Name :  | and Address   |                     | Se                  | rvices                   |  |
|   |   |                     |                     |                          |  |
|   |   |                     |                     |                          |  |
|   | and address of financial institutions, thin the last <b>2 years</b> | creditors, and trac | de agencies to wh   | om a financial statemer  |  |
| Name :  | and Address   |                     | Date of Statement   |                          |  |
|   |   |                     |                     |                          |  |
|   |   |                     |                     |                          |  |
|   |   |                     |                     |                          |  |
| 0. Inventory: List the following infor                    | rmation for the last two inventories, i                             | none so state.      |                     |                          |  |
| Date of Inventory   | mation for the last two inventories, i                              | none so state.      | visor               | Dollar Amount            |  |
|   |   |                     | visor               | Dollar Amount            |  |
|   |   |                     | visor               | Dollar Amount            |  |
| Date of Inventory   | Inventory   | Super               | visor               | Dollar Amount            |  |
| Date of Inventory  ist Name and address of persons having | Inventory   | Super               |                     | Dollar Amount  Inventory |  |
| Date of Inventory  ist Name and address of persons having | Inventory  possession of the records of the inventory               | Super               |                     |                          |  |
| Date of Inventory  ist Name and address of persons having | Inventory  possession of the records of the inventory               | Super               |                     |                          |  |

# PARTNERSHIPS AND CORPORATIONS ONLY

To be completed only where the debtor is the corporation or partnership itself.

Corporate Management / Shareholders: List Current Partners, Officers, Shareholders, Directors.

| Name and Address  | Title / Nature of Interest              | Percentage / Stock<br>Ownership & Class |
|---|---|---|
|   |   |   |
|   |   |   |
|   |   |   |
| Former Management / Owners / Shareholders: List All Former Pa   | rtners, Officers, Directors, or Shareho | olders within 12 months                 |
| Name and Address  | Title (Corporation ONLY)                | Date of Withdrawal /<br>Termination     |
|   |   |   |
|   |   |   |
| Payments and Distributions:  List all withdrawals or distributions g compensation in any form, bonuses, l |   |   |
| Name and Address and Relationship   | Purpose of Withdrawal                   | Amount / Value                          |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Is the business a member of a Tax Consolidation Group (last 6 years)?                                     | □ Yes □ No                              |   |
| If yes: Provide Name of Parent Corporation and Taxpayer Ident   | ification Number.                       |   |
| Has the business, as an employer, been responsible for contributing to an                                 | y pension fund within the last six year | rs?? □ Yes □ No                         |
| If yes: provide name of Pension Fund and Taxpayer Identification  | on Number.                              |   |

#### Creditor Information Worksheet

We need an accurate and complete list of all business creditors. We have prepared this form to assist you in providing us with the required information. ALL of debts must be listed. List all debts, including, but not limited to, vehicle loans, real estate loans, equipment loans, credit card debts, department store cards, bank loans, personal loans, loans from shareholders, partners, or members, utility bills, medical bills, taxes, debts to courts or other government agencies, leases of any type or nature, or any other type of debt or bill that the business may claim.

Remember, you are the only source of the information regarding your debts. We do not verify this information, and we do not contact other sources to obtain this information. If you have received a bill from the creditor in the last 90 days (3 months), you must use the address on the most recent bill. If you do not list a creditor in this sheet and provide us with the necessary information, that creditor will not get notice if you file a bankruptcy and the debt to that creditor may not be discharged.

#### SECURED DEBT

#### Real Estate Loans

| Creditor Name<br>(Mortgage Holder) | Creditor Address | Account Number | Balance Due<br>(not monthly<br>payment) | Joint Debtors (name and address of all persons responsible to pay this bill – other than the business) |
|------------------------------------|------------------|----------------|---|--|
|                                    |                  |                |   |  |
|                                    |                  |                |   |  |

#### Car, Truck, Motorcycle, Trailer, Boat, and other Vehicle Loans

| Creditor Name<br>(Lender) | Creditor Address | Account Number and<br>Vehicle Description | Balance Due<br>(not monthly<br>payment) | Joint Debtors (name and address of all persons responsible to pay this bill – other than the business) |
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# Furniture or Equipment loans

| Creditor Name<br>(Lender) | Creditor Address | Account Number and<br>Description of<br>Collateral | Balance Due<br>(not monthly<br>payment) | Joint Debtors (name and address of all persons responsible to pay this bill – other than the business) |
|---------------------------|------------------|--|---|--|
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### PRIORITY DEBT

# Income Taxes, Payroll Taxes, Property Taxes, Other Taxes

| Creditor Name and Address   | Balance Owed | Tax Year Owed | Type of Tax (Income Tax, Payroll Tax, Property Tax, Excise Tax, etc.) | Joint Debtors (name and address of all persons responsible to pay this bill – other than the business) |
|---|--------------|---------------|---|--|
| Internal Revenue Service Post<br>Office Box 21125<br>Philadelphia, PA 19114 |              |               |   |  |
| Oregon Dept of Revenue<br>955 Center NE #353<br>Salem, OR 97301             |              |               |   |  |
|   |              |               |   |  |
|   |              |               |   |  |
|   |              |               |   |  |

# GENERAL UNSECURED

# All other debts, of any kind, nature or description

| Creditor Name | Creditor Address | Account No. | Balance Due | Character of Debt (i.e. Credit Card, Tax,, Furniture, Medical, Court Fines, etc) | Joint Debtor(s) Name & Address (i.e if there is a co- signer on this account, or if any other person or persons are responsible to pay this bill - other than the business) |
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# **General Unsecured Debt Continued**

| Creditor Name | Creditor Address | Account No. | Balance Due | Character of Debt (i.e. Credit Card, Tax., Furniture, Medical, Court Fines, etc) | Joint Debtor(s) Name & Address (i.e if there is a cosigner on this account, or if any other person or persons are responsible to pay this bill - other than the business) |
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# **General Unsecured Debt Continued**

| Creditor Name | Creditor Address | Account No. | Balance Due | Character of Debt (i.e. Credit Card, Tax,, Furniture, Medical, Court Fines, etc) | Joint Debtor(s) Name & Address (i.e if there is a co- signer on this account, or if any other person or persons are responsible to pay this bill - other than the business) |
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Use other Side of Sheets if Necessary and Check Here

Additional Information Other Side