

OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor

for Active Sole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP),
Partnership or Corporation

Note: All fields highlighted in red must be completed.

Debtor(s) Name:

Case Number:

E-Mail:

I, as the Debtor(s) named above, being of full age & duly sworn upon my oath, depose and say:

My business name is:

The nature of my business is:

My business has a web page at:

My EIN* from the IRS is:
(If no EIN# enter last 4 digits of
SS#)

*EIN# = Employer Identification Number also known as a Federal Tax Identification Number, used to identify a business entity.

My business is a:

Sole Proprietorship.

Limited Liability Company.

Limited Liability Partnership.

Partnership.

Corporation.

My business is located at:

This property is:

owned by myself and/or spouse.

owned by a relative of Debtor(s) and/or relative of spouse.

leased (with a written lease).

leased (without a written lease).

My business started:
(mm/dd/yyyy)

My ownership interest in business is
(%):

Individual Income Tax Returns have been filed with the IRS through the year ending:

| | | | | |
|---------------|-------------|-------------|-------------|-------------|
| 12/31/2011. | 12/31/2012. | 12/31/2013. | 12/31/2014. | 12/31/2015. |
| 12/31/2016. | 12/31/2017. | 12/31/2018. | 12/31/2019. | 12/31/2020. |
| Not Required. | | | | |

Partnership or Corporate Tax Returns have been filed with the IRS through the year ending:

| | | | | |
|---------------|-------------|-------------|-------------|-------------|
| 12/31/2011. | 12/31/2012. | 12/31/2013. | 12/31/2014. | 12/31/2015. |
| 12/31/2016. | 12/31/2017. | 12/31/2018. | 12/31/2019. | 12/31/2020. |
| Not Required. | | | | |

My business has, other than the owner(s), partner(s), and share holders/members:

W-2 Employees.

Sub-Contractors for which 1099-MISC are issued.

Both Employees & Sub-Contractors.

Casual Laborers for which no 1099-MISC are required.

No Employees or Sub-Contractors.

W-2s have been issued to all employees through the year ending:

| | | | | |
|---------------|-------------|-------------|-------------|-------------|
| 12/31/2011. | 12/31/2012. | 12/31/2013. | 12/31/2014. | 12/31/2015. |
| 12/31/2016. | 12/31/2017. | 12/31/2018. | 12/31/2019. | 12/31/2020. |
| Not Required. | | | | |

1099-MISCs have been issued to all non-W-2 employees through the year ending:

| | | | | |
|---------------|-------------|-------------|-------------|-------------|
| 12/31/2011. | 12/31/2012. | 12/31/2013. | 12/31/2014. | 12/31/2015. |
| 12/31/2016. | 12/31/2017. | 12/31/2018. | 12/31/2019. | 12/31/2020. |
| Not Required. | | | | |

My business has paid FUTA taxes through the year ending:

| | | | | |
|---------------|-------------|-------------|-------------|-------------|
| 12/31/2011. | 12/31/2012. | 12/31/2013. | 12/31/2014. | 12/31/2015. |
| 12/31/2016. | 12/31/2017. | 12/31/2018. | 12/31/2019. | 12/31/2020. |
| Not Required. | | | | |

My business has paid FICA taxes through the year ending:

| | | | | |
|---------------|-------------|-------------|-------------|-------------|
| 12/31/2011. | 12/31/2012. | 12/31/2013. | 12/31/2014. | 12/31/2015. |
| 12/31/2016. | 12/31/2017. | 12/31/2018. | 12/31/2019. | 12/31/2020. |
| Not Required. | | | | |

My business has paid all applicable State taxes through the year ending:

| | | | | |
|---------------|-------------|-------------|-------------|-------------|
| 12/31/2011. | 12/31/2012. | 12/31/2013. | 12/31/2014. | 12/31/2015. |
| 12/31/2016. | 12/31/2017. | 12/31/2018. | 12/31/2019. | 12/31/2020. |
| Not Required. | | | | |

My business has paid S&U taxes through the year ending:

| | | | | |
|---------------|-------------|-------------|-------------|-------------|
| 12/31/2011. | 12/31/2012. | 12/31/2013. | 12/31/2014. | 12/31/2015. |
| 12/31/2016. | 12/31/2017. | 12/31/2018. | 12/31/2019. | 12/31/2020. |
| Not Required. | | | | |

My business had "trade credit" or payment arrangements with:

The Bankruptcy Code defines Trade Credit as credit that firms extend to other firms in the ordinary course of business through the creation of receivables or payables. Trade credit involves the exchange of credit by debtor to creditors or the extension of creditors' supplies to debtor.

My business accounts receivable total:

My business accounts payable total:

My business has the following insurance coverage:

| | |
|--|---|
| Comprehensive General Liability (CGL). | Dram Shop Insurance. |
| Errors & Omissions Insurance (E&O). | Liquor Liability Insurance. |
| Malpractice Insurance. | Property Insurance (for business property). |
| Vehicle Insurance (for business vehicle(s)). | No Insurance Required. |
| Other: | |

| | | | |
|--|---------------|-------------|----------|
| My business has a permit, license, or certificate that is: | Active. | Non-Active. | Expired. |
| | Not Required. | | |

| | | |
|--------------|---------|--|
| My business: | has | pledged any business receivables, rents, profits, or other cash as collateral for any loans. |
| | has not | |

| | | |
|--------------|----------|---|
| My business: | does | have a line of credit with any financial institution. |
| | does not | |

| | | |
|--------------|---------|--|
| My business: | has | completed and/or provided financial statements to a third party within the two (2) years preceding the filing of this bankruptcy proceeding. |
| | has not | |

| | | |
|--------------|----------|---|
| My business: | does | have a pension, 401(k), profit-sharing, or other retirement plan. |
| | does not | |

My business has the following bank accounts:

| | | |
|-----------------------|-----------------|----------------|
| Checking. | Savings. | Money Market. |
| Federal Credit Union. | Paypal Account. | No Account(s). |
| Other | | |

Debtor(s), non-Debtor(s)' spouse, and/or significant other(s) have the following personal accounts:

| | | |
|-----------------------|-----------------|----------------|
| Checking. | Savings. | Money Market. |
| Federal Credit Union. | Paypal Account. | No Account(s). |
| Other | | |

My business assets total: (including equipment, inventory and accounts).

YOU MUST SUPPLY THE FOLLOWING DOCUMENT(S) WITH THIS CERTIFICATION OF BUSINESS DEBTOR:

IF BUSINESS IS OTHER THAN A SOLE PROPRIETORSHIP PROVIDE COPIES OF THE ORGANIZATIONAL DOCUMENTS FILED WITH THE STATE (i.e. LLC CHARTER, PARTNERSHIP AGREEMENT, OR CERTIFICATE OF INCORPORATION.

PROVIDE COPIES OF THE LAST TWO (2) FILED TAX RETURNS, ALONG WITH ALL SUPPORTING SCHEDULES AND STATEMENTS. NOTE: Please redact SS#s (XXX-XX-1234), dependent(s)' names and birth dates.

PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.

PROVIDE A COPY OF THE CURRENT PERMIT, LICENSE, OR CERTIFICATE. Types of permits include, but are not limited to, Seller's Permit. Types of licenses include, but are not limited to, Attorney License, Broker's License, CDL, CPA License, Liquor License, Medical License, Mercantile License, NJHI Contractor's License, and Real Estate License. Types of certificates include, but are not limited to, Accountant Certificate, Child Care Provider Certificate, and Trade Name or Fictitious Name Certificates.

PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING. IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted.

PROVIDE A COPY OF ALL FINANCIAL STATEMENTS PROVIDED TO A THIRD PARTY IN THE TWO (2) YEARS PRIOR TO FILING.

PROVIDE A PROFIT AND LOSS STATEMENTS FOR THE SAME TIME PERIOD AS THE BANK STATEMENTS PROVIDED.

I declare, as the Debtor(s) named above, under penalty of perjury that the foregoing information is true and correct.

I have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.)

I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).

I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.

/s/ Print Debtor's Name:

/s/ Print Co-Debtor's Name:

Dated (mm/dd/yyyy):