



ADDITIONAL QUESTIONS FOR A DEBTOR OPERATING AS A SOLE PROPRIETORSHIP

NAME OF DEBTOR 1
NAME OF DEBTOR 2
THE BUSINESS IS HELD IN THE NAME OF:
<input type="checkbox"/> DEBTOR 1 <input type="checkbox"/> DEBTOR 2 <input type="checkbox"/> BOTH

ASSUMED NAME OF BUSINESS		TAX IDENTIFICATION NUMBER	
STREET		SUITE	
CITY	STATE	ZIP CODE	COUNTY

COMPLETE AND RETURN TO:

Patrick D. West
L A W F I R M S

PRINCIPAL OFFICE
4420 W. VICKERY BLVD., SUITE 100
FORT WORTH, TEXAS 76107-6253
OFFICE ALSO LOCATED AT 320 DECKER DRIVE IN IRVING, TEXAS
DIRECT ALL CORRESPONDENCE TO OUR OFFICE IN FORT WORTH

VOICE
(817) 332-2600
(214) 428-2600
FACSIMILE
(817) 332-2605

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PROJECTED (EXPECTED FUTURE) MONTHLY PROFIT AND LOSS STATEMENT

FOR BUSINESSES WHICH ARE GOING TO CONTINUE OPERATIONS DURING BANKRUPTCY

COMPLETE THIS SCHEDULE BY STATING PROJECTED GROSS MONTHLY INCOME (TOTAL INCOME BEFORE COST OF GOODS SOLD OR BUSINESS EXPENSES ARE DEDUCTED) FOR THE DEBTOR'S BUSINESS AND BY ESTIMATING THE MONTHLY COST OF GOODS SOLD AND MONTHLY OPERATING EXPENSES FOR THE DEBTOR'S BUSINESS.

MONTHLY GROSS INCOME	
Monthly gross income from operation of business	\$
SOURCE	

MONTHLY COST OF GOODS SOLD	
Cost of goods sold	\$

MONTHLY OPERATING EXPENSES	
Advertising	\$
Bank service charges	\$
Interest	\$
Office or workspace rent	\$
Office or workspace utilities and telephone	\$
Office supplies	\$
Wages, salaries and labor	\$
Commissions	\$
Pensions and profit sharing plan contributions	\$
Other employee benefit programs	\$
Vehicle payments	\$
Fuel and vehicle-related expenses	\$
Insurance	\$
Dues, licenses and programs	\$
Freight	\$
Supplies and materials	\$
Repairs	\$
Travel and entertainment	\$
Business Taxes	\$
Other	
DESCRIBE	\$
DESCRIBE	\$
DESCRIBE	\$
DESCRIBE	\$

MONTHLY NET PROFIT	
Monthly Gross Income – (Cost of Goods Sold + Operating Expenses)	\$

FINANCIAL AFFAIRS FOR A BUSINESS

EVERY QUESTION MUST BE ANSWERED !!!

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY EVERY DEBTOR THAT IS A SOLE-PROPRIETORSHIP (SELF-EMPLOYED OR OPERATING UNDER AN ASSUMED NAME), A PARTNERSHIP, LIMITED PARTNERSHIP OR JOINT VENTURE, A CORPORATION OR A LIMITED LIABILITY COMPANY AND BY ANY INDIVIDUAL DEBTOR WHO IS OR HAS BEEN, WITHIN THE TWO YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THE CASE, ANY OF THE FOLLOWING: AN OFFICER, DIRECTOR, MANAGING EXECUTIVE OR OWNER OF MORE THAN 5 PERCENT OF THE VOTING SECURITIES OF A CORPORATION; A PARTNER, OTHER THAN A LIMITED PARTNER; A SOLE PROPRIETOR; OR OTHERWISE SELF-EMPLOYED. IF YOU HAVE MORE THAN ONE BUSINESS, THEN COMPLETE A SEPARATE PACKET FOR EACH BUSINESS.

PLEASE ANSWER EACH QUESTION TO THE FULLEST EXTENT POSSIBLE. IF YOU DO NOT UNDERSTAND A QUESTION OR HOW TO RESPOND TO A QUESTION, BRING IT TO THE ATTENTION OF YOUR ATTORNEY. EACH QUESTION IS IMPORTANT AND MUST BE **ANSWERED IF THE ATTORNEY IS TO ADEQUATELY REPRESENT YOU. IN IF THE ANSWER IS "NO", "NONE" OR "NOT APPLICABLE", CHECK THE NONE BOX. UNMARKED QUESTIONS WILL BE ASSUMED TO BE ANSWERED AS IF THE "NONE" BOX WERE CHECKED.**

(AN INDIVIDUAL OR JOINT DEBTOR SHOULD COMPLETE THIS PORTION OF THE STATEMENT ONLY IF THE DEBTOR IS OR HAS BEEN IN BUSINESS, AS DEFINED ABOVE, WITHIN THE TWO YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.)

19 BOOKS, RECORDS AND FINANCIAL STATEMENTS

a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NONE <input type="checkbox"/>	NAME AND ADDRESS OF BOOKKEEPER OR ACCOUNTANT	DATES SERVICES WERE RENDERED
<input type="checkbox"/>		
<input type="checkbox"/>		

b. 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 debtor.

NONE <input type="checkbox"/>	NAME AND ADDRESS OF BOOKKEEPER OR ACCOUNTANT	DATES SERVICES WERE RENDERED
<input type="checkbox"/>		
<input type="checkbox"/>		

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

NONE <input type="checkbox"/>	NAME AND ADDRESS	EXPLANATION OF UNAVAILABLE BOOKS OF ACCOUNT AND RECORDS
<input type="checkbox"/>		
<input type="checkbox"/>		

d. 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 commencement of this case by the debtor.

NONE <input type="checkbox"/>	NAME AND ADDRESS	DATE ISSUED
<input type="checkbox"/>		
<input type="checkbox"/>		

20 INVENTORIES

a. 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 basis of each inventory.

NONE <input type="checkbox"/>	NAME AND ADDRESS OF BOOKKEEPER OR ACCOUNTANT	DATE OF INVENTORY	SUPERVISOR	DOLLAR AMOUNT OF INVENTORY	SPECIFY COST, MARKET OR OTHER BASIS
<input type="checkbox"/>				\$	
<input type="checkbox"/>					

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

NONE <input type="checkbox"/>	NAME AND ADDRESS OF CUSTODIAN OF INVENTORY RECORDS	DATE OF INVENTORY
<input type="checkbox"/>		
<input type="checkbox"/>		

FINANCIAL AFFAIRS FOR A BUSINESS

(CONTINUED)

21 CURRENT PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE <input type="checkbox"/> <input type="checkbox"/>	NAME AND ADDRESS OF PARTNER	NATURE OF INTEREST	PERCENTAGE OF INTEREST

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NONE <input type="checkbox"/> <input type="checkbox"/>	NAME AND ADDRESS OF OFFICER OR DIRECTOR	TITLE	NATURE OF STOCK OWNERSHIP	PERCENTAGE OF INTEREST

22 FORMER PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS

a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NONE <input type="checkbox"/> <input type="checkbox"/>	NAME AND ADDRESS OF PARTNER	DATE OF WITHDRAWAL

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

NONE <input type="checkbox"/> <input type="checkbox"/>	NAME AND ADDRESS OF OFFICER OR DIRECTOR	DATE OF TERMINATION

FINANCIAL AFFAIRS FOR A BUSINESS

(CONTINUED)

23 WITHDRAWALS FROM A PARTNERSHIP OR DISTRIBUTIONS BY A CORPORATION

If the debtor 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 exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE

NAME AND ADDRESS OF RECIPIENT	RELATIONSHIP TO DEBTOR	DATE OF WITHDRAWAL	PURPOSE OF WITHDRAWALS	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24 TAX CONSOLIDATION GROUP

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

NONE

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER

25 PENSION FUNDS

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case.

NONE

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER