

UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

IN RE: _____ : CASE NO:
: _____
: CERTIFICATION OF BUSINESS
Debtor(s) : DEBTOR

I, _____ being of full age and duly
sworn upon my oath depose and say:

1. The principal business activity in which I am engaged is _____.
2. The name under which I conduct my business is _____,
which business entity is a sole proprietorship.
3. My principal business location is _____.
4. I have _____ employees and have filed quarterly tax returns through the quarter
ending _____.
5. I have filed the federal income tax returns through the year ending December
31, ____ with the Internal Revenue Service. Copies of the federal income tax
returns along with supporting schedules for the last two years are attached.
6. I have filed the state income tax returns with the Commonwealth of Pennsylvania
through the year ending December 31, _____. Copies of the state income tax
returns along with supporting schedules for the last two years are attached.
7. I have reviewed and completed the attached form regarding insurance coverage and
certify that the information is true and correct. I have attached copies of the
insurance policies as proof of coverage.
8. I am (am not) required to have a license to do business. A copy of my current
license is attached.
9. My principal business records are located at _____ .
The records are available for inspection by the Trustee or his designated
representative.
10. My principal business banking relationship is with _____.
Copies of my bank statements for the six months preceding bankruptcy are
attached.

11. Copies of financial statements furnished to a third party within two years preceding the filing of the petition including but not limited to balance sheet, income statement and cash flow statement are attached.
12. Monthly profit and loss statements for the six months preceding the filing of bankruptcy are attached.
13. Current schedule of accounts receivable and accounts payable are attached.
14. I have prepared the attached financial statement indicating the results of my first full calendar month of business operation following the filing of this case.
15. The name and address of my accountant, bookkeeper or tax preparer is
_____.

This certification and all attachment are provided to the Standing Chapter 13 Trustee in accordance with Section 1302(c) of the United States Bankruptcy Code.

Date

Debtor

Joint Debtor

BUSINESS RECORDS CHECK LIST

1. A copy of federal and state income tax returns for the preceding two fiscal years.
2. A copy of all insurance policies identified on Insurance Exhibit.
3. A copy of any business license/permits.
4. A copy of Internal Revenue Form 941, Employer's Quarterly Payroll Tax Withholding for preceding fiscal year.
5. A copy of business monthly profit and loss statements for the six months preceding the the filing of bankruptcy.
6. Copies of bank statements for all business accounts for six months preceding filing of bankruptcy
7. Current schedule of accounts receivable and accounts payable.
8. Copies of financial statements furnished to a third party within two years preceding the filing of the petition including but not limited to the balance sheet, income statement and cash flow statement.
9. Profit and loss statement for the first full calendar month of business operation following the filing of the case.

INSURANCE COVERAGE

Please check if you carry any of the following types of insurance.

		<u>Date Effective To</u>	<u>Amount</u>
_____	Workers Compensation Insurance	_____	_____
_____	General Liability	_____	_____
_____	Liquor Liability	_____	_____
_____	Fire/Extensive Coverage	_____	_____
_____	Property Insurance	_____	_____
_____	Theft Insurance	_____	_____
_____	Vehicle Insurance	_____	_____
_____	Other (state types of insurance):		

