

HOLLAND BANKRUPTCY CENTER

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BANKRUPTCY CLIENT QUESTIONNAIRE

Section 1 – Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Have you used any other names in the past eight years? No Yes *If yes list other names:*

Social Security Number: ___ - ___ - ____.

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Length of time at that address: _____

Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse>

Name: _____
Last First Middle

Has your used any other names in the past eight years? No Yes *If yes list other names:*

Social Security Number: ___ - ___ - ____.

Date of Birth: _____

Address (if different from your address): _____

City: _____ State: _____ Zip: _____

County: _____

Length of time at that address: _____

Part C. Dependents

List name, age and relationship of all dependents:

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Part D. Prior/Pending Bankruptcy Cases

Have you or your spouse filed a bankruptcy case in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending you, your business, your spouse, or your spouse's business? No Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent an identifiable harm to public health or safety? No Yes (if yes, please attach a list and description of property)

Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2 – Property

Part A. Real Estate

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint	Value	Your % ownership, or \$ amount, if you & spouse are not sole owners	List all mortgages, home equity loans, and liens: List: (a) Balance due (b) Monthly payment (c) Remaining term of loan	Who issued the lien, loan or mortgage? (Name, Address of Institution)	Office Use Only Exemptions?

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the value as the replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for a property of that kind, considering the age and condition of the property.

Type of Property	Yes/No	Description & Location	Husband, Wife, Joint	Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts					
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, audio & video equipment, computer equipment					

Type of Property	Yes/No	Description & Location	Husband, Wife, Joint	Value	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing					
7. Furs and jewelry					
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in an education IRA					
12. Interests in pension or profit sharing plans					
13. Stock & interests in business (incorporated or unincorporated)					

Type of Property	Yes/No	Description & Location	Husband, Wife, Joint	Value	Office Use Only Exemptions?
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts Receivable					
17. Alimony/family support to which you are entitled					
18. Other liquidate debts owed to you, including tax refunds					
19. Equitable or future interests or life estates					
20. Interests in estate of decedent or life insurance plan or trust					
21. Other contingent/unliquidated claims, including estimated tax refunds, counterclaims					
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation					

Type of Property	Yes/No	Description & Location	Husband, Wife, Joint	Value	Office Use Only Exemptions?
25. Automobiles, trucks, trailers, and accessories		Include model, trim, mileage, and condition of vehicle			
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment and supplies					
29. Machinery, fixtures etc for business					
30. Inventory					
31. Animals					
32. Crops – growing or harvested					
33. Farming equipment & implements					
34. Farm supplies, chemicals, feed					

Type of Property	Yes/No	Description & Location	Husband, Wife, Joint	Value	Office Use Only Exemptions?
35. Other personal property of any kind not listed.					

Section 3 – Debts

List below all debts that you owe, or that creditors claim that you owe.

Type of Debt	1. Creditor Name and Address 2. Account Number; if any 3. Date/range of dates when debt was incurred 4. Additional name & address (ex: collection company)	Amount owed	Name & address of codebtor, in any What is debt for? Is debt secured by any property? (If so, please list monthly payment & number of months left)	Do you dispute the debt?	Office Use Only	
					Sched D, E, or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/ mortgages						
Car loans						
Other bank loans						
Personal loans						
Student loans						
Major credit card debts (Visa, Am Ex, Mastercard, Discover) – <i>continue on next page, if necessary</i>						

Type of Debt	1. Creditor Name and Address 2. Account Number; if any 3. Date/range of dates when debt was incurred 4. Additional name & address (ex: collection company)	Amount owed	Name & address of codebtor, in any What is debt for? Is debt secured by any property? (If so, please list monthly payment & number of months left)	Do you dispute the debt?	Office Use Only	
					Sched D, E, or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards continued						
Department store credit cards						
Other credit cards (Gas cards, phone cards, etc.)						
Cash Advances (from credit cards)						

Type of Debt	1. Creditor Name and Address 2. Account Number; if any 3. Date/range of dates when debt was incurred 4. Additional name & address (ex: collection company)	Amount owed	Name & address of codebtor, in any What is debt for? Is debt secured by any property? (If so, please list monthly payment & number of months left)	Do you dispute the debt?	Office Use Only	
					Sched D, E, or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid medical bills						
Unpaid rent						
Unpaid taxes						
Unpaid alimony or child support						
Unpaid service fees						
All other unpaid debts/bills						

Section 4 – Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

Section 5 – Current Income

- Married
- Single
- Divorced
- Separated
- Widowed

Part A. Debtor's Income

1. What is your occupation? _____
2. Name and address of your employer:

3. How long have you been employed there? _____
4. What is the gross amount of your paycheck, before taxes & other deductions? \$ _____
5. How often do you get paid? once a week
 every 2 weeks twice per month
 once per month other _____

Complete the below questions with your estimate of monthly averages.

6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ _____
7. How much is taken out of each paycheck for taxes & social security? \$ _____
8. How much is taken out for insurance? \$ _____
9. How much is taken out for union dues? \$ _____
10. Are there other deductions? If so, what & how much?

Do you receive:

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month? _____
- b) income from real estate property? If so, how much per month? No Yes \$ _____
- c) interest or dividends? If so, how much per month? No Yes \$ _____
- d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$ _____
- e) social security or other forms of monetary government assistance? No Yes \$ _____
- f) retirement or pension money? No Yes \$ _____

Do you have any other sources of income not listed?

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

Part B. Joint Debtor's Income

1. What is your spouse's occupation? _____
2. Name and address of your spouse's employer:

3. How long employed there? _____
4. What is the gross amount of your paycheck, before taxes & other deductions? \$ _____
5. How often do you get paid? once a week
 every 2 weeks twice per month
 once per month other _____

Complete the below questions with your estimate of monthly averages.

6. Does your spouse receive overtime pay outside of your salary? If so, how much per month? \$ _____
7. How much is taken out of each paycheck for taxes & social security? \$ _____
8. How much is taken out for insurance? \$ _____
9. How much is taken out for union dues? \$ _____
10. Other deductions? If so, what & how much?

Does your spouse receive:

- a) income from business operations outside of the regular paycheck listed above? If so, what & how much? _____
- b) income from real estate property? If so, how much per month? No Yes \$ _____
- c) interest or dividends? If so, how much per month? No Yes \$ _____
- d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month? No Yes \$ _____
- e) social security or other forms of monetary government assistance? No Yes \$ _____
- f) retirement or pension money? No Yes \$ _____

Does your spouse have any other income not listed?

Section 5A – Current Monthly Income

Fill in your monthly income for the categories below in the column labeled “Month 1.” If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) /___.	Month 2 (2 months ago) /___.	Month 3 /___.	Month 4 /___.	Month 5 /___.	Month 6 /___.	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions							
Income from operation of business: Gross Income - Expenses = Net Income							
Rent and other real property income: Gross Income - Expenses = Net Income							
Interest, dividends, and royalties							
Pension and retirement income (<i>NOT Social Security</i>)							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation							
Social Security Income							
Other sources not already mentioned. Specify:							

Section 6 – Current Expenses

Do you and your spouse maintain separate households? No Yes. If so, fill one page out for your household and one for your spouse's.

The following questions ask for your expenses each month. These amounts represent an **average monthly amount over an entire year**. They should be neither winter nor summer but an average of both. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay that amount.

Indicate how much you pay for each item each month:

1. Rent or Home Mortgage \$ _____
Does that amount include real estate taxes? No Yes
Does that amount include insurance? No Yes
2. Electricity and heating \$ _____
3. Water and sewage \$ _____
4. Telephone service/long distance \$ _____
5. Do you have any other utility bills? If so, list:
_____ \$ _____
_____ \$ _____
_____ \$ _____
6. Home maintenance, including repairs & general upkeep \$ _____
7. Food \$ _____
8. Clothing \$ _____
9. Laundry and dry cleaning \$ _____
10. Medical and dental expenses \$ _____
11. Transportation (*not* including car payments) \$ _____
12. Entertainment, recreation, newspapers, magazines \$ _____
13. Charitable contributions \$ _____
14. Insurance not deducted from paycheck
a) Homeowner's or renter's insurance \$ _____
b) Life insurance \$ _____
c) Health insurance \$ _____
d) Auto insurance \$ _____
e) Other insurance _____ \$ _____
15. Taxes not deducted from paycheck \$ _____

16. Installment payments for car, furniture, etc. (Specify)

_____ \$ _____
_____ \$ _____
_____ \$ _____

17. Alimony, maintenance, support paid to others \$ _____

18. Payments for support of dependents not living at home \$ _____

19. Expenses from operation of business \$ _____

Additional Expenses (707(b) Expenses)

20. Mandatory payroll deductions not already listed _____ \$ _____

_____ \$ _____

21. Court ordered payments not already listed _____ \$ _____

_____ \$ _____

22. Education necessary to maintain employment \$ _____

23. Education for a physically or mentally challenged child \$ _____

24. Childcare \$ _____

25. Disability insurance (if not listed on line 14) \$ _____

26. Health savings account \$ _____

27. Care for elderly, chronically ill, or disabled family members \$ _____

28. Education expense for your children under 18 \$ _____

29. Non-mandatory contributions to retirement accounts (including loan repayment)

_____ \$ _____

_____ \$ _____

30. Other expenses not listed (examples: personal grooming,
Student loan payments, after-school activities, daycare,
new baby expenses, pet supplies, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Section 4 – Property Insurance

Type of Asset	Description and Location	Name & Address of Insurance Agent or Underwriter	Policy Limit & Expiration Date	Secured Parties
<p><u>Real Property</u> (included leased property if the lease requires you to maintain insurance)</p>				
<p><u>Personal Property</u></p> <ol style="list-style-type: none"> 1. Household Goods 2. Motor Vehicles 3. Boats, Motors, Snowmobiles, etc. 4. Livestock 5. Equipment & Fixtures 6. Inventory 7. Misc. Other Property 				

Section 8 – Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the “NONE” box.

1. Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received any income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

Period	\$ Amount	Source	Husband/Wife
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January 1 of this year through date
Of commencement of case

Last year (January 1 – December 31)

The year before last (Jan 1 – Dec 31)

2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

NONE

Period	\$ Amount	Source	Husband/Wife
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During the last year

Year before last

3. Payments to creditors

a. *If your debts are primarily consumer debts*, list all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within the last **90 days**. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.

NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
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b. *If your debts are **not** primarily consumer debts*, list each payment or other transfer, aggregating more than \$5,475 to any creditor made in the last **90 days**.

NONE

Name and Address of Creditor Dates of Payments Amount paid Amount Still Owed

c. *All debtors*. List all payments made within the **last year** to or for the benefit of creditors who are or were “insiders.” (“Insiders” include your relatives, your business partners and their relatives, your corporations, or your affiliates).

NONE

Name and Address of Creditor
and Relationship to You Dates of Payments Amount paid Amount Still Owed

4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

<u>Caption of Suit and Case Number</u>	<u>Nature of Proceeding</u>	<u>Court or Agency and Location</u>	<u>Status or Disposition</u>
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b. Describe all property that has been garnished, seized, or attached under any legal or process within **one year** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Person/Company For Whom the Property Was Seized (Creditor)</u>	<u>Date of Seizure</u>	<u>Description and Value of Property</u>
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5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

NONE

<u>Name & Address of Creditor</u>	<u>Date of Repossession Foreclosure, Transfer or Return</u>	<u>Description and Value of Property</u>
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6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made in the last **120 days**.

NONE

<u>Name & Address of Assignee</u>	<u>Date of Assignment</u>	<u>Terms of Assignment/Settlement</u>
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b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within the past year.

NONE

<u>Name & Address of Custodian</u>	<u>Name & location of Court, Case Title and Number</u>	<u>Date of Order</u>	<u>Description & Value of Property</u>
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7. Gifts

List all gifts or charitable contributions made within the **last year** except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

<u>Name & Address of Recipient</u>	<u>Relationship to You, if Any</u>	<u>Date of Gift</u>	<u>Description & Value of Gift</u>
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8. Losses

List all losses from fire, theft, gambling or other casualty within the **last year**.

NONE

<u>Description & Value of Property</u>	<u>Description of Circumstances & Amount Covered by Insurance, if any</u>	<u>Date of Loss</u>
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9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within the last year.

NONE

<u>Name & Address of Payee</u>	<u>Date of Payment</u>	<u>Name of Person Who Paid, if not you</u>	<u>Amount of Money/Description and Value of Property</u>
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10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **2 years** preceding the commencement of this case.

NONE

<u>Name & Address of Transferee And Relationship to You</u>	<u>Date of Transfer</u>	<u>Description of Property Transferred & Value Received</u>
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b. List all property you transferred within **10 years** preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

NONE

<u>Name of Trust or Similar Device</u>	<u>Date of Transfer</u>	<u>Amount of Money or Description and Value of Property or Interest</u>
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11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred with **1 year** preceding the commencement of this case.

NONE

<u>Name & Address of Institution</u>	<u>Type & Number of Account & Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
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12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **1 year** preceding commencement of this case.

NONE

<u>Name & Address of Bank or other Depository</u>	<u>Name & Address of Those With Access to Box or Depository</u>	<u>Description of Contents</u>	<u>Date of Transfer, if any</u>
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13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within the **last 90 days**.

NONE

<u>Name & Address of Creditor</u>	<u>Date of Setoff</u>	<u>Amount of Setoff</u>
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14. Property held for another person

List all property that you hold or control that is owned by another person.

NONE

<u>Name & Address of Owner</u>	<u>Description & Value of Property</u>	<u>Location of Property</u>
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15. Prior address of debtor

If you have moved within the last **3 years**, list all residences during the last 3 years, excluding your present address.

NONE

<u>Address</u>	<u>Your Name at the Time</u>	<u>Dates of Occupancy</u>
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16. Spouses and Former Spouses

If you reside or resided in a community property state (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the last **8 years**, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

Name _____

17. Environmental Information.

a. List the name & address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of any environmental law:

NONE

<u>Site Name & Address</u>	<u>Name & Address of Governmental Unit</u>	<u>Date of Order</u>	<u>Environmental Law</u>
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b. List the name & address of every site for which you provided notice to a governmental unit of a release of hazardous material.

NONE

<u>Site Name & Address</u>	<u>Name & Address of Governmental Unit</u>	<u>Date of Order</u>	<u>Environmental Law</u>
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name & address of the governmental unit that is or was a party to the proceeding and the docket number.

NONE

<u>Name & Address of Governmental Unit</u>	<u>Docket Number</u>	<u>Status or Disposition</u>
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18. Nature, location and name of business

- a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending date of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the last **6 years**.

If the debtor is a partnership, LLC, or corporation, list the names, address, tax payer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the last **6 years**

NONE

<u>Name</u>	<u>Taxpayer I.D Number (EIN)</u>	<u>Nature of Business</u>	<u>Beginning & End Dates of Operation</u>
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- b. Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. §101.

NONE

<u>Name</u>	<u>Address</u>
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The following questions, #19-25, are only to be answered if you are a corporation or partnership or you have been, in the last 6 years, an officer, director, managing executive, or owner of more than 5% of the voting securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

19. Books, records, and financial statements

- a. List all bookkeepers and accountants who, within the last **2 years**, kept or supervised the keeping of books of account and records.

NONE

Name & Address	Dates Services Rendered
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- b. List all firms or individuals who, within the last **2 years**, have audited the books of account and records, or prepared a financial statement of the debtor.

NONE

Name & Address	Dates Services Rendered
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- c. List all firms or individuals who, at this time, are in possession of your books of account and records. If the records are not available, explain.

NONE

Name & Address	Comments
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- d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within the last **2 years**

NONE

Name & Address	Date Issued
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20. Inventories

- a. List the dates of the last two inventories 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

<u>Date of Inventory</u>	<u>Inventory Supervisor</u>	<u>Dollar Amount of Inventory (specify cost, market, or other basis)</u>
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- b. List the name and address of the person possessing the records of each of the two inventories reported above.

NONE

<u>Date of Inventory</u>	<u>Name & Address of Custodian of Inventory Records</u>
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21. Current partners, officers, directors and shareholders

- a. If your business is a partnership, list the nature & percentage of partnership interest of each member of the partnership.

NONE

<u>Name & Address</u>	<u>Nature of Interest</u>	<u>Percentage of Interest</u>
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- b. If your business is a corporation, list all officers & directors of the corporation and each stockholder who directly or indirectly owns, controls, or holds 5% or more of the voting securities of the corporation.

NONE

<u>Name & Address</u>	<u>Title</u>	<u>Nature & Percentage of Stock Ownership</u>
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22. Former partners, officers, directors and shareholders

- a. If your business is a partnership, list each member who withdrew from the partnership within the last year.

NONE

<u>Name & Address</u>	<u>Date of Withdrawal</u>
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- b. If your business is a corporation, list all officers & directors whose relationship with the corporation terminated within the last year.

NONE

<u>Name & Address</u>	<u>Title</u>	<u>Date of Termination</u>
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23. Withdrawals from a partnership or distributions by a corporation

If your business 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 an any other perquisite during the last year.

NONE

<u>Name & Address of Recipient and Relationship to You</u>	<u>Date & Purpose of Withdrawal</u>	<u>Amount of Money or Description and Value of Property</u>
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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 in the last **6 years**.

NONE

<u>Name of Parent Corporation</u>	<u>Taxpayer Identification Number</u>
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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 last **6 years**.

NONE

<u>Name of Pension Fund</u>	<u>Taxpayer Identification Number</u>
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