

SELF-EMPLOYED AND BUSINESS RELATED QUESTIONNAIRE

CLIENTS NAME: _____ **DATE:** _____

How did you find our law firm? Phone Book: _____ Internet: _____

Were you referred to our law firm? Y N If so, by whom: _____ Other Source: _____

Business Information: This page is only for self-employed individuals or for individuals with an interest in a business. (complete a separate sheet for each business).

You **MUST** disclose all non-public entities that you operate.

Type of legal entity (circle one): Professional Association General Partnership Sole Proprietorship d/b/a
 Limited Liability Company Professional Corporation Limited Partnership Corporation Other

Name of Legal Entity/Business : _____

Business Telephone Number: _____ Business Fax Number: _____

Physical Location (address) of Business: _____

Description of Business: _____

Date Business Started: _____ Do you Rent or Own the location? _____ If you rent is there a lease? _____

If the Business terminated more than six months ago it is not necessary to complete the rest of this form, just give the date of termination of the business: _____ If business terminated within the past 6 months, give date: _____

Do you receive: Commissions? Yes No Rental Income? Yes No Bonus? Yes No Royalty? Yes No

Attach a copy of any agreement for commission, bonus, rental income, royalty or other compensation, or explain on a separate sheet and attach to this questionnaire.

Number of employees: full time: _____ part time: _____ contract laborers (non-family members): _____

Do you regularly obtain trade credit in the operation of your business which is not paid in full each month? Yes No

List the total amount of trade debt: \$ _____ The number of trade creditors: _____

Do you sell or serve liquor at your business? Yes No TABC license number and licensee's name: _____

Enter the total **gross** receipts for the business for the last six months. \$ _____

Enter the total business expenses for the last six months. \$ _____

What is the cost of your current inventory? \$ _____

What is the value of your equipment? \$ _____

What is the current balance of your accounts receivable? \$ _____

What is the currant balance on your accounts payables? \$ _____

Are there any liens on the business furniture/fixtures/equipment? Yes No If yes, who is the creditor/lienholder? _____

The total amount owed: \$ _____ Monthly payment: \$ _____

Are there any liens on the business inventory? Yes No If yes, who is the creditor/lienholder? _____

The total amount owed: \$ _____ Monthly payment: \$ _____

Have all required tax returns been filed? Yes No

If no, specify the type and the year of the tax returns that have not been filed: _____

Do you have any business tax liabilities? Yes No If yes, complete the table below. Examples of types of taxes are: income, sales, withholding, property, fuel, heavy vehicle, etc.

Creditor	Type of tax	Year/Quarter	Amount Due	Lien filed
IRS	_____	_____	\$ _____	Yes - No
IRS	_____	_____	\$ _____	Yes - No
IRS	_____	_____	\$ _____	Yes - No
State	_____	_____	\$ _____	Yes - No
County/City/ISD	_____	_____	\$ _____	Yes - No
County/City/ISD	_____	_____	\$ _____	Yes - No

Do you have the ability to generate a Profit and Loss Statement for the business? Yes No

Do you have the ability to generate a current Balance Sheet for the business? Yes No

