

**THE ATTACHED INFORMATION SHOULD BE
FILLED IN COMPLETELY AND RETURNED BY:**

TO

NANCY J. WHALEY
Standing Chapter 13 Trustee
(Attn: **Nancy J Whaley**)
SunTrust Garden Plaza, Suite 120
303 Peachtree Center Avenue
Atlanta, GA 30303

Failure to Return Forms Will Result in a Motion to Dismiss Your Case.

Check the following being returned:

- | | |
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| ___ Business/Self-Employed Debtor Questionnaire | ___ Copies of GA Form 500-ES and record of payments. (See Questionnaire Item 9B) |
| ___ Copies of last two (2) years of annual financial statements, if applicable. (See Questionnaire Item 6D) | ___ Copies of Form 941/"Employer's Quarterly Federal Tax Refund" for the past two (2) years. (See Questionnaire Item 9C) |
| ___ Copies of past twelve (12) months of financial statements, income and expenses reports, profit and loss, or other monthly operating reports. (See Questionnaire Item 6E) | ___ Copies of Form 940, "Employer's Annual Federal Unemployment (FUTA) Tax" returns For the past two (2) years. (See Questionnaire Item 9C) |
| ___ Copies of the attached Business/Self-Employment Report of Income Cash and Expenses for each of the last four (4) months. (See Questionnaire Item 6E) | ___ Copies of all Forms 1099 filed in past two (2) years. (See Questionnaire Item 9D) |
| ___ Copies of all bank/money market/investment accounts for the past three months. (See Questionnaire Item 7A) | ___ Copies of State of Georgia Form DOL-4 "Employer's Quarterly Tax and Wage Report" for the past two (2) years. (See Questionnaire Item 9E) |
| ___ Copies of validated bank deposits for payroll taxes for the past six (6) months. (See Questionnaire Item 8C) | ___ Copies of all Sales and Use Tax Forms (Form ST-3, for example) for the past two (2) years. (See Questionnaire Item 9f) |
| ___ Copies of past two (2) years federal and state income tax returns. (See Questionnaire Item 9A) | ___ Copies of all current insurance policies or binders. (See Questionnaire Item 10). |
| ___ Copies of Form 1040-ES and record of payments. (See Questionnaire Item 9B) | ___ Copies of all business licenses. (See Questionnaire Item 11) |

Date Returned: _____