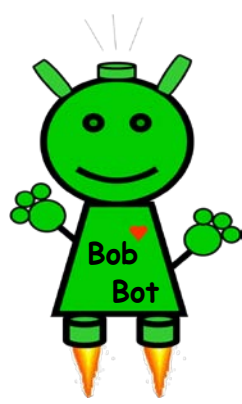




# Life After Debt! Own a Business?



Take Control of Your Life Again!"

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Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

We need to know about **any and all** businesses that you currently own, or have had an ownership interest, in the last **SIX YEARS**. **Make as many copies of this page as necessary to be complete!!**

1. Do you currently own any businesses?     Yes     No → Skip to #3

2. Start with the information on any businesses that you currently own:

Name of Business 1: \_\_\_\_\_

Address: \_\_\_\_\_

What Type?    S Corp.    C Corp.    Sole Prop.    LLC    Partnership → (%)\_\_\_\_\_

Other → describe: \_\_\_\_\_ Tax-payer ID # \_\_\_\_\_

What kind of business? (real estate, contractor, etc.): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Inventory: \$ \_\_\_\_\_ Accounts Receivable: \$ \_\_\_\_\_

Do any clients/business associates owe you any money?    No    Yes → describe:

\_\_\_\_\_

Tools of the Business: You can list them in groups to make it easier (like office supplies, computers, painting supplies, ladders/ tools).

Items \_\_\_\_\_ Value \$ \_\_\_\_\_

Items \_\_\_\_\_ Value \$ \_\_\_\_\_

Items \_\_\_\_\_ Value \$ \_\_\_\_\_

Items \_\_\_\_\_ Value \$ \_\_\_\_\_

Vehicles used for primarily business use (like a work truck, painter's van, etc.)

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Mileage: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Paid off?    Yes    No → provide:

Lender: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

What about business bank accounts?

Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

3. Now you're done with that, how about for any and all other businesses you have owned in the last **six years**:

Name of Business 2: \_\_\_\_\_

Address: \_\_\_\_\_

What Type?  S Corp.  C Corp.  Sole Prop.  LLC  Partnership → (%)\_\_\_\_\_

Other → describe: \_\_\_\_\_ Tax-payer ID # \_\_\_\_\_

What kind of business? (real estate, contractor, etc.): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Inventory: \$ \_\_\_\_\_ Accounts Receivable: \$ \_\_\_\_\_

Do any clients/business associates owe you any money?  No  Yes → describe: \_\_\_\_\_

Name of Business 3: \_\_\_\_\_

Address: \_\_\_\_\_

What Type?  S Corp.  C Corp.  Sole Prop.  LLC  Partnership → (%)\_\_\_\_\_

Other → describe: \_\_\_\_\_ Tax-payer ID # \_\_\_\_\_

What kind of business? (real estate, contractor, etc.): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Inventory: \$ \_\_\_\_\_ Accounts Receivable: \$ \_\_\_\_\_

Do any clients/business associates owe you any money?  No  Yes → describe: \_\_\_\_\_

Name of Business 4: \_\_\_\_\_

Address: \_\_\_\_\_

What Type?  S Corp.  C Corp.  Sole Prop.  LLC  Partnership → (%)\_\_\_\_\_

Other → describe: \_\_\_\_\_ Tax-payer ID # \_\_\_\_\_

What kind of business? (real estate, contractor, etc.): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Inventory: \$ \_\_\_\_\_ Accounts Receivable: \$ \_\_\_\_\_

Do any clients/business associates owe you any money?  No  Yes → describe: \_\_\_\_\_

Name of Business 5: \_\_\_\_\_

Address: \_\_\_\_\_

What Type?  S Corp.  C Corp.  Sole Prop.  LLC  Partnership → (%)\_\_\_\_\_

Other → describe: \_\_\_\_\_ Tax-payer ID # \_\_\_\_\_

What kind of business? (real estate, contractor, etc.): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Inventory: \$ \_\_\_\_\_ Accounts Receivable: \$ \_\_\_\_\_

Do any clients/business associates owe you any money?  No  Yes → describe: \_\_\_\_\_

## Also super-important!!!

- If you have a **C-Corp** we need your paystubs from the last **6 months**.
- If you have an **S-Corp or LLC** we need the **profit and loss & and draws** you may have received for the last **6 months**.

Your Profit and Loss doesn't need to be as detailed as the one here but it **does need to be complete and** accurate. We need to see: gross income, expenses, and net income for the business for the last 6 months. **(Month by month is preferred)**. **Include the amount that you may have drawn from the company during those 6 months as well.**

	<u><b>Profit &amp; Loss (Example)</b></u>	1/1/2010 - 12/1/2010
Sample Company		
<b><u>Income</u></b>		
Gross Sales	346,400	
Less returns and allowances	(1,000)	
Net Sales	345,400	
 <b><u>Cost of Goods</u></b>		
Merchandise Inventory, January 1	160,000	
Purchases	90,000	
Freight Charges	2,000	
Total Merchandise Handled	252,000	
 Less Inventory, December 31	 100,000	
Cost of Goods Sold	152,000	
Gross Profit	193,400	
 Interest Income	 500	
Total Income	<b>193,900</b>	
 <b><u>Expenses</u></b>		
Salaries (wages paid to others)	68,250	
Draws (money paid to you)		
Utilities	5,800	
Rent	23,000	
Office Supplies	2,250	
Insurance	3,900	
Advertising	8,650	
Telephone	2,700	
Travel and Entertainment	2,550	
Interest Paid	2,140	
Taxes & Licenses	11,700	
Total Expenses	(130,940)	
 <b>Net Income</b>	 <b>\$62,960</b>	