

SELF-EMPLOYED AND BUSINESS RELATED QUESTIONNAIRE

Please complete a separate sheet for each business.

To advise you appropriately, we MUST know about every non-publicly traded business which you own outright, have an interest in or operate.

Business operates as: (Circle one): Corporation Limited Liability Company
General Partnership Limited Partnership Sole Proprietorship (d/b/a)
Professional Corporation Professional Association Other: _____

Name of Business: _____

Business Telephone: (____) _____ - _____ Business e-mail: _____

Physical Location (address) of Business: _____

Description of Business: _____

Date Business Started: _____ Business rents or owns the location? _____

If rents, is there a Lease? _____ Name of landlord? _____

Names of individuals who have guaranteed the lease: _____

If the Business terminated or has been shut down, it is not necessary to complete the rest of this form, just give the date of termination of Business: _____

Does Business receive (circle one): 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 for Business: Full time: _____ Part time: _____
Contract laborers (non-family members): _____

Does Business use trade credit to operate? (Circle one) Yes No
If yes, list the total amount of trade debts: \$_____ and the number of trade creditors: _____

Does Business sell or serve alcoholic beverages? (Circle one) Yes No
If yes, give TABC license number and licensee's name: _____

Give the total **gross** receipt (without deducting anything for any kind of expenses) for Business for the last six months. _____

Give the total expenses for Business for the last six months. _____

Does Business have any Inventory? (Circle one) Yes No
 If yes, what is the cost of current Inventory? _____
 Is there a lien on the Inventory? (Circle one) Yes No
 If yes, who is the creditor? _____
 The total amount owed to creditor: \$ _____ Monthly payment: \$ _____

Does Business have any Equipment? (Circle one) Yes No
 If yes, what is the current value of Equipment? _____
 Is there a lien on the Equipment? (Circle one) Yes No
 If yes, who is the creditor? _____
 The total amount owed to creditor: \$ _____ Monthly payment: \$ _____

Does Business have any Accounts Receivable? (Circle one) Yes No
 If yes, what is the current value of Accounts Receivable? _____
 Is there a lien on the Accounts Receivable? (Circle one) Yes No
 If yes, who is the creditor? _____
 The total amount owed to creditor: \$ _____ Monthly payment: \$ _____

Do Business have any Accounts Payable? (Circle one) Yes No
 If yes, what is the current total for Accounts Payable? _____

Have all required individual income tax returns been filed? (Circle one) Yes No
 If no, specify the year(s): _____

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

<u>Creditor</u>	<u>Type of tax</u>	<u>Year/Quarter</u>	<u>Amount Due</u>	<u>Lien filed?</u>	
IRS	_____	_____	\$ _____	Yes	No
IRS	_____	_____	\$ _____	Yes	No
IRS	_____	_____	\$ _____	Yes	No
IRS	_____	_____	\$ _____	Yes	No
State of Texas	_____	_____	\$ _____	Yes	No
State of Texas	_____	_____	\$ _____	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