

# 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      Professional Corporation  
Limited Partnership      General Partnership      Sole Proprietorship (d/b/a)  
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 (circle one)? **Yes** **No** 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: \_\_\_\_\_  
Number of 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 for 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	_____	_____	\$_____		
County/City/ISD	_____	_____	\$_____		

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**