

Self-Employed Supplemental

(Or treated as Self-Employed)

(Please note, if you are self-employed these questions MUST be answered. Not answering or listing "Unknown" to the below will only cause delays to the filing of your case.)

		Debtor 1	Debtor 2
A	Company Name:		
B	Nature of this Business:		
C	Legal Entity of Company:		
	LLC	<input type="checkbox"/>	<input type="checkbox"/>
	Sole Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	Corporation	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
	Your % of Ownership		
D	Length of this Self-Employ:	_____ Years _____ Mo's	_____ Years _____ Mo's
	When did begin this Business?	_____	_____
	When did business close?	_____	_____
E	Address		
	Debtor 1 _____		
	Debtor 2 _____		
F	Gross Monthly Income	_____	_____
	(Based on an annual avg. (i.e. take the annual gross income and divide by 12).)		
G	Costs of Business		
	(You MUST have receipts confirming same)		
	Unit/Rent	_____	_____
	Salaries	_____	_____
	Inventory	_____	_____
	Supplies	_____	_____
	Utilities	_____	_____
	Other	_____	_____
	Other	_____	_____
	Other	_____	_____
H	Salary		
	1 Gross Amount	_____	_____
	2 Taxes		
	a Federal	_____	_____
	b FICA/Social Security	_____	_____
	c State With holding	_____	_____
	d Medicare	_____	_____
	e Other	_____	_____
	When are You Paid:		
I	Partners		
	Do You have Partners of any kind	<input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If Yes, please send their names, addresses and % of ownership to Mr. Casey's Office.		

J Additional Info as to Self-Employment Income

Please list any special or unique issues regarding self-employment:

[Empty text box for providing additional information regarding self-employment issues.]