

Law Offices of  
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**“FRESH START --<>-- BANKRUPTCY QUESTIONNAIRE”**

**Marital Status:**  Single  Married  Separated (Date: \_\_\_\_\_)  Divorced (Date: \_\_\_\_\_)

**How do you want to file?**  Husband Only  Wife Only  Joint  Single

**Have you lived at the same address for 6 months, or longer:**  Yes  No

**Have you EVER filed Bankruptcy:**  Yes  No (Date Filed: \_\_\_\_\_ Ch 7  Ch 13  )  
(Date Dismissed: \_\_\_\_\_ OR Date Discharged: \_\_\_\_\_)

**DEBTOR:** (Husband is Debtor and Wife is Joint Debtor)

1. Name: \_\_\_\_\_ (Full LEGAL name)
2. Other Names Used in the last 8 years: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_ State Issued: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Address: \_\_\_\_\_ County: \_\_\_\_\_
6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_
8. E-mail Address: \_\_\_\_\_
9. Employer Name: \_\_\_\_\_ Previous Employer: \_\_\_\_\_
10. Mortgage Company: \_\_\_\_\_ Auto Loan Company: \_\_\_\_\_

**JOINT DEBTOR:** (Husband is Debtor and Wife is Joint Debtor)

1. Name: \_\_\_\_\_ (Full LEGAL name)
2. Other Names Used in the last 8 years: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_ State Issued: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Address: \_\_\_\_\_ County: \_\_\_\_\_
6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_
8. E-mail Address: \_\_\_\_\_
9. Employer Name: \_\_\_\_\_ Previous Employer: \_\_\_\_\_
10. Mortgage Company: \_\_\_\_\_ Auto Loan Company: \_\_\_\_\_

## **REAL PROPERTY**

### **Primary Residence:**

**None (I Rent)**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Value of Property: \_\_\_\_\_

#### *Mortgage Loans:*

Lender Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Months Behind: # \_\_\_\_\_

Principal Balance of Loan: \$ \_\_\_\_\_ Amount Past Due (Arrears): \$ \_\_\_\_\_

Lender Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Months Behind: # \_\_\_\_\_

Principal Balance of Loan: \$ \_\_\_\_\_ Amount Past Due (Arrears): \$ \_\_\_\_\_

Property Tax:  Paid in Mortgage OR \$ \_\_\_\_\_  Monthly  Yearly - Amount Past Due: \$ \_\_\_\_\_

Insurance:  Paid in Mortgage OR \$ \_\_\_\_\_  Monthly  Yearly - Amount Past Due: \$ \_\_\_\_\_

Home Owners Association: \$ \_\_\_\_\_  Monthly  Yearly - Amount Past Due: \$ \_\_\_\_\_

### **Other Real Property:** (*Vacant Lot, Rental, etc.*)

**None**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Value of Property: \_\_\_\_\_

#### *Mortgage Loans:*

Lender Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Months Behind: # \_\_\_\_\_

Principal Balance of Loan: \$ \_\_\_\_\_ Amount Past Due (Arrears): \$ \_\_\_\_\_

Lender Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Months Behind: # \_\_\_\_\_

Principal Balance of Loan: \$ \_\_\_\_\_ Amount Past Due (Arrears): \$ \_\_\_\_\_

Property Tax:  Paid in Mortgage OR \$ \_\_\_\_\_  Monthly  Yearly - Amount Past Due: \$ \_\_\_\_\_

Insurance:  Paid in Mortgage OR \$ \_\_\_\_\_  Monthly  Yearly - Amount Past Due: \$ \_\_\_\_\_

Home Owners Association: \$ \_\_\_\_\_  Monthly  Yearly - Amount Past Due: \$ \_\_\_\_\_

**Monthly Rental Income : \$ \_\_\_\_\_**

### **Timeshare:**

**None**

Description: \_\_\_\_\_ Cash Value: \_\_\_\_\_

#### *Secured Loans:*

Lender Name: \_\_\_\_\_ Monthly Loan Payment: \$ \_\_\_\_\_ Maintenance Fee: \$ \_\_\_\_\_

Principal Balance of Loan: \$ \_\_\_\_\_ Amount Past Due (Arrears): \$ \_\_\_\_\_ Months Behind: # \_\_\_\_\_

*Keep Timeshare and Reaffirm the Debt*       *Surrender Timeshare and Discharge Debt*

## PERSONAL PROPERTY

### Automobiles and Other Vehicles:

1) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Trim: \_\_\_\_\_ Mileage: \_\_\_\_\_  
(XL, XLT, SL)

Free and Clear: **Estimated VALUE:\$** \_\_\_\_\_

Financed: Finance Company: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Balance of Loan: \$ \_\_\_\_\_ Amount Past Due: \$ \_\_\_\_\_  
Date of Last Payment: (Loan Paid Off) \_\_\_\_\_  
Intention:  *Keep Vehicle and Reaffirm the Debt*  *Surrender Vehicle and Discharge Debt*

Leased: Lease Company: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Months left: \_\_\_\_\_  
Date of Last Payment: (Lease end date) \_\_\_\_\_  
Intention:  *Keep Vehicle and Assume the Lease*  *Surrender Vehicle and Reject Lease*

2) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Trim: \_\_\_\_\_ Mileage: \_\_\_\_\_  
(XL, XLT, SL)

Free and Clear: **Estimated VALUE:\$** \_\_\_\_\_

Financed: Finance Company: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Balance of Loan: \$ \_\_\_\_\_ Amount Past Due: \$ \_\_\_\_\_  
Date of Last Payment: (Loan Paid Off) \_\_\_\_\_  
Intention:  *Keep Vehicle and Reaffirm the Debt*  *Surrender Vehicle and Discharge Debt*

Leased: Lease Company: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Months left: \_\_\_\_\_  
Date of Last Payment: (Lease end date) \_\_\_\_\_  
Intention:  *Keep Vehicle and Assume the Lease*  *Surrender Vehicle and Reject Lease*

### Other Vehicles:

**None**

(Motorcycles, Boats, ATV's, Trailers, RV's, Jet Ski's, etc.)

Item Description: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Trim: \_\_\_\_\_ Size/length: \_\_\_\_\_

Free and Clear: **Estimated VALUE:\$** \_\_\_\_\_

Financed: Finance Company: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Balance of Loan: \$ \_\_\_\_\_ Amount Past Due: \$ \_\_\_\_\_  
Date of Last Payment: (Loan Paid Off) \_\_\_\_\_  
Intention:  *Keep Vehicle and Reaffirm the Debt*  *Surrender Vehicle and Discharge Debt*

Leased: Lease Company: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Months left: \_\_\_\_\_  
Date of Last Payment: (Lease end date) \_\_\_\_\_  
Intention:  *Keep Vehicle and Assume the Lease*  *Surrender Vehicle and Reject Lease*

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**Cash on Hand:** \$ \_\_\_\_\_

**Checking and Savings Accounts:** Total Balance of all Accounts \$ \_\_\_\_\_

(\*WARNING\* Some Banking Institutions, specifically Wells Fargo and Navy Federal Credit Union will freeze your accounts upon notice of a Bankruptcy filing. If you have an account at either of these banks please remove your funds immediately and do not use this account until your Bankruptcy has been completed.)

**General Household Goods and Furniture:** Total Value of All \$ \_\_\_\_\_

**Personal Clothing Items:** Total Value of All \$ \_\_\_\_\_

**Art, Collectibles, Firearms, Sports Equip, Photography Equip, etc.:**  None

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Jewelry, Watches, Wedding Rings:**  None

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Animals / Pets:**

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_  None

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**Retirement Accounts, 401K, 403b, Pensions, IRA:**  None

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Life Insurance:**  None

Company Name: \_\_\_\_\_

Term Policy (No Cash Value)  Whole Life (Cash Value – Ability to Borrow from)

Net Surrender Value (Cash Value): \$ \_\_\_\_\_

Company Name: \_\_\_\_\_

Term Policy (No Cash Value)  Whole Life (Cash Value – Ability to Borrow from)

Net Surrender Value (Cash Value): \$ \_\_\_\_\_

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**Alimony, Child Support, Divorce Judgment (Owed to You):**  None  
Type: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Type: \_\_\_\_\_ Amount: \$\_\_\_\_\_

**Tax Refund** (List your most current tax refund received)  None  
Federal Refund Amount: \$\_\_\_\_\_ Date Refund Received: \_\_\_\_\_  
State Refund Amount: \$\_\_\_\_\_ Date Refund Received: \_\_\_\_\_

**Stocks, Bonds, Business Interest:**  None  
Item: \_\_\_\_\_ Shares: #\_\_\_\_\_ Value: \$\_\_\_\_\_  
Item: \_\_\_\_\_ Shares: #\_\_\_\_\_ Value: \$\_\_\_\_\_

**Claims for Personal Injury/Workers Compensation/etc.:**  None  
Type: \_\_\_\_\_ Value: \$\_\_\_\_\_

**ANY OTHER PROPERTY OF VALUE NOT LISTED ABOVE:**  None  
Type: \_\_\_\_\_ Cash Value: \$\_\_\_\_\_  
Type: \_\_\_\_\_ Cash Value: \$\_\_\_\_\_  
Type: \_\_\_\_\_ Cash Value: \$\_\_\_\_\_

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**FINANCIAL INFORMATION**

**Debtor:**

Employer Name: \_\_\_\_\_  Homemaker  
Address: \_\_\_\_\_  Unemployed  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Disabled  
Job Title: \_\_\_\_\_  Retired  
Length of Employment: \_\_\_\_\_

**Joint Debtor (and/or Spouse):**

*(\* If you are married, but only one spouse is filing Bankruptcy you will still need to provide all income, assets, and expenses for BOTH parties. Please list your spouse's income, even if they are not filing Bankruptcy with you!)*

Employer Name: \_\_\_\_\_  Homemaker  
Address: \_\_\_\_\_  Unemployed  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Disabled  
Job Title: \_\_\_\_\_  Retired  
Length of Employment: \_\_\_\_\_

**Dependents: (Must live with you and you provide more than 50% of their support)**

Male  Female Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ (If over 18 then check:  Disabled  F/T Student  Other: \_\_\_\_\_)

Male  Female Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ (If over 18 then check:  Disabled  F/T Student  Other: \_\_\_\_\_)

Male  Female Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ (If over 18 then check:  Disabled  F/T Student  Other: \_\_\_\_\_)

**Pay Period:** Debtor:  Weekly  Every other Week  Twice a Month  Monthly  
 Joint Debtor:  Weekly  Every other Week  Twice a Month  Monthly

<b><u>MONTHLY Income:</u></b>	<b>Debtor:</b>	<b>Joint Debtor (Spouse):</b>
Employment Income	\$ _____	\$ _____
Self-Employment Income	\$ _____	\$ _____
Business Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Pension or Retirement Income	\$ _____	\$ _____
SSI/ Retirement	\$ _____	\$ _____
SSI/ Disability	\$ _____	\$ _____
SSI/ Death Benefits	\$ _____	\$ _____
EDD/Unemployment	\$ _____	\$ _____
EDD/Disability	\$ _____	\$ _____
Support from Family (Person: _____)	\$ _____	\$ _____
Any other Income (Specify: _____)	\$ _____	\$ _____

**Monthly Expenses**

Rent or Home Mortgage Payment	\$ _____
Property Taxes <input type="checkbox"/> Already Included in Payment	\$ _____
Insurance <input type="checkbox"/> Already Included in Payment	\$ _____
HOA Dues <input type="checkbox"/> Already Included in Payment	\$ _____
Home Maintenance (Gardner, Pool Services, Etc.)	\$ _____
Electricity and Gas	\$ _____
Water, Sewer, Trash	\$ _____
Telephone, Cell Phone, Internet, Satellite, Cable	\$ _____
Other Utility: _____	\$ _____
Food and Housekeeping supplies	\$ _____
Clothing, Laundry, Dry Cleaning	\$ _____
Personal Care Products and Services	\$ _____
Out-of-Pocket Medical/Dental Expenses: (Co-pays, Prescriptions, etc.)	\$ _____
Child Care Expenses	\$ _____
Minor Children's School Expenses: (Supplies, Field Trip, Sports, etc.)	\$ _____
Insurance:	
Life ( <i>Not Deducted from Pay Check</i> )	\$ _____
Health ( <i>Not Deducted from Pay Check</i> )	\$ _____
Auto	\$ _____
Loans:	
Auto Loan Payment:	\$ _____
Student Loan Payment:	\$ _____
Charitable Contributions: (Donations, Church Tithes, etc.)	\$ _____
Alimony or Child Support ( <i>Not Deducted from Pay Check</i> )	\$ _____
Past Due Taxes	
IRS Installment Agreement	\$ _____
( <i>Debt Owed to IRS      Year: _____ \$_____</i> )	
CA Installment Agreement	\$ _____
( <i>Debt Owed to IRS      Year: _____ \$_____</i> )	
Any other Expense (Specify: _____)	\$ _____
Any other Expense (Specify: _____)	\$ _____

**YEARLY INCOME:**

List any and all money received from any source within the last three years (ex. Wages, Self-Employment, Business Income, SSI, Pension, Unemployment, Support, etc. ),

***Current Year (to Date):***

<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____
<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____
<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____
<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____

***Last Year:***

<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____
<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____
<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____
<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____

***Two Years Ago:***

<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____
<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____
<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____
<input type="checkbox"/> Debtor	<input type="checkbox"/> Joint Debtor	Source: _____	Amount: \$ _____

**List all payments on any loans and/or debts paid within the last 90 days:**

Creditor: _____	Date Paid: _____	Amount: \$ _____	Balance of debt: \$ _____
Creditor: _____	Date Paid: _____	Amount: \$ _____	Balance of debt: \$ _____
Creditor: _____	Date Paid: _____	Amount: \$ _____	Balance of debt: \$ _____
Creditor: _____	Date Paid: _____	Amount: \$ _____	Balance of debt: \$ _____
Creditor: _____	Date Paid: _____	Amount: \$ _____	Balance of debt: \$ _____

**Monthly Charitable Organization or Church**

None

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Debtor (if any): \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

**Have you Closed any Bank Accounts within the last year.**

No

Bank Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Final Balance: \_\_\_\_\_ Amount of Sale/Date of Closing: \_\_\_\_\_



**Prior addresses for the last three years:**

None

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

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

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

**Spouse and/or Former Spouses within the last eight years**

None

Name: \_\_\_\_\_ Divorce Date (If Applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Divorce Date (If Applicable): \_\_\_\_\_

**Are you a Co-Signer or Co-Debtor on any Loans or Accounts:**

No

Property Description: (Auto, etc.) \_\_\_\_\_

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

Person you co-signed for (Name): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Have you transferred or given away any Property in the last two years:**

No

Description of Property: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ Value of Property: \_\_\_\_\_

Transferred to (Name): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Repossessions, Foreclosure/ Short Sale of any Property within the last year**

None

Description of Property/Address: \_\_\_\_\_

Date: \_\_\_\_\_ Creditor/Lender: \_\_\_\_\_

**Party to any Lawsuits within the last year**

None

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ Court Location: \_\_\_\_\_

Case Status: \_\_\_\_\_

**Wage Garnishment**

None

Received Notice of a Wage Garnishment

Wages already Garnished (Creditor: \_\_\_\_\_)

Date of Garnishment: \_\_\_\_\_ Amount Taken: \$ \_\_\_\_\_

**YOU MUST LIST all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the last SIX YEARS. If you have more than one business use a separate sheet for each business!**

**BUSINESS OWNER OR SELF-EMPLOYMENT INFORMATION SHEET**

Business Name (DBA): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Business Tax Id No: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Value of Business Assets: \$ \_\_\_\_\_  None

Value of Business Inventory: \$ \_\_\_\_\_  None

Value of Business Equipment/Tools: \$ \_\_\_\_\_  None

Accounts Receivables: \$ \_\_\_\_\_  None

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL VALUE OF BUSINESS:** \$ \_\_\_\_\_

**BUSINESS INTEREST INFORMATION SHEET**

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

S-Corp                       Corporation                       Partnership

Business Tax Id No: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Debtor Title: \_\_\_\_\_  None

*(CEO, President, Secretary, etc.)*

Nature of Interest: \_\_\_\_\_ Percentage of Interest: \_\_\_\_\_ Dates: \_\_\_\_\_

Shares of Stocks # \_\_\_\_\_ **Value of Stock \$** \_\_\_\_\_

Joint Debtor Title: \_\_\_\_\_  None

*(CEO, President, Secretary, etc.)*

Nature of Interest: \_\_\_\_\_ Percentage of Interest: \_\_\_\_\_ Dates: \_\_\_\_\_

Shares of Stocks # \_\_\_\_\_ **Value of Stock \$** \_\_\_\_\_

**PROFIT AND LOSS STATEMENT**  
*(For Business Owners or self-employed debtors only)*

\_\_\_\_\_  
 (Debtor Name)

\_\_\_\_\_  
 (Business Name)

	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
<b>Income:</b> (Monies Received)	\$ _____	\$ _____	\$ _____	\$ _____
<b>Expenses:</b>				
Advertising	\$ _____	\$ _____	\$ _____	\$ _____
Business Supplies Bought	\$ _____	\$ _____	\$ _____	\$ _____
Independent Contractors Paid	\$ _____	\$ _____	\$ _____	\$ _____
Wages Paid	\$ _____	\$ _____	\$ _____	\$ _____
Legal/Professional Fees	\$ _____	\$ _____	\$ _____	\$ _____
Liability Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Inventory Purchased	\$ _____	\$ _____	\$ _____	\$ _____
Membership/Dues	\$ _____	\$ _____	\$ _____	\$ _____
Office Lease/Rent (Not Home)	\$ _____	\$ _____	\$ _____	\$ _____
Office Utilities (Not Home)	\$ _____	\$ _____	\$ _____	\$ _____
Car Expense (Not Personal Car)	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Net Profit: (Income minus Expenses)</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**(DO NOT include any expenses that may also be considered a personal expense, such as: medical insurance; home office rent, mortgage and/or utilities percentage; auto expenses, gas, repairs, mileage insurance, etc. for a vehicle that is also used for personal use; cell phones; etc. We will account for these expenses but they should be listed under your personal family expenses NOT business expenses)**