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BANKRUPTCY INTAKE FORM

Date of initial consultation _____ Fee for services rendered _____
Subsequent consultations _____ Court filing fee _____
Chapter (7, 11, 12, 13) _____ Additional fees _____
Exemptions _____ Filing: Jointly _____ Individually _____

Name of Debtor _____ SS# _____
(First, Middle Initial, Last)
Other names used in the past 6 years? _____

Present address _____

Mailing address (if different) _____

Home telephone _____
Business telephone _____
Cell phone _____
Cell (Joint Debtor) _____
Email Address _____

Name of Spouse (Joint Debtor) _____ SS# _____

Other names used in the past 6 years? _____

Present address _____

Mailing address (if different) _____

HAVE YOU FILED A PREVIOUS BANKRUPTCY? YES ___ NO ___
Date filed _____ Case number _____
Case still pending? _____ If no, disposition _____
Location _____

HAS YOUR PRESENT OR FORMER SPOUSE EVER FILED A BANKRUPTCY? YES ___ NO ___
Date filed _____ Case number _____
Case still pending? _____ If no, disposition _____
Location _____

Do you own a Home? If yes, please complete the following:

Description and location of property: _____
Address: _____

Is this your primary residence? Yes _____ No _____
How is property held? Husband _____ Wife _____ Jointly _____
Other (Please Specify) _____

What is the current Market Value? _____

First Mortgage

Company _____
Address _____

Account # _____
Date Incurred (Month/Year) _____

What is the principal balance? _____ Monthly Payment _____

Includes Property Taxes? (Y/N) _____ Includes Homeowner's Insurance? (Y/N) _____

Have you missed any mortgage payments? _____ If yes, how many? _____

Amount of Arrears/Outstanding Debt _____ Mortgagor(s) _____

Name, address and telephone number of attorney for Mortgage Company, if any _____

Second Mortgage/Home Equity Loan/Home Equity Line of Credit

Company _____
Address _____

Account # _____
Date Incurred (Month/Year) _____

What is the principal balance? _____ Monthly Payment _____

Have you missed any mortgage payments? _____ If yes, how many? _____

Amount of Arrears/Outstanding Debt _____ Borrower(s) _____

Name, address and telephone number of attorney for Mortgage Company, if any _____

Any Other Mortgages

Company _____
Address _____

Account # _____
Date Incurred (Month/Year) _____

What is the principal balance? _____ Monthly Payment _____

Have you missed any mortgage payments? _____ If yes, how many? _____

Amount of Arrears/Outstanding Debt _____ Obligor(s) _____

Name, address and telephone number of attorney for Mortgage Company, if any _____

Do you own any other real property? _____

PERSONAL PROPERTY INFORMATION

<u>TYPE OF PROPERTY</u>	<u>DESCRIPTION</u>		<u>MARKET VALUE</u>	
1. Cash on hand			_____	
2. Deposits:				
Account Type	Bank Name	Last 4 of Acct No.	Balance	Acct Holder
Savings account	_____	_____	_____	_____
Checking account	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
3. Security deposits held by landlord, public utilities, or others.	_____		_____	
4. Household Goods & Furnishings	_____		_____	
5. Books, Pictures, Collectibles	_____		_____	
6. Wearing Apparel	_____		_____	
7. Furs & Jewelry	_____		_____	
8. Firearms, sports, photographic, or other hobby equipment.	_____		_____	
9. Life Insurance Policies:				
Name of Company _____	Name of Company _____			
Whole life OR Term _____	Whole life OR Term _____			
Cash surrender value _____	Cash surrender value _____			
Policy Holder _____	Policy Holder _____			
10. Annuities				
Provider/Service		Value	Holder	
_____		_____	_____	
_____		_____	_____	
11. Education Savings Accounts (Education IRA/Coverdell ESA/529 Plans)				
Provider/Service		Value	Holder	
_____		_____	_____	
_____		_____	_____	
12. IRA, 401(k), 403(b), ERISA, Keogh, or other Pension/Profit Sharing plan. Please specify:				
Provider/Service - Type of Retirement Plan		Value	Holder	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	

TYPE OF PROPERTY

DESCRIPTION

MARKET VALUE

13&14. Do you have any interests in incorporated, unincorporated, partnerships or any kind of business venture? If so, please specify and approximate the value of such interest.

Company Name _____

Percent Ownership _____ Owner(s) _____

Company Name _____

Percent Ownership _____ Owner(s) _____

Company Name _____

Percent Ownership _____ Owner(s) _____

13. Stocks – Provide names _____
of stock(s) & number of _____
shares or name of the _____
brokerage account(s) _____

15. Government or Corporate Bonds _____

16. Accounts receivable _____

17. Alimony, maintenance or child support _____
to which **you** are entitled arrears. _____

18. Are you anticipating an income tax refund? Y ___ N ___ IRS _____
NYS _____

Do you receive money from any other source?

19. Equitable or future interests, life estates, and rights and powers exercisable for your benefit other than those listed on page 2 as real property.

20. Contingent and non-contingent interest in estate of a decedent, death benefit plan, life insurance policy or trust.

21. Other contingent and unliquidated claims of any nature, including tax refunds, counter-claims of the debtor, and rights to setoff claims.

22. Patents, copyrights, and other intellectual property.

23. Licenses, franchises, and other general intangibles.

24. Customer Lists

25. Autos, trucks, etc.

Make: _____ KBB Value: _____

Year: _____ Model: _____ Style: _____

Owner(s): _____ Mileage: _____

Is this car subject to a lien _____ lease agreement _____ Balance/Lease end date _____

Autos, trucks, etc.

Make: _____ KBB Value: _____

Year: _____ Model: _____ Style: _____

Owner(s): _____ Mileage: _____

Is this car subject to a lien _____ lease agreement _____ Balance/Lease end date _____

Autos, trucks, etc.

Make: _____ KBB Value: _____

Year: _____ Model: _____ Style: _____

Owner(s): _____ Mileage: _____

Is this car subject to a lien _____ lease agreement _____ Balance/Lease end date _____

26. Boats, motors, etc.

Make: _____ NADA Value _____

Year _____ Model: _____

Subject to a lien? _____ lease agreement? _____ Balance/Lease End Date _____

27. Aircraft and accessories

28. Office equipment, furnishings, and supplies

29. Machinery, fixtures, equipment and supplies

30. Inventory

31. Animals

32. Crops, growing or harvested

33. Farming equipment and implements

34. Farm supplies, chemicals, and feed

35. Other personal property of any kind not already listed such as timeshare, etc.

DO YOU OWN A CAR? IF YES, COMPLETE THE FOLLOWING

Year, make, model, and style of car _____
Kelley Blue Book Used Car Private Party Market Value _____
Is this car owned by husband, wife, jointly or other party, please specify. _____

Is this vehicle subject to a lien _____ or lease _____

Name of lender _____

Address _____

Account Number _____

If lien, principal balance due _____

If lease, when did lease begin? _____ When does it end (mm/yyyy)? _____

What are the monthly payments? _____ Past Due Amount _____

Have you missed any payments? _____ If yes how many? _____

Are there any other persons who are co-obligors on the above? If so please state.

Name and address _____

DO YOU OWN A SECOND CAR? IF YES, COMPLETE BELOW:

Year, make, model, and style of car _____
Kelley Blue Book Used Car Private Party Market Value _____
Is this car owned by husband, wife, jointly or other party, please specify. _____

Is this vehicle subject to a lien _____ or lease _____

Name of lender _____

Address _____

Account Number _____

If lien, principal balance due _____

If lease, when did lease begin? _____ When does it end (mm/yyyy)? _____

What are the monthly payments? _____ Past Due Amount _____

Have you missed any payments? _____ If yes how many? _____

Are there any other persons who are co-obligors on the above? If so please state.

Name and address _____

DO YOU OWN A THIRD CAR OR BOAT? IF YES, COMPLETE BELOW:

Year, make and model of car _____
Kelley Blue Book Used Car Private Party/NADA Guide Market Value _____
Is this car owned by husband, wife, jointly or other party, please specify. _____

Is this vehicle subject to a lien _____ or lease _____

Name of lender _____

Address _____

Account Number _____

If lien, principal balance due _____

If lease, when did lease begin? _____ When does it end (mm/yyyy)? _____

What are the monthly payments? _____ Past Due Amount _____

DO YOU OWE TAXES OR PENALTIES TO GOVERNMENTAL UNITS

Government Agency Owed (ex. IRS, NYS) _____
Address (If local government) _____

Type of Claim (ex. Income Tax, Property Tax) _____
Year(s) Debt Incurred _____
Responsible Party (ex. Husband, Wife, Joint) _____
Amount Owed _____

Government Agency Owed (ex. IRS, NYS) _____
Address (If local government) _____

Type of Claim (ex. Income Tax, Property Tax) _____
Year(s) Debt Incurred _____
Responsible Party (ex. Husband, Wife, Joint) _____
Amount Owed _____

DO YOU HAVE DOMESTIC SUPPORT OBLIGATIONS (ALIMONY, MAINTENANCE OR CHILD SUPPORT)

Party Owed _____
Address _____

Type of Claim (ex. Child Support, Maintenance) _____
Year(s) Debt Incurred _____
Monthly Amount Owed _____
Past Due Amount Owed _____

Are You A Party To Any Lease Agreements For Apartments, Storage, Equipment Or Other

Other Party _____
Address _____

Description of Property (Storage, Timeshare, Apartment) _____
Amount of Monthly Payment _____
Date of Contract/Lease (Month/Year) From _____ To _____
Intent: Assume _____ OR Reject _____
Account Number _____
Additional Notes on Terms of Contract/Lease: _____

Other Party _____
Address _____

Description of Property (Storage, Timeshare, Apartment) _____
Amount of Monthly Payment _____
Date of Contract/Lease (Month/Year) From _____ To _____
Intent: Assume _____ OR Reject _____
Account Number _____
Additional Notes on Terms of Contract/Lease: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney:

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney:

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney:

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney:

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney:

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney:

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney:

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney:

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

Name of Creditor _____
Address _____

Zip _____
Account# _____
Balance Due _____
Account Holder _____
Co-Debtor _____
Collection Agency or Attorney: _____

If extra room is needed to list creditors, please attach separate sheet.

PERSONAL INCOME & EXPENSE INFORMATION

Are you Married? _____ Separated? _____ Divorced? _____ Single? _____ Widowed? _____

Your age _____ Age of Co-debtor _____

List all dependents:

<u>Name</u>	<u>Age</u>	<u>Live Together?(Y/N)</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HUSBAND:

What is your occupation or job title? _____

Name and address of employer _____

How long with employer? _____

WIFE:

What is your occupation or job title? _____

Name and address of employer _____

How long with employer? _____

2ND EMPLOYER:

Husband _____ Wife _____

What is your occupation or job title? _____

Name and address of employer _____

How long with employer? _____

Do you have any other sources of income in the past year? (If so, please explain in detail)

INCOME *Include each spouse's regardless of whether filing or not*

HUSBAND

WIFE

How often are you paid?
(Weekly, Bi-weekly, Semi-Monthly, Monthly, Sporadically)

PER PAY PERIOD

Gross Wages

Deductions:

Payroll Taxes

Retirement/Pension

Retirement Loans

Medical/Dental/Vision

Domestic Support Obligations

Union Dues

Life Insurance

Other (specify) _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Net Take Home Pay

PER MONTH

Income from operation of business

Business Expenses

Rental Income

Rental Expenses

Interest and dividends received

Alimony/Maintenance/Child Support payments received

Unemployment Compensation

Social Security or other government assistance

Pension or retirement income

Other monthly income (specify) _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2ND Employer

How often are you paid?

Gross Wages

Deductions:

Payroll Taxes

Retirement/Pension

Retirement Loans

Medical/Dental/Vision

Domestic Support Obligations

Union Dues

Life Insurance

Other (specify) _____

PER PAY PERIOD

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Net Take Home Pay

Is your employment subject to seasonal changes? If yes, give details below.

Describe any increase or decrease of more 10% in any of the above categories anticipated, to occur within the year following the filing of your bankruptcy petition.

MONTHLY EXPENDITURES

*If this is a joint petition and the debtors maintain separate households, please indicate the separate expenses for each debtor. Include **both** Husband & Wife's expenses regardless of whether filing or not.*

PER MONTH

Rent ___ or Mortgage ___ Payment			_____
Real Estate Taxes	Included? Yes: _____	No: _____	_____
Homeowner's or Renter's Insurance	Included? Yes: _____	No: _____	_____
Home Maintenance (lawn care, pool, snow removal, repairs, etc.)			_____
Homeowner's Association or Condominium Dues			_____
Second Mortgage Payment			_____
Other Mortgage Payments			_____
Utilities:			
Electricity & Heat			_____
Water, Sewer, Garbage			_____
Telephone, Internet, Cable/Satellite			_____
Cell Phone			_____
Alarm			_____
Other - Specify: _____			_____
Food and Housekeeping Supplies			_____
Childcare			_____
Children's Education Costs			_____
Clothing, Laundry and Dry Cleaning			_____
Personal Care Products, Haircuts & Grooming			_____
Medical & Dental Expenses (co-pays, prescriptions, glasses, etc.)			_____
Transportation (gas, maintenance, bus/train, parking) <i>Not Car Payments</i>			_____
Recreation & Entertainment			_____
Charitable contributions			_____
Life Insurance (<i>not deducted from wages</i>)			_____
Health Insurance (<i>not deducted from wages</i>)			_____
Auto Insurance (<i>not deducted from wages</i>)			_____
Other Insurance -Specify: _____			_____
Taxes: (<i>not deducted from wages or included in monthly home mortgage payments</i>)			
Specify: _____			_____
Monthly car payment vehicle 1			_____
Monthly car payment vehicle 2			_____
Other installment payments _____			_____
Alimony/maintenance/support paid to others (<i>not deducted from pay</i>)			_____
Payments for support of dependents not living with you			_____
Mortgages on Other Property			
Real Estate Taxes	Included? Yes: _____	No: _____	_____
Homeowner's or Renter's Insurance	Included? Yes: _____	No: _____	_____
Home Maintenance (lawn care, pool, snow removal, repairs, etc.)			_____
Homeowner's Association or Condominium Dues			_____
Other miscellaneous expenses:			
Pet & Vet Expenses			_____
Cigarettes			_____
Student Loans			_____
Timeshare Maintenance			_____
Total Minimum Payments on Non-Filing Spouse's Credit Cards			_____
Other _____			_____

STATEMENT OF FINANCIAL AFFAIRS

Please complete the following information as accurately as possible. Where necessary, please include dates and the names and addresses of individuals or firms.

1. What was your gross income from employment or operation of business for the current year-to-date and two (2) years prior? Include co-debtor income if joint petition.

Debtor: Current Yr: _____ Last Year _____ 2 Years Ago _____
Co-Debtor: Current Yr: _____ Last Year _____ 2 Years Ago _____

2. Income other than from employment or operation of business.

Specify: _____
Debtor: Current Yr: _____ Last Year _____ 2 Years Ago _____

Specify: _____
Co-Debtor: Current Yr: _____ Last Year _____ 2 Years Ago _____

3a. List payments to creditors made within the past ninety (90) days, exceeding \$600.00.
(Do not include payments for mortgages, car loans or lease agreements)

Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____

3c. List all payments made within one year immediately preceding the commencement of this case to, or for the benefit of creditors who were insiders or family members.

Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____

4a. List all suits to which the debtor is or was a party to within one year immediately preceding the filing of this petition.

Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____

4b. Describe all property which has been attached, garnished, or seized in the past year.

Creditor	_____	Date	_____	Description/Value	_____
Creditor	_____	Date	_____	Description/Value	_____
Creditor	_____	Date	_____	Description/Value	_____

5. List all property that has been repossessed by a creditor, sold at foreclosure sale, or transferred to the seller in the past year.

Creditor _____ Date _____ Description/Value _____
Creditor _____ Date _____ Description/Value _____
Creditor _____ Date _____ Description/Value _____

6a. Describe any assignment of property for the benefit of creditors made within 120 days prior to the filing of this petition.

Assignee _____ Date _____ Terms _____
Assignee _____ Date _____ Terms _____

6b. List all property which has been in the hands of a custodian, receiver, or court-appointed official, within one year prior to the filing of this petition.

Name _____ Court _____ Case Title & Number _____
Date of Order _____ Description/Value _____
Name _____ Court _____ Case Title & Number _____
Date of Order _____ Description/Value _____

7. List all gifts or charitable contributions made within one year prior except ordinary and usual gifts to family members aggregating less than 200.00.

Organization _____ Date _____ Description/Value _____
Organization _____ Date _____ Description/Value _____

8. List all losses from fire, theft, other casualty, or gambling within one year prior to the filing of this petition.

Description/Value _____ Date _____ Covered by Insurance? Y___ N___
Description of Circumstances _____
Description/Value _____ Date _____ Covered by Insurance? Y___ N___
Description of Circumstances _____

9. List all payments or property transferred by or on behalf of the debtor to any persons, including this firm or other attorneys for consultation concerning debt consolidation or relief under the bankruptcy law.

Payee _____ Date _____ Amount _____
Payee _____ Date _____ Amount _____

10. List all property transferred by debtor within the prior year.

Name of Transferee _____ Relation _____ Date _____
Property Transferred _____ Value Received _____
Name of Transferee _____ Relation _____ Date _____
Property Transferred _____ Value Received _____
Name of Transferee _____ Relation _____ Date _____
Property Transferred _____ Value Received _____

11. List all bank accounts which have been closed within the past year (name of bank, type of account, account number, month closed, and closing balance).

Bank _____ Account Type _____ Account # _____ When _____ Balance _____
Bank _____ Account Type _____ Account # _____ When _____ Balance _____
Bank _____ Account Type _____ Account # _____ When _____ Balance _____

12. List any safe deposit box, its location and description of contents which you have or had within the past year.

Bank _____ Location _____ Contents _____

13. Has any creditor or bank withdrew money from your bank within the past 90 days without your permission.

Creditor _____ Date _____ Amount _____

14. List all property owned by another person that you hold or control.

Owner _____ Location _____ Description/Value _____

Owner _____ Location _____ Description/Value _____

15. If you have moved within the past two (2) years, list the address, duration of residence there and the name used.

Address _____ From (Month/Year) _____
To (Month/Year) _____

Address _____ From (Month/Year) _____
To (Month/Year) _____

16. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) within the **eight (8) year period** immediately preceding the commencement of this case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

Name of Spouse _____

IF THE DEBTOR IS OR WAS ENGAGED IN A BUSINESS WITHIN 6 YEARS PRIOR TO THIS DATE OR HAS BEEN ENGAGED IN BUSINESS AS AN OFFICER, DIRECTOR, MANAGING EXECUTIVE OR PERSON IN CONTROL OF A CORPORATION, A PARTNER (OTHER THAN A LIMITED PARTNER), OF A PARTNERSHIP, OR SOLE PROPRIETOR OR SELF-EMPLOYED, CONTINUE AND ANSWER QUESTION 18

18. Nature, location, and name of business.

- If the debtor is an individual, list the names and addresses of all businesses in which the debtor was involved as a principal.

- If the debtor is a partnership, list the names and addresses of all businesses in which the debtor was a partner or owned 5% or more of the voting securities.

- If the debtor is a corporation, list the names and addresses of all businesses in which the debtor was a partner or owned 5% or more of the voting securities.

Name _____ EIN _____

Address _____

Nature of Business _____ Beginning Date _____ Ending _____

Name _____ EIN _____

Address _____

Nature of Business _____ Beginning Date _____ Ending _____