

OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Independent Contractor and/or 1099 Employee

Note: All fields highlighted in red must be completed.

Debtor(s)' Name:

Case Number:

E-mail:

I, as the Debtor(s) named above, being of full age & duly sworn upon my oath, depose and say:

I'm an Independent Contractor
for:

1 Company.	2 Companies.
3 Companies.	4 Companies.
5 Companies.	6-10 Companies.
More than 10 companies.	

I'm an Independent Contractor
for:

I'm an Independent Contractor
for:

I'm an Independent Contractor
for:

The nature of my business is:

I started as an independent
contractor (mm/dd/yyyy):

Individual Income Tax Returns have been filed with the IRS through the year ending:	12/31/2011.	12/31/2012.	12/31/2013.
	12/31/2014.	12/31/2015.	12/31/2016.
	12/31/2017.	12/31/2018.	12/31/2019.
	12/31/2020.	Not Required.	

I have received all 1099-MICS through the year ending:	12/31/2011.	12/31/2012.	12/31/2013.
	12/31/2014.	12/31/2015.	12/31/2016.
	12/31/2017.	12/31/2018.	12/31/2019.
	12/31/2020.	Not Required.	

As an Independent Contractor, I:	have	been paid for all work I performed as of the time of filing.
	have not	
As an Independent Contractor, I:	have	W-2 employees.
	do not have	
As an Independent Contractor, I:	use	sub-contractors.
	do not use	
As an Independent Contractor, I:	do	have separate insurance for the work I perform.
	do not	
As an Independent Contractor, I:	have	an individual license for the work I perform.
	do not have	

As an Independent Contractor,
my assets, including tools,
equipment, inventory and
accounts, total:

YOU MUST SUPPLY THE FOLLOWING DOCUMENT(S) WITH THIS CERTIFICATION OF BUSINESS DEBTOR:

PROVIDE COPIES OF THE LAST TWO (2) YEARS TAX RETURNS, ALONG WITH ALL SUPPORTING SCHEDULES, STATEMENTS, AND 1099-MICS. NOTE: Please redact SS#s (XXX-XX-1234), dependent(s)' names, and birth dates.

PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.

PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.

PLEASE NOTE THAT BANK STATEMENTS AND / OR PROFIT AND LOSS STATEMENT MAY BE REQUIRED AFTER THE TRUSTEE'S REVIEW OF THIS CERTIFICATION AND THE DOCUMENTS PROVIDED.

I declare, as the Debtor(s) named above, under penalty of perjury that the foregoing information is true and correct.

I have attached all required documents requested (i.e. Tax Returns, 1099-MISCs, Declaration Page for Insurance, License).

I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).

I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.

/s/ Print Debtor's Name:

/s/ Print Co-Debtor's Name:

Dated (mm/dd/yyyy):