

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY
(Camden)

IN RE:	<p style="text-align: center;">_____</p> <p style="text-align: right;">Debtor(s).</p>
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Proceedings in Chapter 13

Case Number: _____ (ABA / JNP)

**CERTIFICATION OF HOUSEHOLD INCOME
DERIVING FROM INDEPENDENT EMPLOYEE
AND/OR NON-EMPLOYEE COMPENSATION
(IRS FORM 1099-MISC INCOME)**

I, _____ being duly sworn, upon my oath state:

1. I derive income from independent employee and/or non-employee compensation (IRS Form 1099-Misc) for the following company(ies):
 - a. _____.
 - b. _____.
2. The nature of my work as a Form 1099-Misc employee is _____.
3. I began as a Form 1099-Misc employee on mm/dd/yyyy.
4. I presently (receive or do not receive) income as a 1099 employee.
5. I stopped as a Form 1099-Misc employee on mm/dd/yyyy.
6. I (do or do not) have separate liability insurance coverage for the work I perform as a Form 1099-Misc employee.
7. As of the date of this certification I have the following insurance coverage(s):

<input type="checkbox"/> Auto insurance;	<input type="checkbox"/> Professional liability insurance (E&O);
<input type="checkbox"/> Property insurance;	<input type="checkbox"/> Malpractice insurance;
<input type="checkbox"/> Other: _____;	<input type="checkbox"/> No insurance required.
8. I (do or do not) have an active license or permit for the work I perform as a Form 1099-Misc employee.
9. I have bank accounts in the following financial institutions which are utilized for the work I perform as a Form 1099-Misc employee:

Bank Name	Type of Account / Purpose	Account Number (Last 4 digits)

10. I (do or do not) have business expenses associated with the work I perform as a Form 1099-Misc employee (i.e. gas, travel, tolls, etc.).
11. These expenses are (reimbursed or unreimbursed) by my employer.
12. I (have or have not) filed individual tax returns with the Internal Revenue Service for all the prior tax years, for which I/the business was required to file a return.
13. I (have or have not) filed applicable state tax returns with the State of New Jersey or any other state or commonwealth for all prior tax years, for which I/the business was required to file a return.
14. As of the date of this certification, the value of my business assets, including tools, equipment, inventory, and accounts total \$_____.
15. As of the date of this certification, I have business obligations which total \$_____.
16. In support of this certification and as required by the Standing Trustee, I provide the following attached documents (attached):
 - o Last two (2) filed Federal Tax Returns, with all supporting schedules and statements;
 - o Last Form 1099-Misc received;
 - o Six (6) months of pre-petition Bank Statements (all pages);
 - o Six (6) months of pre-petition Profit and Loss statements;
 - o Current insurance declaration page;
 - o Current license and/or permit, plus municipal and county licenses and certifications; and
 - o Six (6) months of pre-petition income from all other sources.

I declare under penalty of perjury that the foregoing statements are true and correct.

I have read and acknowledge my responsibilities as a business debtor.

I understand that by filing this certification with the Standing Trustee and attachments in its support, I am signing the document under Fed. R. Bankr. P. 9011.

I declare that (I or my attorney) will retain the original signature of this certification for a period of seven (7) years from the date of the closing of this case pursuant to Fed. R. Bankr. P. 8011.

Date: _____ /s/ _____
Debtor

Date: _____ /s/ _____
Co-Debtor

Date: _____ /s/ _____
Household Member