

CHAPTER 13 MONTHLY BUSINESS OPERATING STATEMENT

Case Number: _____ Debtor(s) Name(s): _____

Financial Report for: _____ (month and year)

1. INCOME.

Gross Business Receipts / Sales	\$ _____	
Sales Taxes Collected	\$ _____	
TOTAL INCOME.		\$ _____

2. COSTS AND EXPENSES.

Advertising & Promotion	\$ _____	
Auto Fuel & Operations	\$ _____	
Debt Payments by Corp. or LLC (do <u>not</u> incl. any debts included in the case or the plan payment):		
(a) _____	\$ _____	
(b) _____	\$ _____	
(c) _____	\$ _____	
Employee Benefits:		
(a) Hospitalization & Medical	\$ _____	
(b) Retirement	\$ _____	
(c) Other	\$ _____	
Insurance Premiums (fire, theft, liability, etc.)	\$ _____	
Inventory, Materials & Supplies	\$ _____	
Legal & Accounting	\$ _____	
Maintenance & Repairs	\$ _____	
Office Supplies	\$ _____	
Other Business Expenses (itemize):		
(a) _____	\$ _____	
(b) _____	\$ _____	
Postage & Shipping	\$ _____	
Rent or Lease Expense for Business Location	\$ _____	
Salaries, Wages, Bonuses (gross amt., do <u>not</u> incl. owner's comp.)	\$ _____	
Taxes:		
Employer's FICA (social security) contributions	\$ _____	
Sales Taxes	\$ _____	
Unemployment Taxes	\$ _____	
Telephone & Utilities	\$ _____	
Workers' Compensation Insurance	\$ _____	
TOTAL COSTS AND EXPENSES.		\$ _____

3. NET INCOME (LOSS). (Total Income [#1] less Total Costs & Expenses [#2]). \$ _____

4. Total funds on hand and in bank account(s)	\$ _____	
5. Total value of inventory on hand (cost basis)	\$ _____	
6. Total accounts receivable	\$ _____	
7. Total accounts payable	\$ _____	

I/We declare under penalty of perjury that the information provided is true and correct.

Dated: _____, 20____.

Debtor

Debtor