

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