

**MONTHLY OPERATING REPORTS**

UNITED STATES BANKRUPTCY COURT  
 \_\_\_\_\_ DISTRICT OF \_\_\_\_\_

In re \_\_\_\_\_

Debtor

Case No. \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Social Security # \_\_\_\_\_

(last 4 digits only)

**MONTHLY OPERATING REPORT  
 (INDIVIDUAL WAGE EARNERS)**

File with the Court and submit a copy to the United States Trustee within 20 days after the end of the month and submit a copy of the report to any official committee appointed in the case.  
*(Reports for Rochester and Buffalo Divisions of Western District of New York are due 15 days after the end of the month, as are the reports for Southern District of New York.)*

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)		
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)		
Copies of bank statements			
Disbursement Journal	MOR-2 (INDV)		
Balance Sheet	MOR-3 (INDV)		
Copies of tax returns filed during reporting period			
Summary of Unpaid Post-petition Debts	MOR-4 (INDV)		
Status of Secured Notes, Leases, Instalment Payments	MOR-5 (INDV)		
Debtor Questionnaire	MOR-6 (INDV)		

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Signature of Debtor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Joint Debtor \_\_\_\_\_

Date \_\_\_\_\_

In re \_\_\_\_\_

Case No. \_\_\_\_\_

Debtor \_\_\_\_\_

Reporting Period: \_\_\_\_\_

**INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS**

(This Form must be submitted for each bank account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month		
<b>RECEIPTS</b>		
Wages (Net)		
<b>Interest and Dividend Income</b>		
Alimony and Child Support		
Social Security and Pension Income		
Sale of Assets		
Other Income ( <i>attach schedule</i> )		
<b>Total Receipts</b>		
<b>DISBURSEMENTS</b>		
<b>ORDINARY ITEMS:</b>		
Mortgage Payment(s)		
Rental Payment(s)		
<b>Other Secured Note Payments</b>		
Utilities		
Insurance		
Auto Expense		
Lease Payments		
IRA Contributions		
Repairs and Maintenance		
Medical Expenses		
Food, Clothing, Hygiene		
Charitable Contributions		
Alimony and Child Support Payments		
Taxes - Real Estate		
Taxes - Personal Property		
Taxes - Other ( <i>attach schedule</i> )		
Travel and Entertainment		
Gifts		
Other ( <i>attach schedule</i> )		
<b>Total Ordinary Disbursements</b>		
<b>REORGANIZATION ITEMS:</b>		
Professional Fees		
U. S. Trustee Fees		
Other Reorganization Expenses ( <i>attach schedule</i> )		
<b>Total Reorganization Items</b>		
<b>Total Disbursements (Ordinary + Reorganization)</b>		
<b>Net Cash Flow (Total Receipts - Total Disbursements)</b>		
<b>Cash - End of Month (Must equal reconciled bank statement)</b>		

In re

Debtor

Case No.

Reporting Period:

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS  
(continuation sheet)

BREAKDOWN OF "OTHER" CATEGORY	Current Month Actual	Cumulative Filing to Date Actual
Other Income		
Other Taxes		
Other Ordinary Disbursements		
Other Reorganization Expenses		

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)

TOTAL DISBURSEMENTS	
LESS: TRANSFERS TO OTHER DEBTOR IN POSSESSION ACCOUNTS	
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	





In re

Debtor

Case No.

Reporting Period:

**BALANCE SHEET**

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from post-petition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE OR SCHEDULED AMOUNT
<b>SCHEDULE A REAL PROPERTY</b>		
Primary Residence		
Other Property (attach schedule)		
<b>TOTAL REAL PROPERTY ASSETS</b>		
<b>SCHEDULE B PERSONAL PROPERTY</b>		
Cash on Hand		
Bank Accounts		
Security Deposits		
Household Goods & Furnishings		
Books, Pictures, Art		
Wearing Apparel		
Furs and Jewelry		
Firearms & Sports Equipment		
Insurance Policies		
Annuities		
Education IRAs		
Retirement & Profit Sharing		
Stocks		
Partnerships & Joint Ventures		
Government & Corporate Bonds		
Accounts Receivable		
Alimony, maintenance, support or property settlements		
Other Liquidated Debts		
Equitable Interests in Schedule A property		
Contingent Interests		
Other Claims		
Patents & Copyrights		
Licenses & Franchises		
Customer Lists		
Autos, Trucks & Other Vehicles		
Boats & Motors		
Aircraft		
Office Equipment		
Machinery, supplies, equipment used for business		
Inventory		
Animals		
Crops		
Farming Equipment		
Farm Supplies		
Other Personal Property (attach schedule)		
<b>TOTAL PERSONAL PROPERTY</b>		
<b>TOTAL ASSETS</b>		



In re

Debtor

Case No.

Reporting Period:

### SUMMARY OF UNPAID POST-PETITION DEBTS

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 91	
Mortgage						
Rent						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Other Post-Petition debt ( <i>list creditor</i> )						
<b>Total Post-petition Debts</b>						

Explain how and when the Debtor intends to pay any past due post-petition debts.



In re \_\_\_\_\_  
Debtor

Case No. \_\_\_\_\_  
Reporting Period: \_\_\_\_\_

### DEBTOR QUESTIONNAIRE

Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary.		Yes	No
1	Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		
2	Is the Debtor delinquent in the timely filing of any post-petition tax returns?		
3	Are property insurance, automobile insurance, or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies?		
4	Is the Debtor delinquent in paying any insurance premium payment?		
5	Have any payments been made on pre-petition liabilities this reporting period?		
6	Are any post petition State or Federal income taxes past due?		
7	Are any post petition real estate taxes past due?		
8	Are any other post petition taxes past due?		
9	Have any pre-petition taxes been paid during this reporting period?		
10	Are any amounts owed to post petition creditors delinquent?		
11	Have any post petition loans been received by the Debtor from any party?		
12	Is the Debtor delinquent in paying any U.S. Trustee fees?		
13	Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?		

# UNITED STATES BANKRUPTCY COURT

In re \_\_\_\_\_,  
*Debtor*

Case No. \_\_\_\_\_

Small Business Case under Chapter 11

## SMALL BUSINESS MONTHLY OPERATING REPORT

Month: \_\_\_\_\_

Date filed: \_\_\_\_\_

Line of Business: \_\_\_\_\_

NAISC Code: \_\_\_\_\_

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

\_\_\_\_\_  
Original Signature of Responsible Party

\_\_\_\_\_  
Printed Name of Responsible Party

**Questionnaire:** *(All questions to be answered on behalf of the debtor.)*

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input type="checkbox"/>

B 25C (Official Form 25C) (12/08)

- 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?
- 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?
- 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?
- 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?
- 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?

**TAXES**

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

*(Exhibit A)*

**INCOME**

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

**TOTAL INCOME** \$ \_\_\_\_\_

**SUMMARY OF CASH ON HAND**

Cash on Hand at Start of Month \$ \_\_\_\_\_

Cash on Hand at End of Month \$ \_\_\_\_\_

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ \_\_\_\_\_

*(Exhibit B)*

**EXPENSES**

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

**TOTAL EXPENSES** \$ \_\_\_\_\_

*(Exhibit C)*

**CASH PROFIT**

INCOME FOR THE MONTH *(TOTAL FROM EXHIBIT B)* \$ \_\_\_\_\_

EXPENSES FOR THE MONTH *(TOTAL FROM EXHIBIT C)* \$ \_\_\_\_\_

*(Subtract Line C from Line B)* **CASH PROFIT FOR THE MONTH** \$ \_\_\_\_\_

**UNPAID BILLS**

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

**TOTAL PAYABLES** \$ \_\_\_\_\_

*(Exhibit D)*

**MONEY OWED TO YOU**

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

**TOTAL RECEIVABLES** \$ \_\_\_\_\_

*(Exhibit E)*

**BANKING INFORMATION**

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

*(Exhibit F)*

**EMPLOYEES**

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? \_\_\_\_\_

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? \_\_\_\_\_

**PROFESSIONAL FEES**

*BANKRUPTCY RELATED:*

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ \_\_\_\_\_

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ \_\_\_\_\_

*NON-BANKRUPTCY RELATED:*

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ \_\_\_\_\_

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ \_\_\_\_\_

**PROJECTIONS**

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH: \$ \_\_\_\_\_

TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH: \$ \_\_\_\_\_

TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH: \$ \_\_\_\_\_

**ADDITIONAL INFORMATION**

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.