

United States Bankruptcy Court - Northern District of Alabama

CASE NAME: \_\_\_\_\_ CASE NO. : \_\_\_\_\_ MONTH ENDING: \_\_\_\_\_

Operating reports are to be filed monthly, in duplicate, with the Bankruptcy Clerk's Office by the 15<sup>th</sup> of each month

BUSINESS DEBTOR'S AFFIRMATIONS

1. YES \_\_\_ NO \_\_\_ All post petition business taxes have been paid/deposited and the deposit slips are attached.

YES \_\_\_ NO \_\_\_ All post petition individual taxes have been paid and the deposit slips are attached.

If you answered "No" to the above, list the types of taxes that are now due and owing.

TYPE OF TAX	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2. YES \_\_\_ NO \_\_\_ Adequate insurance on all assets/property including fire, theft, liability, collision and casualty and workman's compensation (if applicable) is currently in full force and effect.

If no, enter: TYPE \_\_\_\_\_ not in force.

TYPE \_\_\_\_\_ not in force.

3. YES \_\_\_ NO \_\_\_ New books and records were opened and are being maintained daily.

4. YES \_\_\_ NO \_\_\_ Copies of all banks statements and reconciliations are attached .

5. YES \_\_\_ NO \_\_\_ I have otherwise complied with all requirements of the Chapter 11 Operating Order.

6. YES \_\_\_ NO \_\_\_ All financial statements filed with the Bankruptcy Clerk's Office are prepared in accordance with generally accepted accounting principles.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE \_\_\_\_\_

RESPONSIBLE PARTY \_\_\_\_\_

Phone No. \_\_\_\_\_

**United States Bankruptcy Court - Northern District of Alabama**

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_ MONTH ENDING: \_\_\_\_\_

**Attach Business Forms BA-02(A-D)  
BUSINESS DEBTOR'S**

CASH RECEIPTS & DISBURSEMENTS	INCOME STATEMENT	
	-Accrual (Circle One)	-Cash
CASH ON HAND (Beginning) is the same figure as cash on Hand (End) of last month.		
A. CASH ON HAND (Beginning) _____	1. REVENUE FROM TOTAL SALES	\$ _____
B. RECEIPTS:	2. LESS COST OF THOSE SALES (Cost of materials, Labor, etc.)	_____
Accounts Receivable from Form BA-02 (A) -Line II (C) _____	3. EQUALS GROSS PROFIT (1 minus 2)	_____
Cash Sales _____	4. LESS OPERATING EXPENSES	_____
Loan Proceeds from _____	5. EQUALS NET PROFIT OPERATIONS (3 minus 4)	_____
Sale of Property (Not in ordinary course of business) _____	6. NON-OPERATING INCOME/EXPENSES (LIST SPECIFIC INCOME/EXPENSES)	_____
Other _____	_____	_____
C. TOTAL RECEIPTS (Total of B) _____	_____	_____
D. BUSINESS DISBURSEMENTS FROM FORM BA-02 (B) _____	_____	_____
E. SURPLUS OR DEFICIT (C minus D) _____	7. EQUALS NET PROFIT OR NET LOSS (5 plus or minus 6)	\$ _____
F. CASH ON HAND (End) (A plus E) _____	<b>* Please itemize Cost of Sales and Expenses on a separate sheet of paper.</b>	

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

DATE \_\_\_\_\_

\_\_\_\_\_ RESPONSIBLE PARTY

**United States Bankruptcy Court - Northern District of Alabama**

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_ MONTH ENDING: \_\_\_\_\_

Attach to Business Form BA-02  
**BUSINESS DEBTOR'S ACCOUNTS RECEIVABLE**

   I. NO ACCOUNTS RECEIVABLE WERE COLLECTED THIS MONTH. (Check if true)

II. COLLECTION OF ACCOUNTS RECEIVABLE THIS MONTH.

A. Amount collected this month on accounts receivable charged and paid this month. \$ \_\_\_\_\_

B. Amount collected this month on accounts receivable charged in prior months and paid this month. \$ \_\_\_\_\_

C. TOTAL collected this month on accounts receivable. \$ \_\_\_\_\_

III. PENDING ACCOUNTS RECEIVABLE AS OF THE END OF THE MONTH:

ENTITY	0-30 Days	31-60 DAYS	61-90 DAYS	OVER 91	TOTAL
	\$				\$
<b>TOTALS</b>	\$				\$

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BUSINESS DEBTOR'S ACTUAL DISBURSEMENTS

ACCOUNTING FEES.....\$ \_\_\_\_\_

ADVERTISING.....\_\_\_\_\_

AUTOMOBILES/VEHICLES (repairs & maintenance).....\_\_\_\_\_

COMMISSIONS/CONTRACT LABOR.....\_\_\_\_\_

INSURANCE (TOTAL).....\_\_\_\_\_

    AUTO \$ \_\_\_\_\_

    LIABILITY \_\_\_\_\_

    LIFE \_\_\_\_\_

    MEDICAL \_\_\_\_\_

    CASUALTY \_\_\_\_\_

    FIRE & THEFT \_\_\_\_\_

    WORKMAN'S COMP. \_\_\_\_\_

    OTHER \_\_\_\_\_

INTEREST PAID.....\_\_\_\_\_

INVENTORY PURCHASED.....\_\_\_\_\_

LEGAL FEES.....\_\_\_\_\_

POSTAGE.....\_\_\_\_\_

RENT/LEASE PAYMENTS ON REAL ESTATE.....\_\_\_\_\_

REPAIRS & MAINTENANCE.....\_\_\_\_\_

SALARIES/WAGES PAID.....\_\_\_\_\_

SECURED LOAN PAYMENTS [TOTAL FROM BA-02 (C)].....\_\_\_\_\_

SUPPLIES (TOTAL).....\_\_\_\_\_

    OFFICE \$ \_\_\_\_\_

    OPERATING \_\_\_\_\_

TRAVEL & ENTERTAINMENT.....\_\_\_\_\_

TAXES [TOTAL OF ALL TAXES FROM BA-02 (D)].....\_\_\_\_\_

UNSECURED LOAN PAYMENTS.....\_\_\_\_\_

UTILITIES (TOTAL).....\_\_\_\_\_

    ELECTRICITY \$ \_\_\_\_\_

    GAS \_\_\_\_\_

    TELEPHONE \_\_\_\_\_

    WATER \_\_\_\_\_

    OTHER \_\_\_\_\_

OTHER BUSINESS DISBURSEMENTS \_\_\_\_\_

(Specify) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL BUSINESS DISBURSEMENTS.....\$ \_\_\_\_\_**

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BUSINESS DEBTOR'S PAYMENTS TO SECURED CREDITORS

**ALL SECURED CREDITORS MUST BE LISTED BELOW**

- 1. \_\_\_\_\_ Secured loan payments as described below have been paid this month  
(Check, if true.)
- 2. \_\_\_\_\_ No secured loan payments have been paid during this month.  
(Check, if true.)
- 3. \_\_\_\_\_ The DIP has no secured creditors. (Check, if true.)

SECURED CREDITOR	COLLATERAL	DATE PAID	AMOUNT		BALANCE
			DUE	PAID	

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DATE \_\_\_\_\_ RESPONSIBLE PARTY \_\_\_\_\_

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Attach to Business Form BA-02  
**BUSINESS DEBTOR'S TAX PAYMENTS**

**A. WITHHELD TAXES FOR EACH PAYROLL PERIOD**

PAYROLL DATE	PAYROLL AMOUNT	FICA 941		STATE INCOME TAXES PAID	LOCAL INCOME TAXES PAID
		AMOUNT DUE	AMOUNT DEPOSITED		
TOTAL					

**B. UNEMPLOYMENT TAXES FOR EACH PAYROLL PERIOD**

PAYROLL DATE	TAXABLE PAYROLL	FUTA 940		STATE
		AMOUNT DUE	AMOUNT DEPOSITED	
TOTAL				

**C. OTHER TAXES (SPECIFY TYPE: EXCISE, SALES, ETC. INCLUDE TAXES DUE AND PAID QUARTERLY)**

DUE			PAID		
DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT
TOTAL					

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**BUSINESS DEBTOR'S BANK ACCOUNTS**

Bank, Credit Union, Etc.	Account No. (Checking, Savings, CD, Etc.)	Statement Balance	Date	Indicate Pre or Post Petition Account

**GROSS PAYROLL**

(Wages, Salaries, Commissions, Bonuses, Etc.)

Officer #1 (Name) \_\_\_\_\_ \$ \_\_\_\_\_  
 Officer #2 (Name) \_\_\_\_\_ \$ \_\_\_\_\_  
 Other Officer (Name) \_\_\_\_\_ \$ \_\_\_\_\_  
 Employees (Number) \_\_\_\_\_ \$ \_\_\_\_\_  
 Employees (Relatives) \_\_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Name \_\_\_\_\_ \$ \_\_\_\_\_

**INVENTORY (IF APPLICABLE)**

Inventory - Beginning of Month (COST) \$ \_\_\_\_\_  
 Inventory - Purchased this Month - CASH \$ \_\_\_\_\_  
 Inventory - Purchased this Month - CREDIT \$ \_\_\_\_\_  
 Inventory - End of Month (COST) \$ \_\_\_\_\_

**PAYMENTS MADE TO PRE-PETITION UNSECURED CREDITORS**

\_\_\_\_\_ A. No payments on pre-petition debts have been made this month.  
 \_\_\_\_\_ B. The following payments have been made this month to unsecured creditors whose debts were incurred prior to the filing of this case:

CREDITOR	AMOUNT & DATE	PURPOSE	PAYMENT COURT APPROVED?

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**BUSINESS DEBTOR'S POST-PETITION ACCOUNTS PAYABLE**

**CHECK A or B**

\_\_\_\_\_ A. All operating expenses since the beginning of this case have been paid. Therefore there are no post-petition accounts payable.

**\*\* OR \*\***

\_\_\_\_\_ B. Post-petition accounts payable are as follows:

ENTITY OWED	0-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 91	TOTAL
		\$	\$	\$	\$
<b>TOTALS</b>		\$	\$	\$	\$

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DATE \_\_\_\_\_

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CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_ MONTH ENDING: \_\_\_\_\_

File for Each Quarter  
**BUSINESS DEBTOR'S BALANCE SHEET**

**I. ASSETS**

<b>Current:</b>	Cash	\$	_____
	Inventory	\$	_____
	Accounts Receivable	\$	_____
	Other	\$	_____
	<b>Total Current Assets (a)</b>	\$	_____
<b>Fixed:</b>	Property & Equipment	\$	_____
	Accumulated Depreciation	\$	< _____ >
	Other	\$	_____
	<b>Total Fixed Assets (b)</b>	\$	_____
<b>Total Assets</b>	<b>(a + b) = (c)</b>	\$	_____

**II. LIABILITIES**

<b>Current:</b>	Post Chapter 11 Payables	\$	_____
	Taxes Payable	\$	_____
	Accrued Professional Fees	\$	_____
	Accrued Expenses	\$	_____
	Notes Payable	\$	_____
	Current Portion Long Term Debt	\$	_____
	Other	\$	_____
	<b>Total Current Liabilities (d)</b>	\$	_____
<b>Long Term Debt:</b>	Pre-Chapter 11 Payables	\$	_____
	Notes & Loans Payable	\$	_____
	Less Current Portion	\$	< _____ >
	Other	\$	_____
	<b>Total Long Term Debt (e)</b>	\$	_____
<b>Total Liabilities</b>	<b>(d + e) = (f)</b>	\$	_____

**STOCKHOLDERS EQUITY/(DEFICIT) OR NET WORTH**

	Capital Stock	(g) \$	_____
	Retained Earnings (Deficit)	(h) \$	_____
	Current Surplus (Deficit)	(i) \$	_____
<b>Total Liabilities &amp; Stockholder Equity/Net Worth</b>	<b>(f) + (g) + (h) + (i)</b>	\$	_____

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File for Each Quarter  
by the 15th of the Month Following the End of the Quarter

**BUSINESS DEBTOR'S QUARTERLY INCOME STATEMENT**

TOTAL REVENUE (SALES)	(a)	\$ _____
Cost of Sales:		
Materials	\$	_____
Labor	\$	_____
Purchased Services	\$	_____
Total Cost of Sales	(b)	\$ _____
Gross Profit	(a - b) = (c)	\$ _____

OPERATING EXPENSES

Management Salary	\$	_____
Other Salary Expense	\$	_____
Payroll Expenses	\$	_____
Outside Services & Contractors	\$	_____
Supplies (office & operating)	\$	_____
Repairs & Maintenance	\$	_____
Advertising	\$	_____
Auto Expense	\$	_____
Delivery	\$	_____
Accounting & Legal	\$	_____
Rent	\$	_____
Telephone	\$	_____
Travel & Entertainment	\$	_____
Utilities	\$	_____
Insurance	\$	_____
Taxes real estate, property, etc.)	\$	_____
Interest	\$	_____
Depreciation	\$	_____
Other Operating Expenses (describe)	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total Operating Expenses: (d) \$ \_\_\_\_\_

Net Profit/(Loss) from Operations (c - d)=(e) \$ \_\_\_\_\_

Non-Operating Income/Expenses \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Total (f) \$ \_\_\_\_\_

Net Profit/(Loss) (e - f) \$ \_\_\_\_\_

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