

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 15th of each month**

INDIVIDUAL DEBTOR'S AFFIRMATIONS

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 is currently in full force and effect.

If no, enter: TYPE(S) _____ not in force.

List <u>All</u> Bank Accounts	Bank	Account No.	Type of Acct.	Balance
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____

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.

7. YES ___ NO ___ I have attached a list of all post petition creditors that have been incurred since the filing of this case but that have not been paid, including Court approved professional (attorney, accountant, etc.) fees.

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

DATE _____
PHONE _____

_____ RESPONSIBLE PARTY

United States Bankruptcy Court Northern District of Alabama Northern Division

CASE NAME: _____ CASE NO. : _____ MONTH ENDING: _____

Individual Debtor's Cash Receipts and Disbursement BA-02

Receipts/Income (GROSS)	\$ _____
Alimony, Maintenance, Support received	_____
Other Income	_____
Interest	_____
Sale/rent of real estate or personal property	_____
Social Security	_____
Pension or Retirement	_____
Other (specify)	_____
TOTAL RECEIPTS/INCOME	_____

DISBURSEMENTS/EXPENSES (*INCLUDE EMPLOYER DEDUCTIONS*)

Food	_____
Home Expenses	_____
Rent or Home Loan	_____
Real Estate Tax	_____
Gas	_____
Water	_____
Telephone	_____
Other Utilities(specify) _____	_____
Home Maintenance (repairs and upkeep)	_____
Insurance Payments	_____
Life	_____
Health	_____
Auto	_____
Home owners or renters	_____
Other (specify) _____	_____
Installments Loan Payments	_____
Auto Loan	_____
Other loans (specify) _____	_____
Taxes withheld or Quarterly Income Taxes	_____
School or Day Care Expense	_____
Laundry and Dry Cleaning	_____
Other _____	_____
TOTAL ALL DISBURSEMENTS/EXPENDITURES	_____
TOTAL INCOME LESS TOTAL EXPENDITURES	\$ _____

Beginning Cash Balance\$ _____ Ending Cash Balance\$ _____

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

Date _____

RESPONSIBLE PARTY