

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA**

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

CHAPTER 13

Debtor

CASE NO. \_\_\_\_\_

**REPORT OF CHAPTER 13 DEBTOR ENGAGED IN BUSINESS**

For Calendar Quarter Beginning \_\_\_\_\_

And Ending \_\_\_\_\_

Pursuant to F.R.B.P. 2015(c), 2015(a), and 11 U.S.C. § 704(8), the debtor(s),

\_\_\_\_\_, make(s) the following report:

**RECEIPTS AND DISBURSEMENTS**

Receipts from operation of business \$ \_\_\_\_\_

Disbursements for operation of business \$ \_\_\_\_\_

Income from operation of business \$ \_\_\_\_\_

**PAYROLL TAX DEDUCTIONS**

Gross payroll: \$ \_\_\_\_\_

Federal tax withholdings: \$ \_\_\_\_\_

deposited with: \_\_\_\_\_

FICA withholdings (include employer share): \$ \_\_\_\_\_

deposited with: \_\_\_\_\_

FUTA withholdings: \$ \_\_\_\_\_

deposited with: \_\_\_\_\_

State tax withholdings: \$ \_\_\_\_\_

deposited with: \_\_\_\_\_

SUTA withholdings: \$ \_\_\_\_\_  
deposited with: \_\_\_\_\_  
\_\_\_\_\_

Other tax withholdings: \$ \_\_\_\_\_  
deposited with: \_\_\_\_\_  
\_\_\_\_\_

SALES AND USE TAXES

Sales taxes: \$ \_\_\_\_\_  
deposited with: \_\_\_\_\_  
\_\_\_\_\_

Use taxes: \$ \_\_\_\_\_  
deposited with: \_\_\_\_\_  
\_\_\_\_\_

FEDERAL AND STATE INCOME TAXES

Federal income tax: \$ \_\_\_\_\_  
deposited with: \_\_\_\_\_  
\_\_\_\_\_

State income tax: \$ \_\_\_\_\_  
deposited with: \_\_\_\_\_  
\_\_\_\_\_

OTHER TAXES

1.) \_\_\_\_\_: \$ \_\_\_\_\_  
deposited with: \_\_\_\_\_  
\_\_\_\_\_

2.) \_\_\_\_\_: \$ \_\_\_\_\_  
deposited with: \_\_\_\_\_  
\_\_\_\_\_

3.) \_\_\_\_\_: \$ \_\_\_\_\_  
deposited with: \_\_\_\_\_  
\_\_\_\_\_

TAX ID NUMBER OR SOCIAL SECURITY NUMBER

1.) Tax identification number of business: \_\_\_\_\_

2.) Social Security number of debtor: \_\_\_\_\_

DEBTOR'S CERTIFICATE

I/We, \_\_\_\_\_, the debtor(s), hereby certify under penalty of perjury that the information contained herein is truthful, complete, and accurate to the best of my knowledge and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Debtor's Signature

\_\_\_\_\_  
Joint Debtor's Signature

\_\_\_\_\_  
Preparer's Name (typed/printed)

\_\_\_\_\_  
Preparer's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing report has this date been served upon those persons or entities listed below by placing a copy of the same in the United States mail with sufficient postage prepaid.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_.

Taxing Authorities:  
Internal Revenue Service  
500 22nd Street South  
Stop 216  
Birmingham, AL 35233  
Attn: Insolvency

State of Alabama  
Department of Revenue  
Legal Division  
P.O. Box 320001  
Montgomery, AL 36132-0001

Other Tax Authorities:

\_\_\_\_\_  
Montgomery, AL 36104

Cleve Reding  
Chapter 13 Trustee  
P.O. Box 173  
Montgomery, AL 36101-0173

U.S. Attorney Office  
P.O. Box 197  
Montgomery, AL 36101

Dwight H. Williams, Jr.  
Bankruptcy Administrator  
One Court Square, Suite 221