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| **United States Bankruptcy Court for the Southern District of Alabama**  **CASE NAME: CASE NO. : MONTH ENDING:**  **Operating reports are to be filed monthly with the Bankruptcy Clerk’s Office by the 15th of each month**  **BUSINESS DEBTOR’S AFFIRMATIONS** |
| **1. YES NO All post petition business taxes have been paid/deposited.**  **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 are concurrently filed with the Bankruptcy Clerk’s Office.** |
| **5. YES NO I have otherwise complied with all requirements of the Chapter 11 Operating Order.** |
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| **I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**  Date RESPONSIBLE PARTY  Phone No. |

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| **United States Bankruptcy Court Southern District of Alabama**  **CASE NAME: CASE NO. : MONTH ENDING:** | |
| **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.   1. CASH ON HAND(Beginning) 2. RECEIPTS:   Accounts Receivable from  Form BA-02(A)-Line II(C)  Cash Sales  Loan Proceeds from  Sale of Property (Not in ordinary  course of business)  Other     1. TOTAL RECEIPTS (Total of B) 2. BUSINESS DISBURSEMENTS   FROM FORM BA-02(B)   1. SURPLUS OR DEFICIT (C minus D) 2. CASH ON HAND (End) (A plus E) | 1. REVENUE FROM TOTAL   SALES $   1. LESS COST OF THOSE   SALES  (Cost of materials, Labor, etc.)   1. EQUALS GROSS   PROFIT (1 minus 2)   1. LESS OPERATING   EXPENSES   1. EQUALS NET PROFIT OPERATIONS   (3 minus 4)   1. NON-OPERATING INCOME/EXPENSES (LIST SPECIFIC INCOME/EXPENSES)          1. EQUALS NET PROFIT   OR NET LOSS $  (5 plus or minus 6)  **\* *Please itemize Cost of Sales and Expenses on a separate***  ***sheet of paper.*** |
| **I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF**.  DATE  RESPONSIBLE PARTY | |

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| **United States Bankruptcy Court Southern District of Alabama**  **CASE NAME: CASE NO. : MONTH ENDING:**  **BUSINESS DEBTOR'S ACCOUNTS RECEIVABLE**  **(if applicable)** | | | | | |  |
| I. **NO ACCOUNTS RECEIVABLE WERE COLLECTED THIS MONTH**. (Check if true)   1. **COLLECTION OF ACCOUNTS RECEIVABLE THIS MONTH**.    1. Amount collected this month on accounts   receivable charged and paid this month. $   * 1. Amount collected this month on accounts receivable charged in prior months   and paid this month. $   * 1. TOTAL collected this month on accounts   receivable. $     1. **PENDING ACCOUNTS RECEIVABLE AS OF THE END OF THE MONTH**: | | | | | |  |
| **ENTITY** | **0-30 Days** | **31-60 DAYS** | **61-90 DAYS** | **OVER 91** | **TOTAL** |  |
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| **TOTALS** | $ |  |  |  | $ |  |
| **I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**  DATE  RESPONSIBLE PARTY | | | | | |  |

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| **United States Bankruptcy Court - Southern District of Alabama**  **CASE NAME: CASE NO. : MONTH ENDING:**  **BUSINESS DEBTOR'S ACTUAL DISBURSEMENTS** |
| Advertising $ ------------------------------------------  Automobiles/Vehicles (repairs & maintenance) $ ------------------------------------------  Commissions/Contract Labor $ ------------------------------------------  Insurance $ ------------------------------------- ----  Inventory Purchased $ ------------------------------------- ----  Rent/Lease Payments on Real Estate $ -------------------------------------------  Repairs & Maintenance $ -------------------------------------------  Salaries & Wages Paid $ -------------------------------------------  Secured Loan Payments (specify) $ -------------------------------------------  ---------------------------------- $ ----------------------  ---------------------------------- $ --------------------  ---------------------------------- $ ---------------------  Supplies $ -----------------------------------------  Travel & Entertainment $ -------------------------------------------  Taxes (total of all taxes from page 5) $ -------------------------------------------  Unsecured Loan Payments $ -------------------------------------------  Utilities $ -------------------------------------------  Professional Fees (specify) $ -------------------------------------------  Accounting $ ------------------------  Attorney Fees $ ------------------------  Other --------------------- $ ------------------------    Adequate Protection Payments $ ------------------------------------------  Other Business Disbursements (specify)  ---------------------------------------------- $ ----------------------------------------  ---------------------------------------------- $ ----------------------------------------  ---------------------------------------------- $ ----------------------------------------  **Total Business Disbursements** $ ---------------------------------------- |
| **I Certify that the above information is true and correct to the best of my knowledge and belief.**  **Dated: ------------------- ----------------------------------------------------**  **Responsible Party** |

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| **United States Bankruptcy Court Southern District of Alabama**  **CASE NAME: CASE NO. : MONTH ENDING:**  **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 |
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| TOTAL |  |  |  |  |  |
| **B. UNEMPLOYMENT TAXES FOR EACH PAYROLL PERIOD** | | | | | |
| PAYROLL DATE | TAXABLE PAYROLL | **FUTA 940** | | **STATE** | |
| AMOUNT DUE | AMOUNT DEPOSITED |  | |
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| TOTAL |  |  |  |  | |
| **C. OTHER TAXES (SPECIFY TYPE: EXCISE, SALES, ETC. INCLUDE TAXES DUE AND PAID QUARTERLY)** | | | | | |
| **DUE** | | | **PAID** | | |
| DATE | TYPE | AMOUNT | DATE | TYPE | AMOUNT |
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| TOTAL |  |  |  |  |  |
| **I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**  **DATE**  **RESPONSIBLE PARTY** | | | | | |

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| **United States Bankruptcy Court - Southern District of Alabama**  **CASE NAME: CASE NO. : MONTH ENDING:**  **BUSINESS DEBTOR'S BANK ACCOUNTS** | | | | | | |
| Bank, Credit Union, Etc. | | Account No. (Checking, Savings, CD, Etc.) | Statement Balance | Date | | Indicate Pre or Post Petition Account |
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| **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** | | | | | | |
|  | 1. No payments on pre-petition debts have been made this month. 2. The following payments have been made this month to unsecured   creditors whose debts were incurred prior to the filing of this case: | | | | | |
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| **CREDITOR** | | **AMOUNT & DATE** | **PURPOSE** | **PAYMENT COURT APPROVED?** | | |
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| **I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**  **DATE**  **RESPONSIBLE PARTY** | | | | | | |

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| **United States Bankruptcy Court - Southern District of Alabama**  **CASE NAME: CASE NO. : MONTH ENDING:**  **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 |
|  |  | $ | | $ | $ | $ |
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| **TOTALS** |  | $ | | $ | $ | $ |
| **I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF**.  Dated**:------------------------------** | | |  | | | |
| Responsible Party | | | | | | |