TRANSMITTAL OF FINANCIAL REPORTS AND
CERTIFICATION OF COMPLIANCE WITH
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR
THE PERIOD ENDED:

IN RE:	:	
		CASE NO.: _____
	:	**Chapter 11**
		Judge: _____
_____	:	
Debtor		
	:	

As debtor in possession, I affirm:

1. That I have reviewed the financial statements attached hereto, consisting of:

_____	Income Statement	(Form 2)
_____	Balance Sheet	(Form 3)
_____	Summary of Operations Individuals	(Form 4)
_____	Monthly Cash Statement	(Form 5)
_____	Schedule of In-Force Insurance	(Form 6)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly and accurately reflect the debtor's financial activity for the period stated;

2. That the insurance, including workers' compensation and unemployment insurance, as described in Section 4 of the Reporting Requirements For Chapter 11 Cases is in effect; and,
(If not, attach a written explanation) **YES**_____ **NO**_____

3. That all postpetition taxes as described in Sections 1 and 14 of the Operating Instructions and Reporting Requirements For Chapter 11 cases are current.
(If not, attach a written explanation) **YES**_____ **NO**_____

4. No professional fees (attorney, accountant, etc.) have been paid without specific court authorization.
(If not, attach a written explanation) **YES**_____ **NO**_____

5. All United States Trustee Quarterly fees have been paid and are current.
YES_____ **NO**_____

6. Have you filed your prepetition tax returns.
(If not, attach a written explanation) **YES**_____ **NO**_____

I hereby certify, under penalty of perjury, that the information provided above and in the attached documents is true and correct to the best of my information and belief.

Dated: _____ _____
Individual Debtor

_____ _____
Phone

Form 1

INCOME/EXPENSE STATEMENT FOR INDIVIDUALS (P&L)
Period Ending:

Case No: _____

	Current Month	**Total Since Filing**
Gross Income from Salary/Wages		
Less Payroll Deductions:		
a. Payroll Taxes & Social Security		
b. Insurance Deducted		
c. Other (specify)		
d. Other (specify)		
Subtotal of Payroll Deductions		
Total Net Take Home Pay		
Other Than Salary		
Income from Real Property		
Interest & Dividends		
Alimony, Maintenance or Support Payments		
Social Security or other Government Assistance		
Pension or Retirement Income		
Other Income (specify)		
Total Monthly Income		
Rent or Home Mortgage Payment		
Food		
Clothing		
Laundry & Dry cleaning		
Medical & Dental Expenses		
Transportation (excluding car payments)		
Recreation, Entertainment, Publications, etc		
Charitable Contributions		
Insurance:		
Homeowner's		
Life		
Auto		
Other		
Utilities		
Taxes (not deducted from wages)		
Alimony, Maintenance or Support Payments		
Other: (specify)		
Total Expenditures		
Net Income/Loss		

Form 2

BALANCE SHEET FOR INDIVIDUALS
Period Ending:

Case No: _____

	Current Month	Prior Month	At Filing
ASSETS:			
Cash:			
Investments:			
Personal Residence			
Other Real Property (specify)			
Accumulated Depreciation:			
Other:			
Other:			
TOTAL ASSETS:			
LIABILITIES:			
Postpetition Liabilities:			
Accounts Payable:			
Rent and Lease Payable:			
Taxes Payable:			
Other:			
TOTAL Postpetition Liabilities			
Secured Liabilities:			
Subject to Postpetition			
Collateral or Financing Order			
All Other Secured Liab.			
TOTAL Secured Liab.			
Prepetition Liabilities:			
Taxes & Other Priority Liab.			
Unsecured Liabilities:			
Other:			
TOTAL Prepetition Liabilities			
Equity:			
Owners Capital:			
Retained Earnings-Pre Pet.			
Retained Earnings-Post Pet.			
TOTAL Equity:			
TOTAL LIABILITIES AND EQUITY:			

SUMMARY OF OPERATIONS
Period Ended:

Case No: _____

Schedule of Postpetition Taxes Payable

	Beginning Balance	Accrued/ Withheld	Payments/ Deposits	Ending Balance
Income Taxes Withheld:				
Federal:				
State:				
Local:				
Self Employment Taxes				
FICA Withheld:				
Employers FICA:				
Unemployment Tax:				
Federal:				
State:				
Sales, Use & Excise Taxes:				
Property Taxes:				
Workers' Compensation				
Other:				
TOTALS:				

AGING OF ACCOUNTS RECEIVABLE
AND POSTPETITION ACCOUNTS PAYABLE

Age in Days	**0-30**	**30-60**	**Over 60**
Post Petition Accounts Payable			
Accounts Receivable			

For all postpetition accounts payable over 30 days old, please attached a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization:

_____
_____
_____
_____

MONTHLY CASH STATEMENT
Period Ending:

Cash Activity Analysis (Cash Basis Only): **Case No:** _____

	General Acct.	Payroll Acct.	Tax Acct.	Cash Coll. Acct.	Petty Cash Acct.
A. Beginning Balance					
B. Receipts (Attach separate schedule)					
C. Balance Available (A + B)					
D. Less Disbursements (Attach separate schedule)					
E. ENDING BALANCE (C - D)					

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

General Account:
1. Depository Name & Location _____
2. Account Number (last 4 digits only) _____

Payroll Account:
1. Depository Name & Location _____
2. Account Number (last 4 digits only) _____

Tax Account:
1. Depository Name & Location _____
2. Account Number (last 4 digits only) _____

Other monies on hand (specify type and location) i.e., CD's, bonds, etc.):

_____

_____

Date: _____

_____
Debtor in Possession

CASH REPORT
(BASED UPON A CONSOLIDATED ACCOUNTING OF ALL D-I-P ACCOUNTS)

CASE NAME: _____

CASE NUMBER: _____

MONTH AND YEAR: _____

Beginning cash balance (i.e. ending balance form previous report)	$ _____
Add: All receipts for the month. Do not include transfers between accounts.	$ _____
Deduct: All disbursements for the month. Do not include transfers between accounts.	$ _____
Net cash flow (receipts minus disbursements)	$ _____
Ending cash balance (i.e. next month's beginning cash balance)	$ _____

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REPORT OF UNPAID DELINQUENT POST PETITION TAXES

List all unpaid tax obligations which have accrued after the date of the filing of the Chapter 11 petition obligations) which are now due and owing (i.e. delinquent), but have, in fact, not het bee timely paid.
Do not list any prepetition tax obligations.

TAXING AUTHORITY	TYPE TAX	TAX PERIOD	DUE DATE	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCHEDULE OF IN-FORCE INSURANCE

Period Ending:_____

Case No:_____

INSURANCE TYPE	CARRIER	EXPIRATION DATE
Workers' Compensation		
General Business Policy		