UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA

In re:

	)	
	)	Case No.
	)	Chapter 11
	)	
Debtor(s)	)	
	)	
_____	)	

MONTHLY REPORT

FOR MONTH OF _____, 19____

NOTE: This Report and attached Statements are due for each calendar month period from time of filing petition (first report will be for a short period) until the case is dismissed, converted or a plan is confirmed. The report is due the 15th of the month following the reporting period. (ie. the January report is due February 15th)

CASE NAME:_____
CASE NO.:_____

CHAPTER 11
MONTHLY REPORTING AFFIDAVIT

For Month of _____, 199__

1. **Provide the following information regarding salaries/wages paid/due.**

   GROSS amount of executive salaries paid _____

Name	Title	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

   GROSS amount of other wages paid _____

   Were any wages/salaries due but not paid for this current month? YES_____ NO_____ If yes, provide the employee's name and title and amount due on separate page.

   For sole proprietors or partnerships; provide amount of owners or partners draws of any form. _____

2. **Provide the following information regarding taxes paid/due.**

   Are all post-petition federal and state taxes paid or deposited for the period? YES_____ NO_____

   Provide dollar detail of taxes for this period.

Type of tax	Amounts **OWED** for Month	Amounts **PAID** in current report Month	
	AMOUNTS	AMOUNTS	FOR WHICH PAYROLL MONTH(S)
Federal withholding			
FICA withholding			
Employer's FICA			
State withholding			
Sales tax			
Other taxes (Describe)			

   Attach photocopies of IRS Form 6123 or receipt of tax deposit and similar receipt/form for state taxing authorities to verify state deposits or payments.

CASE NAME:_____
CASE NO.:_____

CHAPTER 11
MONTHLY REPORTING AFFIDAVIT

For month of_____, 19____

3. Does all insurance coverage remain in effect? YES_____ NO___

Type	Carrier	Policy #	Exp. Date
Property damage			
Liability			
Workers' compensation			
Other			

4. Do all required licenses remain in effect? YES_____ NO_____

Description	Renewal date

5. FOR CORPORATE DEBTORS: Is the corporate charter in good standing? YES_____ NO_____ If NO, comment below:

_____

_____

_____

6. PROFESSION FEES PAID: YES_____ NO_____ If YES, comment below:

	AMOUNT	AGE	PAYMENT DATE
Attorneys fees			
Other professional fees:			

CASE NAME:_____
CASE NO. :_____

CHAPTER 11
MONTHLY REPORTING AFFIDAVIT

For month of_____, 19____

7. Check [X] to indicate which of the following forms are attached:

	EXHIBIT	
-Income statement[1]	"A"	_____
-Receipts and Disbursements Summary (Summary for each bank account)	"B"	_____
-Cash Disbursements listing[1]	"C"	_____
-Copy of bank reconciliation & statement(s)[1]	"D"	_____
-Balance Sheet[1]	"E"	_____
-Statement of Aged Accounts Receivable[1]	"F"	_____
-Statement of Aged Post Petition Accounts and Taxes Payable	"G"	_____
-Receipts and Disbursements (Individual Only)	"H"	_____
-Copy of Chapter 11 Quarterly Fee Payment Report (include for the last month of the quarter which the fee is calculated)	"I"	_____
-IRS Form 6123 or copy of tax deposit receipt	"J"	_____
-Other Information Required/Requested	" "	_____

[1] Upon **written approval** by the office of the U.S.T., debtors may use their pre-bankruptcy accounting formats for the above; If at a minimum, the information contained in the attached U.S.T. sample forms are provided. Statements must be prepared in accordance with generally accepted accounting principles.

I(we) declare under penalty of perjury that this Report and attached Statements are true and correct to the best of my (our) knowledge and belief.

DATED:_____ DEBTOR:_____*

CO-DEBTOR:_____**

* This report must be signed by an individual having sufficient knowledge of the facts to make a truthful and full statement.

** If this is a joint petition, both husband and wife must sign.

CASE NAME: _____
CASE NO.: _____

CHAPTER 11
INCOME STATEMENT (EXHIBIT "A")
For Month of _____, 19__

	CURRENT MONTH		POST-PETITION TOTAL TO-DATE
Gross Sales	_____		_____
Less: Returns and allowances	_____		_____
Net Sales		_____	_____
Cost of Good Sold			
Beginning Inventory (a)	_____		_____
Plus: Purchases (b)	_____		_____
Total Goods Available (a)+(b)	_____		_____
Less: Ending Inventory (c)	_____		_____
Total Cost of Goods Sold (a)+(b)-(c)		_____	_____
Other Income (itemize)		_____	_____
Expenses:			
Wages	_____		_____
Insurance	_____		_____
Interest Expense	_____		_____
Rent	_____		_____
Payroll Taxes	_____		_____
Professional Fees (not included below)	_____		_____
Other Taxes_____	_____		_____
Personal expenses (attach detail)	_____		_____
Total Expenses		_____	_____
Net Income/(Loss) before depreciation, extraordinary items, and reorganization items		_____	_____
Depreciation/amortization expense	_____		_____
Extraordinary items (itemize)	_____		_____
_____	_____		_____
_____	_____		_____
Total Depreciation and Extraordinary	_____		_____
Reorganization Items:			
Professional fees (i.e. attorney, accountant, appraiser, etc.)	_____		_____
Court and other reorg. expense	_____		_____
UST Quarterly fee	_____		_____
Total Reorganization Expense		_____	_____
Net Income/(Loss)		_____	_____

CASE NAME:_____
CASE NO.:_____

CHAPTER 11
RECEIPTS AND DISBURSEMENTS SUMMARY (EXHIBIT "B")

For month of_____, 199___

Operating Account No._____

1. BEGINNING checkbook balance $ _____

2. Cash receipts for the month
   - Collection of accounts receivable _____
   - Cash sales _____
   - Transfers from other Accounts _____
   - Other (interest, dividends, gifts) _____
   - _____ _____
   - _____ _____
   - _____ _____

   TOTAL cash receipts for the month _____

3. Cash disbursements for the month
   - Per attached list of disbursements _____
   - Other_____ _____
   - _____ _____
   - _____ _____

   TOTAL cash disbursements for the month _____

4. ENDING checkbook balance (1+2-3) $ _____

Payroll Account No._____

1. BEGINNING checkbook balance $ _____

2. Cash receipts for the month
   - Transfers from other Account _____ _____
   - Collection of accounts receivable _____
   - Other _____
   - _____ _____
   - _____ _____
   - _____ _____

   TOTAL cash receipts for the month _____

3. Cash disbursements for the month
   - Per attached list of disbursements _____
   - Other_____ _____
   - _____ _____
   - _____ _____

   TOTAL cash disbursements for the month _____

4. ENDING checkbook balance (1+2-3) $ _____

CASE NAME:_____
CASE NO.:_____

CHAPTER 11
RECEIPTS AND DISBURSEMENTS SUMMARY (EXHIBIT "B")

For month of_____, 199___

Tax Account No._____

1.	BEGINNING checkbook balance		$ _____
2.	Cash receipts for the month		
	Transfers from other Account	_____	
	Other		
	_____	_____	
	TOTAL cash receipts for the month		_____
3.	Cash disbursements for the month		
	Per attached list of disbursements	_____	
	Other_____	_____	
	TOTAL cash disbursements for the month		_____
4.	ENDING checkbook balance (1+2-3)		$ _____

CASH SUMMARY - END OF MONTH
ALL ACCOUNTS

	Account No. or location	
Petty cash	_____	$ _____
Operating account	_____	_____*
Payroll account	_____	_____*
Tax account	_____	_____*
Other accounts	_____	_____*
_____	_____	_____
_____	_____	_____
Total		$ _____

** (should agree with 4. above)

NOTE: A copy of a bank statement from each bank account and a reconciliation between the statement and your checkbook must accompany this statement.

CASE NAME:_____
CASE NO.:_____

CHAPTER 11
ATTACHMENT TO CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(EXHIBIT "C")

For the Month of _____, 199__

LIST OF DISBURSEMENTS -OPERATING ACCOUNT
Bank Account #_____

CHECK NO.	DATE	TO WHOM	PURPOSE	AMOUNT

TOTAL DISBURSEMENTS -This Page

TOTAL DISBURSEMENTS - All Pages (Should agree with 3. on Receipts and Disbursements Statement for this bank account)

CASE NAME:_____
CASE NO.:_____

CHAPTER 11
ATTACHMENT TO CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(EXHIBIT "C")

For the Month of _____, 199__

LIST OF DISBURSEMENTS -PAYROLL ACCOUNT
Bank Account #_____

CHECK NO.	DATE	TO WHOM	PURPOSE	AMOUNT

TOTAL DISBURSEMENTS -This Page

TOTAL DISBURSEMENTS - All Pages (Should agree with 3. on Receipts and Disbursements Statement for this bank account)

CASE NAME:_____
CASE NO.:_____

CHAPTER 11
ATTACHMENT TO CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(EXHIBIT "C")

For the Month of _____, 199__

LIST OF DISBURSEMENTS -TAX ACCOUNT
Bank Account #_____

CHECK NO.	DATE	TO WHOM	PURPOSE	AMOUNT

TOTAL DISBURSEMENTS -This Page

TOTAL DISBURSEMENTS - All Pages (Should agree with 3. on Receipts and Disbursements Statement for this bank account)

BANK RECONCILIATION
(EXHIBIT "D")

CASE NAME:_____ **BANK:**_____

CASE NO.:_____ **MONTH OF:**_____

Balance per bank statement
dated _____, 19_____ (1) _____

Add:
Deposits in transit _____
_____
_____
_____

Total in transit (2) _____
Total (1) + (2) _____

Less:
Checks outstanding _____
_____
_____
_____

Total outstanding (3) _____
Bank balance - reconciled (1) + (2) - (3) _____
(Will equal ending checkbook balance reported on Receipts and Disbursements Statement)

CHECKS OUTSTANDING

Number	Amount	Number	Amount	Number	Amount
				Total	

USE ONE FORM FOR EACH BANK ACCOUNT

ATTACH A COPY OF THE BANK STATEMENT TO THIS FORM

CASE NAME:_____
CASE NO:_____

CHAPTER 11
BALANCE SHEET (EXHIBIT "E")

As of_____, 199____

ASSETS:		
Current:		
Cash on hand and in bank		$_____
Accounts Receivable - Trade(1)	_____	
Less: Estimated Bad Debts	(_____)	
		_____
Receivables - Owners / Stockholders(2)		_____
- Related companies (2)		_____
- Related individuals (2)		_____
Inventory		_____
Retainer paid - cash	_____	
- non-cash	_____	
(Paid to _____		_____
Paid on (date)_____)		
Other prepaid expenses		
Other assets (Itemize)		
_____	_____	
_____	_____	
_____	_____	
		_____
Long-term:		
Investments		_____
Real estate		_____
Buildings		_____
Furniture, fixtures, and equipment		_____
Less: Accumulated depreciation		(_____)
Other long-term assets (Itemize)		
_____	_____	
_____	_____	
_____	_____	
		_____
TOTAL ASSETS		$_____

(1) Provide statement of aged accounts receivable on Exhibit "F".
(2) Provide statement of aged receivable on Exhibit "F".

CASE NAME:_____
CASE NO.:_____

CHAPTER 11
BALANCE SHEET (EXHIBIT "E")

As of _____, 199____

LIABILITIES AND STOCKHOLDERS' (OWNER'S) EQUITY:
Liabilities not subject to compromise:
Post-petition:
CURRENT

Administrative (1)	$_____
Trade accounts payable (1)	_____
Payroll/sales/other taxes payable (2)	_____
Accrued expenses payable (Itemize)	_____
Other current liabilities (Itemize)	_____

NON-CURRENT

Notes payable - banks (Itemize)	_____
Notes payable - stockholders (owners)	_____
Notes payable - related companies or persons (not owners)	_____
Other	_____
Liab. subject to compromise(Itemize)	_____

Liabilities subject to compromise:
Pre-petition

Priority tax claims (Itemize)	_____
Secured claims (Itemize)	_____
Unsecured claims	_____
Notes payable - stockholders (owners)	_____
Other	_____
TOTAL LIABILITIES	$_____

STOCKHOLDER'S / OWNER'S EQUITY:

Common stock	$_____
Preferred stock	_____
Paid in capital	_____
Retained earnings	_____
Owners equity	_____
TOTAL STOCKHOLDERS / OWNER'S EQUITY	$_____
TOTAL LIABILITIES AND EQUITY	$_____

(1) Provide statement of aged payables on Exhibit "G".
(2) Provide statement of aged taxes payable on Exhibit "G".

CASE NAME:_____
CASE NO.:_____

CHAPTER 11
STATEMENT OF AGED ACCOUNTS RECEIVABLE (EXHIBIT "F")
Pre and Post Petition

As of _____, 199____

ACCOUNT NAME	TOTAL DUE	CURRENT (0-30 DAYS)	PAST DUE (31-60 DAYS)	PAST DUE (61-90 DAYS)	PAST DUE (91-120 DAYS)	PAST DUE OVER 120 DAYS

CASE NAME:_____
CASE NO.:_____

CHAPTER 11
STATEMENT OF AGED ACCOUNTS PAYABLES (EXHIBIT "G")
Post Petition Only

As of _____, 199____

ACCOUNT NAME	TOTAL DUE	CURRENT (0-30 DAYS)	PAST DUE (31-60 DAYS)	PAST DUE (61-90 DAYS)	PAST DUE (91-120 DAYS)	PAST DUE OVER 120 DAYS

ATTACH SEPARATE STATEMENT OF TAXES PAYABLE TO THIS EXHIBIT IF APPLICABLE

EXHIBIT "H"

(INDIVIDUAL DEBTOR ONLY)

CASE NAME _____

CASE NUMBER _____ CHAPTER 11

SUMMARY OF PERSONAL RECEIPTS AND PERSONAL DISBURSEMENTS
FOR MONTH ENDING _____

PERSONAL RECEIPTS

1.	Wages, Personal Service Income	_____	
2.	Gifts	_____	
3.	Other (itemize)	_____	
	TOTAL (should agree with total on Schedule H-1)		_____

PERSONAL DISBURSEMENTS

1.	Rent, House Payment	_____	
2.	Groceries	_____	
3.	Utilities	_____	
4.	Automobile Expense	_____	
5.	Medical Expense	_____	
6.	Clothing	_____	
7.	Insurance	_____	
8.	Other (itemize)	_____	
	TOTAL (should agree with total on Schedule H-2)		_____

EXHIBIT "H-1"

CASE NAME _____

CASE NUMBER _____ CHAPTER 11

SCHEDULE OF PERSONAL CASH RECEIPTS
FOR MONTH ENDING _____

(INDIVIDUAL DEBTOR ONLY)

DATE	CASH RECEIVED FROM	RECEIVED FOR	AMOUNT

TOTAL PERSONAL CASH RECEIPTS (THIS PAGE) _____

TOTAL PERSONAL CASH RECEIPTS (ALL PAGES) _____

EXHIBIT "H-2"

CASE NAME_____

CASE NUMBER_____ CHAPTER 11

SCHEDULE OF PERSONAL CASH DISBURSEMENTS FOR
LIVING EXPENSES FOR MONTH ENDING _____

(INDIVIDUAL DEBTOR ONLY)

DATE	CHECK NUMBER	PAYEE	DESCRIPTION	AMOUNT

TOTAL PERSONAL CASH DISBURSEMENTS (THIS PAGE) _____

TOTAL PERSONAL CASH DISBURSEMENTS (ALL PAGES) _____