

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

In re:

Case Number: «Case_No»

«CaseCo_Name»

Subchapter V Chapter 11

Debtor.

Hon. «Judge»

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: _____ Date Filed: _____

Line of Business: _____ NAICS Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:_____
Original Signature of Responsible Party_____
Printed Name of Responsible Party:**Questionnaire: (All questions to be answered on behalf of the debtor.)**

- | | | |
|----|--|------------------|
| 1. | Is the business still operating? | Yes ____ No ____ |
| 2. | Have you paid all your bills on time this month? | Yes ____ No ____ |
| 3. | Did you pay your employees on time? | Yes ____ No ____ |
| 4. | Have you deposited all the receipts for your business into the DIP account this month? | Yes ____ No ____ |
| 5. | Have you filed all of your tax returns and paid all of your taxes this month? | Yes ____ No ____ |
| 6. | Have you timely filed all other required government filings? | Yes ____ No ____ |
| 7. | Have you paid all of your insurance premiums this month? | Yes ____ No ____ |

8. Do you plan to continue to operate the business next month? Yes ____ No ____
9. Are you current on your quarterly fee payment to the U.S. Trustee? Yes ____ No ____
10. Have you paid anything to your attorney or other professionals this month? Yes ____ No ____
11. Did you have any unusual or significant unanticipated expenses this month? Yes ____ No ____
12. Has the business sold any goods or provided services or transferred any assets to any business related to the DIP in any way? Yes ____ No ____
13. Do you have any bank accounts open other than the DIP account? Yes ____ No ____
14. Have you sold any assets other than inventory this month? Yes ____ No ____
15. Did any insurance company cancel your policy this month? Yes ____ No ____
16. Have you borrowed money from anyone this month? Yes ____ No ____
17. Have you paid any bills you owed before you filed bankruptcy? Yes ____ No ____

TAXES

Do you have any past due tax returns or past due post-petition tax obligations? Yes ____ No ____

If yes, please provide a written explanation including when such returns will be filed, or when such payments will be made and the source of the funds for the payment.

(Exhibit A)

INCOME

Please separately list all of the income you received for the month. The list should include all income from cash and credit transactions. *(The U.S. Trustee may waive this requirement.)*

TOTAL INCOME \$ _____

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month..... \$ _____

Cash on Hand at End of Month..... \$ _____

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH

CURRENTLY AVAILABLE TO YOU **TOTAL \$** _____

(Exhibit B)

EXPENSES

Please separately list all expenses paid by cash or by check from your bank accounts this month. Include the date paid, who was paid the money, the purpose and the amount. *(The U.S. Trustee may waive this requirement.)*

TOTAL EXPENSES \$ _____

(Exhibit C)

CASH PROFIT

Income for the month (total from Exhibit B) \$ _____
 Expenses for the month (total from Exhibit C) \$ _____

(Subtract line C from line B)

CASH PROFIT FOR THE MONTH \$ _____

UNPAID BILLS

Please attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. The list must include the date the debt was incurred, who is owed the money, the purpose of the debt and when the debt is due. *(The U.S. Trustee may waive this requirement.)*

..... **TOTAL PAYABLES \$** _____

(Exhibit D)

MONEY OWED TO YOU

Please attach a list of all amounts owed to you by your customers for work you have done or the merchandise you have sold. You should include who owes you money, how much is owed and when is payment due. *(The U.S. Trustee may waive this requirement.)*

..... **TOTAL RECEIVABLES \$** _____

(Exhibit E)

BANKING INFORMATION

Please attach a copy of your latest bank statement for every account you have as of the date of this financial report or had during the period covered by this report.

(Exhibit F)

EMPLOYEES

Number of employees when the case was filed? _____

Number of employees as of the date of this monthly report? _____

PROFESSIONAL FEES***BANKRUPTCY RELATED:***Professional fees relating to the bankruptcy case paid during
this reporting period? \$ _____Total professional fees relating to the bankruptcy case paid
since the filing of the case? \$ _____***NON-BANKRUPTCY RELATED:***Professional fees paid not relating to the bankruptcy case paid
during this reporting period? \$ _____Total professional fees paid not relating to the bankruptcy case
paid during this reporting period? \$ _____**PROJECTIONS**

Compare your actual income and expenses to the projections for the first 180 days of your case provided at the initial debtor interview.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH: \$ _____

TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH: \$ _____

TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH: \$ _____

ADDITIONAL INFORMATION**PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND
BALANCE SHEET WHICH YOU PREPARE INTERNALLY.**