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OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTON

MONTHLY REPORTING REQUIREMENTS FOR INDIVIDUALS NOT ENGAGED IN BUSINESS

INSTRUCTION PAGE

Every Chapter 11 Debtor in Possession or Trustee must file Monthly Operating Reports. The reports are due within fifteen (15) days following the end of the month (or portion thereof). All reports must comply with the following instructions unless waived in writing by the Office of the U.S. Trustee:

1. **Monthly Reporting Requirements Cover Sheet** (Exhibit UST-21 enclosed). Complete the form including the certification. The certification must be signed by the debtor.

2. **Comparative Balance Sheet** (Exhibit UST-22 enclosed). Please note that prepetition obligations (payables) must be classified separately from postpetition obligations.

3. **Statement of Income and Expenses** (Exhibit UST-23 enclosed). You should prepare the statement on a comparative basis, month to month. Photo copy the prior month's statement and add the current month's activities.

   The statement of income and expenses should be on a cash basis.

4. **Statement of Taxes, Insurance and Other Activities** (Exhibit UST-24 enclosed). All questions must be answered.

5. **Other documents or reports**. The debtor may be requested to prepare other financial reports as determined necessary in the circumstances.

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OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTON

MONTHLY REPORTING REQUIREMENTS
INDIVIDUALS NOT ENGAGED IN BUSINESS

All Chapter 11 debtors filing as individuals not engaged in business, must serve the U.S. Trustee with the documents and reports identified below no later than the 15th day of the month following the end of the month covered by the report.

Debtor Name: ____

Case Number: _______________ For the month of: ________________

Required Documents	Document Attached	Previously Submitted	Explanation Attached
1. Comparative Balance Sheet.	( )	( )	( )
2. Statement of Income and Expenses.	( )	( )	( )
3. Statement of Taxes, Insurance and Other Activities.	( )	( )	( )
4. Other documents/reports as required by the U.S. Trustee: ______________ ______________ ______________	( )	( )	( )

The undersigned certifies under penalty of perjury (28 U.S.C. § 1746) that the information contained in this and accompanying reports is complete, true and correct to the best of my knowledge, information and belief.

By: ____________________________________ **Dated**: ________________, 19______

____
Title of Debtor Representative

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OFFICE OF THE U.S. TRUSTEE - REGION 18

SEATTLE, WASHINGTON

COMPARATIVE BALANCE SHEET

(Individual Debtors Not Engaged In Business)

As of ______________________________

Debtor Name: ____

Case Number: ______________________________

	Date	Date	Date
	________	________	________
ASSETS			
Cash	________	________	________
Money on deposit	________	________	________
Bonds (savings, etc)	________	________	________
Monies owed to you	________	________	________
Home	________	________	________
Other property (attach list)	________	________	________
Automobiles	________	________	________
Boats, motors, R.V's, etc	________	________	________
Furniture	________	________	________
Wearing apparel	________	________	________
Books, pictures, art, etc.	________	________	________
Cash value of insurance policies	________	________	________
Stocks	________	________	________
Other Assets (attach list)	________	________	________
TOTAL ASSETS	==============	==============	==============
LIABILITIES			
Prepetition Liabilities			
Unsecured Debt	________	________	________
Notes Payable-Secured	________	________	________
Taxes	________	________	________
Other: ________________	________	________	________
Total Prepetition Liabilities	________	________	________
Postpetition Liabilities:			
Accounts Payable	________	________	________
Notes Payable	________	________	________
Taxes Payable	________	________	________
Other: ________________	________	________	________
________________	________	________	________
Total Postpetition Liabilities	________	________	________
TOTAL LIABILITIES...........	________	________	________
NET WORTH	________	________	________
TOTAL LIABILITIES AND NET WORTH	==============	==============	==============

OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTON

STATEMENT OF INCOME AND EXPENSES
(Individual Debtors Not Engaged in Business Only)

Debtor Name: ______________________________

Case Number: ______________ **For the Period Ending:** ______________

	Month	Month	Month
	______	______	______
Personal Income/Receipts			
Wages	______	______	______
Gifts	______	______	______
Loans	______	______	______
Other (itemize)	______	______	______
Non-cash receipts	______	______	______
Total Personal Receipts	______	______	______
Personal Expenses/Disbursements			
Total Personal Expenses/Disbursements	______	______	______
Excess Income/Receipts over Expenses/Disbursements (deficit)	=============	=============	==============

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OFFICE OF THE U.S. TRUSTEE - REGION 18
SEATTLE, WASHINGTON

STATEMENT OF TAXES, INSURANCE AND OTHER ACTIVITIES
(Individuals Not Engaged in Business)

Debtor Name: ______________________________

Case Number: ______________________

Month Ending: ______________________

1. STATUS OF TAXES

FEDERAL TAXES	AMOUNT WITHHELD OR ACCRUED	AMOUNT PAID	DATE PAID	POSTPETITION TAXES PAST DUE
Income				
Other				
STATE TAXES				
Income				
OTHER TAXES				
City Business/License				
Personal Property				
Real Property				
Other (List)				

Explain reason for any past due postpetition taxes:

2. Please explain any changes in insurance coverage that took place this month.

3. Has the Debtor in Possession, subsequent to the filing of the petition, made any payments on its prepetition unsecured debt, except as have been authorized by the Court?

__________: Yes

__________: No   Explain: ______________________________

4. SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	Appointment Date	Amount Paid This Month	Date of Court Approval	Aggregate Received	Estimated Balance Due
Debtor's Counsel	________	$________	________	$________	$________
Counsel For Unsecured Creditors' Committee	________	$________	________	$________	$________
Trustee's Counsel	________	$________	________	$________	$________
Accountant	________	$________	________	$________	$________
Other:________	________	$________	________	$________	$________

Identify fees accrued but not paid:________________________________

5. What efforts have been made toward presentation of a plan to the creditors?

____
____
____
____

6. If assets have been sold in other than the ordinary course of business, please provide details as to the asset sold, date of sale, total sales price, deductions (i.e. commissions), and net amount received.

____
____
____