

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE \_\_\_\_\_ DISTRICT OF \_\_\_\_\_

CASE NAME: CASE NUMBER:

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS\*

For Month Ending \_\_\_\_\_, \_\_\_\_\_.

BEGINNING BALANCE (ending balance from last month) \$

RECEIPTS (Summary of all accounts):

1. Receipts from operations \$

2. Other receipts \$

TOTAL RECEIPTS (A) \$

DISBURSEMENTS (Summary of all accounts):

1. Net payroll

a. Officers \$

b. Others \$

2. Taxes paid or deposited:

a. Fed. income tax w/held \$

b. FICA \$

c. State income tax w/held \$

d. State sales or use tax \$

e. Other (specify)

\$

\$

3. Necessary expenses:

a. Merchandise bought for  
manufacture or sale \$

b. Other necessary expenses \$

TOTAL DISBURSEMENTS (B) \$

NET RECEIPTS (Line (A) less Line (B)) \$

ENDING BALANCE (BEGINNING BALANCE PLUS NET RECEIPTS) \$

**NOTE: Attach a copy of the most recent bank statement and a reconciliation for each account.**

**\* If you have more than one account, the activity in all accounts should be summarized on this page.**

RECEIPTS LISTING

Bank: \_\_\_\_\_ Account# \_\_\_\_\_

DATE RECEIVED

DESCRIPTION

AMOUNT



SUBTOTAL \$\_\_\_\_\_

MINUS TRANSFERS FROM OTHER ACCOUNTS \$\_\_\_\_\_

(provide detail above)

TOTAL \$\_\_\_\_\_

(transfer to Line A, Page 1)

Receipts may be identified by major categories. It is not necessary to list each transaction separately. You must, however, **create a separate list for each bank account.**

DISBURSEMENTS LISTING

Bank: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

Account Name: \_\_\_\_\_

Location: \_\_\_\_\_

Please list all disbursements made during the month on the attached page. All payroll checks should be listed separately, including the employee's name. You must create a **separate list for each bank account**. Include any bank service charges/fees and any automatic deductions.

TOTAL DISBURSEMENTS \$ \_\_\_\_\_

MINUS TRANSFERS TO OTHER ACCOUNTS \$ \_\_\_\_\_

(provide detail)

TOTAL MONTHLY DISBURSEMENTS \$ \_\_\_\_\_

(This figure should be transferred to line B of the Summary Page)

| DATE PAID | CHECK NO. | PAYEE | DESCRIPTION | AMOUNT |
|-----------|-----------|-------|-------------|--------|
|-----------|-----------|-------|-------------|--------|

## STATEMENT OF INVENTORY

Beginning inventory \$ \_\_\_\_\_

Add: purchases \$ \_\_\_\_\_

Less: goods sold (cost basis) \$\_\_\_\_\_

Ending inventory \$\_\_\_\_\_

STATUS OF POST PETITION PAYMENTS TO SECURED CREDITORS AND LESSORS

| Name of Creditor or Lessor | Date Regular Payment is Due | Amount of Regular Payment | Check # of Payment | Number of Payments Delinquent | Amount of Payments * Delinquent |
|----------------------------|-----------------------------|---------------------------|--------------------|-------------------------------|---------------------------------|
|                            |                             |                           |                    |                               |                                 |

\*State reason for non-payment.

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance \$ \_\_\_\_\_

Add: sales on account \$ \_\_\_\_\_

Less: collections \$ \_\_\_\_\_

End of month balance \$ \_\_\_\_\_

0-30 Days

\$\_\_\_\_\_

31-60 Days

\$\_\_\_\_\_

61-90 Days

\$\_\_\_\_\_

Over 90 Days

\$\_\_\_\_\_

End of Month Total

\$\_\_\_\_\_

STATEMENT OF ACCOUNTS PAYABLE (POST PETITION)

Beginning of month balance \$\_\_\_\_\_

Add: credit extended \$\_\_\_\_\_

Less: payments on account \$\_\_\_\_\_

End of month balance \$\_\_\_\_\_

0-30 Days

\$ \_\_\_\_\_

31-60 Days

\$ \_\_\_\_\_

61-90 Days

\$ \_\_\_\_\_

Over 90 Days

\$ \_\_\_\_\_

End of Month Total

\$ \_\_\_\_\_

ITEMIZE ALL POST PETITION PAYABLES OVER 30 DAYS OLD.

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition as the taxes come due. Please indicate whether the following post-petition taxes have been paid or deposited as they came due.

( ) Check here if no employees.

| TAX                            | YES | NO | NOT REQUIRED | WHEN DUE |
|--------------------------------|-----|----|--------------|----------|
| Federal income tax withholding |     |    |              |          |

FICA withholding  
Employer's share FICA  
Federal Unemployment Taxes  
State Income Tax Withholding  
Sales Tax  
Other tax

If any taxes have not been paid when due complete this table:

| TAX NOT PAID | AMOUNT NOT PAID | DATE OF LAST PAYMENT | WHY TAX NOT PAID |
|--------------|-----------------|----------------------|------------------|
|--------------|-----------------|----------------------|------------------|

NOTE: Attach Verification of Fiduciary's Federal Tax Deposit (IRS Form 6123)

**Form 6123**  
(Rev. 06-97)

Department of the Treasury-Internal Revenue Service

**Verification of Fiduciary's Federal Tax Deposit**

**Do not attach this Notice to your Return**

**TO** District Director, Internal revenue Service

Attn: Chief, Special Procedures Function

**FROM:** Name of Taxpayer  
Taxpayer Address

The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court

(complete sections 1 and/or 2 as appropriate):

**Section 1 Form 941 Federal Tax Deposit (FTD) Information**

Taxes Reported on \_\_\_\_\_ for the payroll period from to \_\_\_\_\_  
Form 941, Employer's Quarterly Federal Tax Return Payroll date \_\_\_\_\_  
Gross wages paid to employees \$ \_\_\_\_\_  
Income tax withheld \$ \_\_\_\_\_  
Social Security (Employer's plus Employee's share of Social Security Tax) \$ \_\_\_\_\_  
Tax Deposited \$ \_\_\_\_\_  
Date Deposited \_\_\_\_\_

**Section 2 Form 940 Federal Tax Deposit (FTD) Information**

Taxes Reported on \_\_\_\_\_ for the payroll period from to \_\_\_\_\_  
Form 940, Employer's Annual Federal Unemployment Tax Return Gross wages paid to employees \$ \_\_\_\_\_  
Tax Deposited \$ \_\_\_\_\_  
Date Deposited \_\_\_\_\_

**Certification**

**(Certification is limited to receipt or electronic transmittal of deposit only)**

This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax

Guide (Publication 15)

Deposit Method Form 8109/8109B Federal Tax Deposit (FTD) coupon

(check box) Electronic Federal Tax Payment System (EFTPS) Deposit

Amount (Form 941 Taxes) Date of Deposit EFTPS acknowledgment number or Form 8109 FTD received by:

Amount (Form 940 Taxes) Date of Deposit EFTPS acknowledgment number or Form 8109 FTD received by:

Depositor's Employer Name and Address of Bank

Identification Number:

Under penalties of perjury, I certify that the above federal tax deposit information is true and correct

Signed: Date:

Name and Title

(print or type)

Cat. #43099Z Form **6123** (rev. 06-97)

IN THE UNITED STATES BANKRUPTCY COURT

FOR THE \_\_\_\_\_ DISTRICT OF \_\_\_\_\_

For Month Ending \_\_\_\_\_, 19\_\_

DECLARATION UNDER PENALTY OF PERJURY

I, \_\_\_\_\_

declare under penalty of perjury under the laws of the United States that I have read the foregoing Monthly Report of the Debtor, and that the figures, statements, disbursement itemizations, and account balances as listed, are true and correct as of the date of this report to the best of my knowledge, information and belief.

**Copies of this report have been forwarded to the U.S. Bankruptcy Court and the Internal Revenue Service.**

Signature

Print name, capacity and phone number of person signing this

Declaration:

Name

Title

Phone #

Dated:

