

DEBTOR: _____

CASE NUMBER: _____

OFFICE OF THE UNITED STATES TRUSTEE
DISTRICT OF SOUTH CAROLINA
MONTHLY OPERATING REPORT
CHAPTER 11 - BUSINESS DEBTORS
Form 2-A
COVER SHEET AND QUESTIONNAIRE

For Period Ended _____

Accounting Method: Accrual Basis Cash Basis

THIS REPORT IS DUE 20 DAYS AFTER THE END OF THE MONTH

Mark One Box for Each Required Document: Debtor must attach each of the following reports/documents unless the U. S. Trustee has waived the requirement in writing. File the original with the Clerk of Court.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input type="checkbox"/>	<input type="checkbox"/>	2. Post-petition Taxes and Aging Schedules (Form 2-C)
<input type="checkbox"/>	<input type="checkbox"/>	3. Disbursements Summary for the Month (Form 2-D)
<input type="checkbox"/>	<input type="checkbox"/>	4. Income and Disbursement Recap - Case to Date (Form 2-E)
<i>Submit the form or attach one generated by company's accounting system</i>		
<input type="checkbox"/>	<input type="checkbox"/>	5. Balance Sheet (Form 2-F)
<input type="checkbox"/>	<input type="checkbox"/>	6. Profit and Loss Statement (Form 2-G)
<input type="checkbox"/>	<input type="checkbox"/>	7. Cash Receipts and Cash Disbursements Detail (Form 2-H1 and 2-H2)
<input type="checkbox"/>	<input type="checkbox"/>	8. Bank Statements for All Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	9. Bank Statement Reconciliations for all Bank Accounts

QUESTIONNAIRE

Yes No

Please answer the questions below:

- 1. Is the business still operating? _____
- 2. Were all employees timely paid this month? _____
- 3. Are all insurance policies and operating licenses current and in effect? _____
- 4. Did you deposit all receipts into your DIP account this month? _____
- 5. Have all taxes been timely paid (payroll, sales, etc.)? _____
- 6. Are you current on U.S. Trustee quarterly fee payments? _____
- 7. Were any assets (other than inventory) sold this month? _____
- 8. Did you open any new bank accounts this month? _____

I declare under penalty of perjury that the following Monthly Operating Report, and any statements and attachments are true, accurate and correct to the best of my belief.

Executed on: _____ Print Name: _____

Signature: _____

Title: _____

DEBTOR: _____

CASE NO: _____

**Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT (See Note A)**

For Period: _____ to _____

CASH FLOW SUMMARY

Current Month

1. Beginning Cash Balance		\$ _____ (1)
2. Cash Receipts		
Operations	_____	
Sale of Assets	_____	
Loans/advances	_____	
Other	_____	
Total Cash Receipts	\$ _____	
3. Cash Disbursements		
Operations	_____	
Owner / Officer disbursements	_____	
Debt Service/Secured loan payment	_____	
Professional fees/U.S. Trustee fees	_____	
Other	_____	
Total Cash Disbursements	\$ _____	
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)		_____
5. Ending Cash Balance (to Form 2-F)		\$ _____ (2)

CASH BALANCE SUMMARY

Financial Institution

Book Balance
At End of the Month

Petty Cash		\$ _____
DIP Operating Account	_____	_____
DIP Payroll Account	_____	_____
Other Account	_____	_____
TOTAL (must agree with Ending Cash Balance above)		\$ _____ 0 (2)

NOTES:

(A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc. and associated accounts.

(1) Accumulated beginning cash balance is the cash available at the commencement of the case.

 Current month beginning cash balance should equal the previous month's ending balance.

(2) All cash balances should be the same.

NARRATIVE

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

DEBTOR: _____

CASE NO: _____

Form 2-C

For Period: _____ to _____

POST PETITION TAXES PAYABLE SCHEDULE

	<u>Beginning Balance (1)</u>	<u>Accrued / Withheld</u>	<u>Payments / Deposits</u>	<u>Ending Balance</u>
Income Tax Withheld:				
Federal	\$ _____	\$ _____	\$ _____	\$ _____
State	_____	_____	_____	_____
Local	_____	_____	_____	_____
FICA Tax Withheld	_____	_____	_____	_____
Employer's FICA Tax	_____	_____	_____	_____
Unemployment Tax				
Federal	_____	_____	_____	_____
State	_____	_____	_____	_____
Sales, Use & Excise Taxes	_____	_____	_____	_____
Property Taxes	_____	_____	_____	_____
Other:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

(1) For first report, Beginning Balance will be \$0; thereafter, Beginning Balance will be Ending Balance from prior period.

ACCOUNTS RECEIVABLE AND POST-PETITION PAYABLE AGING*

<u>Due</u>	<u>Accounts Receivable</u>	<u>Post-Petition Accounts Payable</u>
Under 30 days	\$ _____	\$ _____
30 to 60 days	_____	_____
61 to 90 days	_____	_____
91 to 120 days	_____	_____
Over 120 days	_____	_____
Total Post-Petition Accounts Receivable	_____	
Pre-Petition Amounts in Accounts Receivable	_____	
Total Accounts Receivable	\$ _____	
Total Post-Petition Accounts Payable		\$ _____

* Attach the Total Page of the aging reports for accounts receivable and post-petition accounts payable.

DEBTOR: _____

CASE NO: _____

**Form 2-D
DISBURSEMENT SUMMARY
For the Month Ended: _____**

Total Disbursements from Operating Account (Note 1)	\$ _____
Total Disbursements from Payroll Account (Note 2)	\$ _____
Total Disbursements from any other Account (Note 3)	\$ _____
Grand Total	\$ _____

NOTE 1 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the general operating account. Exclude only transfers to the debtor in possession payroll account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 2 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the payroll account. Exclude only transfers to the debtor in possession operating account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 3 - Include in this amount any other disbursements made by the debtor including (but not limited to) cash paid from a petty cash fund or cash register, amounts paid from any other debtor in possession account, **and amounts paid from the accounts of others on the debtor's behalf (for example, disbursements made from a law firm's escrow account as a result of a sale of property.)**

FEE SCHEDULE

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999.....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999.....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more.....	\$30,000

Interest will be assessed on Chapter 11 quarterly fees not paid by the end of the month following the end of the calendar quarter pursuant to 31 U.S.C. Sec. 3717. The interest rate assessed is the rate in effect as determined by the Treasury Department at the time the account becomes past due.

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

DEBTOR: _____

CASE NO: _____

Form 2-F
BALANCE SHEET

For Period Ended: _____

ASSETS

Current Assets:

Cash and Cash Equivalents (from Form 2-B, line 5)		\$	_____
Accounts Receivable (from Form 2-C)			_____
Less: Bad Debt	_____		
Net Accounts Receivable	_____		
Receivable from Officers, Employees, Affiliates			_____
Inventory			_____
Other Current Assets (List):	_____		

Total Current Assets		\$	_____

Fixed Assets:

Land		\$	_____
Building			_____
Equipment, Furniture and Fixtures			_____
Total Fixed Assets			_____
Less: Accumulated Depreciation		(_____)
Net Fixed Assets		\$	_____

Other Assets (List):	_____		

TOTAL ASSETS		\$	_____

LIABILITIES

Post-petition Accounts Payable (from Form 2-C)		\$	_____
Post-petition Accrued Professional Fees			_____
Post-petition Taxes Payable (from Form 2-C)			_____
Post-petition Notes Payable			_____
Other Post-petition Payable (List):	_____		

Total Post Petition Liabilities		\$	_____

Pre-petition Liabilities:

Secured Debt			_____
Priority Debt			_____
Unsecured Debt			_____
Total Pre-petition Liabilities		\$	_____
TOTAL LIABILITIES		\$	_____

OWNERS' EQUITY

Owner's/Stockholder's Equity		\$	_____
Retained Earnings - Pre-petition			_____
Retained Earnings - Post-petition			_____
TOTAL OWNERS' EQUITY		\$	_____
TOTAL LIABILITIES AND OWNERS' EQUITY		\$	_____

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

DEBTOR: _____

CASE NO: _____

Form 2-G
PROFIT AND LOSS STATEMENT
For Period _____ to _____

	Current Month	Year-to-Date Total (1)
Gross Operating Revenue	\$ _____	\$ _____
Less: Discounts, Returns and Allowances	(_____)	(_____)
Net Operating Revenue	\$ _____	\$ _____
Cost of Goods Sold	_____	_____
Gross Profit	\$ _____	\$ _____
Operating Expenses		
Officer Compensation	\$ _____	\$ _____
Selling, General and Administrative	_____	_____
Rents and Leases	_____	_____
Depreciation, Depletion and Amortization	_____	_____
Other (list): _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Operating Expenses	\$ _____	\$ _____
Operating Income (Loss)	\$ _____	\$ _____
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ _____	\$ _____
Gains (Losses) on Sale of Assets	_____	_____
Interest Income	_____	_____
Interest Expense	_____	_____
Other Non-Operating Income	_____	_____
Net Non-Operating Income or (Expenses)	\$ _____	\$ _____
Reorganization Expenses		
Legal and Professional Fees	\$ _____	\$ _____
Other Reorganization Expense	_____	_____
Total Reorganization Expenses	\$ _____	\$ _____
Net Income (Loss) Before Income Taxes	\$ _____	\$ _____
Federal and State Income Tax Expense (Benefit)	_____	_____
NET INCOME (LOSS)	\$ _____	\$ _____

(1) Year-To-Date Totals include all revenue and expenses accumulated since the petition date.

