

DEBTOR: _____

CASE NO: _____

OFFICE OF THE UNITED STATES TRUSTEE
DISTRICT OF SOUTH CAROLINA
MONTHLY OPERATING REPORT
CHAPTER 11 INDIVIDUAL DEBTORS
FORM 3
COVER SHEET AND QUESTIONNAIRE

For the Period: _____ to: _____

THIS REPORT MUST BE FILED WITH THE COURT 20 DAYS AFTER THE END OF THE MONTH

Debtor must attach each of the following reports / documents unless the U. S. Trustee has waived the requirement in writing.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
_____	_____	1. Cash Flow Statement (Page 2)
_____	_____	2. Cash Reconciliation(s) and Narrative (Page 3)
_____	_____	3. Cash Receipts Detail (Page 4)
_____	_____	4. Cash Disbursements Detail (Page 5)
_____	_____	5. Receipts and Disbursements Recap Case to Date (Page 6)
_____	_____	6. Bank Statements for All Bank Accounts (remember to redact all but last four digits of bank account number)

QUESTIONNAIRE

Yes

No

Please answer the questions below for the month being reported:

- | | | |
|--|-------|-------|
| 1. Did you deposit all receipts into your DIP account this month? | _____ | _____ |
| 2. Are all insurance policies current and in effect? | _____ | _____ |
| 3. Have all taxes been timely filed and paid? | _____ | _____ |
| 4. Did you pay all your bills on time this month? | _____ | _____ |
| 5. Are you current on U.S. Trustee quarterly fee payments? | _____ | _____ |
| 6. Did you borrow money from anyone this month? | _____ | _____ |
| 7. Did you pay any bills you owed before you filed for bankruptcy? | _____ | _____ |
| 8. Do you have any bank accounts open other than the DIP account? | _____ | _____ |

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

Executed on: _____

Signature (Debtor): _____

Print name: _____

Signature (Co-Debtor, if one): _____

Print name: _____

DEBTOR: _____

CASE NO: _____

CASH FLOW STATEMENT - INDIVIDUAL DEBTOR(S)

For Period: _____ to _____

CASH FLOW SUMMARY (SEE NOTE A)

1. **Beginning Cash Balance** \$ _____ (1) **A**

2. Cash Receipts

Wages \$ _____

Sole Proprietorship Revenues _____

Draws from owned entities other than Sole Prop _____

Rental Income _____

Other _____

Other _____

Total Cash Receipts \$ _____ **B**

3. Cash Disbursements

Rent or home mortgage payment \$ _____

Utilities and Telephone Expenses _____

Home maintenance (repairs/upkeep) _____

Food / Groceries _____

Insurance payments _____

Installment payments (including auto) _____

Transportation (not including car payments) _____

Legal / Professional Fees / U.S. Trustee Fees _____

Sole Proprietorship Expenses _____

Rental property expenses / repairs _____

Other _____

Other _____

Other _____

Miscellaneous _____

Total Cash Disbursements \$ _____ **C**

4. **Net Cash Flow for Month (Total Cash Receipts less Total Cash Disbursements)** (B - C) _____ **D**

5. **Ending Cash Balance** (A + D) \$ _____ **E**

CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

Total Disbursements for the Month (from "C" above)	
Add: Any amounts paid on behalf of the debtor by others	
Disbursements for U.S. Trustee Fee Calculation	

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

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

DEBTOR: _____

CASE NO: _____

BANK RECONCILIATIONS

Month ending:	Acct #1	Acct #2	Acct #3	Acct #4
Name of Bank:				
Last four digits of account				
Purpose of Acct (Personal or Business)				
Type of account (Checking or Savings)				
Balance per Bank Statement at End of the Month				
ADD: Deposits not credited (attach list)				
SUBTRACT: Outstanding checks or debits (attach list)				
Other reconciling items (attach list)				
Month end Balance (Must agree with books)				
TOTAL OF ALL ACCOUNTS AT END OF THE MONTH				(2)

Note: Attach a copy of the bank statement and bank reconciliation for each account

AMOUNTS OWED TO OTHERS at the end of the Month (post-petition)

- Personally (attach list stating who, amount, when due)	
- Business (if applicable) (attach list)	
TOTAL OWED POST-PETITION	

AMOUNTS OWED TO YOU at the end of the Month (both pre and post-petition)

- Personally (attach list stating who, amount, when due)	
- Business (if applicable) (attach list)	
TOTAL AMOUNT OWED TO YOU	

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 transactions that are reported in the cash flow statement and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

(2) Total of all accounts should equal page 2, line 5 - Ending Cash Balance

INCOME AND DISBURSEMENTS RECAP

Debtor: _____

Case No: _____

Date Case was filed: _____

This form is to be used to record Monthly Operating Reports' Income and Disbursements filed to date. It serves as a running total of overall income, expenses and net income (or loss) for the case.

Year:

	Inc	Exp	Net
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			

Year:

	Inc-2	Exp-2	Net-2

TOTAL

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