

OPERATING STATEMENT (P&L)
Period Ending:

Case No: _____

| | <u>Current Month</u> | <u>Total Since Filing</u> |
|------------------------------------|----------------------|-------------------------------|
| Total Revenue/Sales | | |
| Cost of Sales | | |
| GROSS PROFIT | <hr/> | <hr/> |
| EXPENSES: | | |
| Officer Compensation | | |
| Salary Expenses other Employees | | |
| Employee Benefits & Pensions | | |
| Payroll Taxes | | |
| Other Taxes | | |
| Rent and Lease Expense | | |
| Interest Expense | | |
| Insurance | | |
| Automobile and Truck Expense | | |
| Utilities (gas, electric, phone) | | |
| Depreciation | | |
| Travel and Entertainment | | |
| Repairs and Maintenance | | |
| Advertising | | |
| Supplies, Office Expense, etc. | | |
| Other Specify | | |
| Other Specify | | |
| TOTAL EXPENSES: | <hr/> <hr/> | <hr/> <hr/> |
| NET OPERATING PROFIT/(LOSS) | | |
| Add: Non-Operating Income: | | |
| Interest Income | | |
| Other Income | | |
| Less: Non-Operating Expenses: | | |
| Professional Fees | | |
| Other | | |
| NET INCOME/(LOSS) | <hr/> <hr/> | <hr/> <hr/> |

BALANCE SHEET
Period Ending:

Case No: _____

| | <u>Current Month</u> | <u>Prior Month</u> | <u>At Filing</u> |
|---------------------------------|----------------------|--------------------|------------------|
| ASSETS: | | | |
| Cash: | | | |
| Inventory: | | | |
| Accounts Receivables: | | | |
| Insider Receivables | | | |
| Land and Buildings: | | | |
| Furniture, Fixtures & Equip: | | | |
| Accumulated Depreciation: | | | |
| Other: | | | |
| Other: | | | |
| TOTAL ASSETS: | _____ | _____ | _____ |
| | ===== | ===== | ===== |
| LIABILITIES: | | | |
| Postpetition Liabilities: | | | |
| Accounts Payable: | | | |
| Rent and Lease Payable: | | | |
| Wages and Salaries: | | | |
| Taxes Payable: | | | |
| Other: | | | |
| TOTAL Postpetition Liab. | _____ | _____ | _____ |
| | ===== | ===== | ===== |
| Secured Liabilities: | | | |
| Subject to Postpetition | | | |
| Collateral or Financing Order | | | |
| All Other Secured Liab. | | | |
| TOTAL Secured Liab. | _____ | _____ | _____ |
| | ===== | ===== | ===== |
| Prepetition Liabilities: | | | |
| Taxes & Other Priority Liab. | | | |
| Unsecured Liabilities: | | | |
| Other: | | | |
| TOTAL Prepetition Liab. | _____ | _____ | _____ |
| | ===== | ===== | ===== |
| Equity: | | | |
| Owners Capital: | | | |
| Retained Earnings-Pre Pet. | | | |
| Retained Earnings-Post Pet. | | | |
| TOTAL Equity: | | | |
| TOTAL LIABILITIES | _____ | _____ | _____ |
| AND EQUITY: | ===== | ===== | ===== |

SUMMARY OF PAYABLES AND RECEIVABLES

Period Ended:

Case No: _____

Schedule of Postpetition Taxes Payable

| | <u>Beginning Balance</u> | <u>Accrued/ Withheld</u> | <u>Payments/ Deposits</u> | <u>Ending Balance</u> |
|-------------------------------|------------------------------|------------------------------|-------------------------------|---------------------------|
| Income Taxes Withheld: | | | | |
| Federal: | | | | |
| State: | | | | |
| Local: | | | | |
| FICA Withheld: | | | | |
| Employers FICA: | | | | |
| Unemployment Tax: | | | | |
| Federal: | | | | |
| State: | | | | |
| Sales, Use & Excise Taxes: | | | | |
| Property Taxes: | | | | |
| Workers' Compensation | | | | |
| Other: | | | | |
| TOTALS: | | | | |

**AGING OF ACCOUNTS RECEIVABLE
AND POSTPETITION ACCOUNTS PAYABLE**

| Age in Days | 0-30 | 30-60 | Over 60 |
|-----------------------------------|------|-------|---------|
| Post Petition Accounts Payable | | | |
| Accounts Receivable | | | |

For all postpetition accounts payable over 30 days old, please attached a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization:

MONTHLY CASH STATEMENT

Period Ending:

Cash Activity Analysis (Cash Basis Only):

Case No: _____

| | <u>General</u> <u>Acct.</u> | <u>Payroll</u> <u>Acct.</u> | <u>Tax</u> <u>Acct.</u> | <u>Cash Coll.</u> <u>Acct.</u> | <u>Petty Cash</u> <u>Acct.</u> |
|---|--------------------------------|--------------------------------|----------------------------|-----------------------------------|-----------------------------------|
| A. Beginning Balance | _____ | _____ | _____ | _____ | _____ |
| B. Receipts (Attach separate schedule) | _____ | _____ | _____ | _____ | _____ |
| C. Balance Available (A + B) | _____ | _____ | _____ | _____ | _____ |
| D. Less Disbursements (Attach separate schedule) | _____ | _____ | _____ | _____ | _____ |
| E. ENDING BALANCE (C - D) | _____ | _____ | _____ | _____ | _____ |

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

General Account:

1. Depository Name & Location _____
2. Account Number (last 4 digits only) _____

Payroll Account:

1. Depository Name & Location _____
2. Account Number (last 4 digits only) _____

Tax Account:

1. Depository Name & Location _____
2. Account Number (last 4 digits only) _____

Other monies on hand (specify type and location) i.e., CD's, bonds, etc.):

Date: _____

Debtor in Possession

CASH REPORT

(BASED UPON A CONSOLIDATED ACCOUNTING OF ALL D-I-P ACCOUNTS)

CASE NAME: _____

CASE NUMBER: _____

MONTH AND YEAR: _____

Beginning cash balance (i.e. ending balance form previous report) \$ _____

Add: All receipts for the month. Do not include transfers between accounts. \$ _____

Deduct: All disbursements for the month. Do not include transfers between accounts. \$ _____

Net cash flow (receipts minus disbursements) \$ _____

Ending cash balance (i.e. next month's beginning cash balance) \$ _____

=====

REPORT OF UNPAID DELINQUENT POST PETITION TAXES

List all unpaid tax obligations which have accrued after the date of the filing of the Chapter 11 petition obligations) which are now due and owing (i.e. delinquent), but have, in fact, not het bee timely paid.

Do not list any prepetition tax obligations.

| TAXING AUTHORITY | TYPE TAX | TAX PERIOD | DUE DATE | AMOUNT |
|------------------|----------|------------|----------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending: _____

Case No: _____

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession.

Attach additional pages if necessary.

Name: _____

Capacity: _____ Shareholder
 _____ Officer
 _____ Director
 _____ Insider

Detailed Description of Duties: _____

| | | | |
|----------------------------|--------|----|---------|
| Current Compensation Paid: | Weekly | or | Monthly |
|----------------------------|--------|----|---------|

| | | | |
|--|-------|--|-------|
| | ===== | | ===== |
|--|-------|--|-------|

| | | | |
|------------------------|--------|----|---------|
| Current Benefits Paid: | Weekly | or | Monthly |
|------------------------|--------|----|---------|

| | | | |
|------------------|-------|--|-------|
| Health Insurance | _____ | | _____ |
|------------------|-------|--|-------|

| | | | |
|----------------|-------|--|-------|
| Life Insurance | _____ | | _____ |
|----------------|-------|--|-------|

| | | | |
|------------|-------|--|-------|
| Retirement | _____ | | _____ |
|------------|-------|--|-------|

| | | | |
|-----------------|-------|--|-------|
| Company Vehicle | _____ | | _____ |
|-----------------|-------|--|-------|

| | | | |
|---------------|-------|--|-------|
| Entertainment | _____ | | _____ |
|---------------|-------|--|-------|

| | | | |
|--------|-------|--|-------|
| Travel | _____ | | _____ |
|--------|-------|--|-------|

| | | | |
|----------------|-------|--|-------|
| Other Benefits | _____ | | _____ |
|----------------|-------|--|-------|

| | | | |
|----------------|-------|--|-------|
| Total Benefits | ===== | | ===== |
|----------------|-------|--|-------|

| | | | |
|------------------------------|--------|----|---------|
| Current Other Payments Paid: | Weekly | or | Monthly |
|------------------------------|--------|----|---------|

| | | | |
|-----------|-------|--|-------|
| Rent Paid | _____ | | _____ |
|-----------|-------|--|-------|

| | | | |
|-------|-------|--|-------|
| Loans | _____ | | _____ |
|-------|-------|--|-------|

| | | | |
|------------------|-------|--|-------|
| Other (Describe) | _____ | | _____ |
|------------------|-------|--|-------|

| | | | |
|------------------|-------|--|-------|
| Other (Describe) | _____ | | _____ |
|------------------|-------|--|-------|

| | | | |
|------------------|-------|--|-------|
| Other (Describe) | _____ | | _____ |
|------------------|-------|--|-------|

| | | | |
|----------------------|-------|--|-------|
| Total Other Payments | ===== | | ===== |
|----------------------|-------|--|-------|

| | | | |
|--------------------------------|--------|----|---------|
| CURRENT TOTAL OF ALL PAYMENTS: | Weekly | or | Monthly |
|--------------------------------|--------|----|---------|

| | | | |
|--|-------|--|-------|
| | ===== | | ===== |
|--|-------|--|-------|

Dated: _____

Principal, Officer, Director, or Insider

SCHEDULE OF IN-FORCE INSURANCE

Period Ending: _____

Case No: _____

INSURANCE TYPE

CARRIER

EXPIRATION DATE

Workers' Compensation _____

General Business Policy _____
