



**INCOME/EXPENSE STATEMENT FOR INDIVIDUALS (P&L)**

Period Ending:

Case No: \_\_\_\_\_

	<u>Current Month</u>	<u>Total Since Filing</u>
Gross Income from Salary/Wages		
Less Payroll Deductions:		
a. Payroll Taxes & Social Security		
b. Insurance Deducted		
c. Other (specify)		
d. Other (specify)		
Subtotal of Payroll Deductions	_____	_____
Total Net Take Home Pay		
<u>Other Than Salary</u>		
Gross receipts from business		
Interest & Dividends		
Alimony, Maintenance or Support Payments		
Social Security or other Government Assistance		
Pension or Retirement Income		
Other Income (specify)		
<b>Total Monthly Income</b>	=====	=====
Rent or Home Mortgage Payment		
Food		
Clothing		
Laundry & Dry cleaning		
Medical & Dental Expenses		
Personal Grooming		
Car payment - Motorhome		
Car payment - Honda		
Transportation (gasoline)		
Vehicle repairs and maintenance		
Recreation, Entertainment, Publications, etc		
Charitable Contributions		
Insurance:		
Homeowner's		
Life		
Auto		
Other		
Utilities		
Taxes ( not deducted from wages)		
Alimony, Maintenance or Support Payments		
Business Expenses		

**Total Expenditures**

\_\_\_\_\_  
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\_\_\_\_\_  
=====

**Net Income/Loss**

**BALANCE SHEET FOR INDIVIDUALS**

Period Ending:

Case No: \_\_\_\_\_

	<u>Current Month</u>	<u>Prior Month</u>	<u>At Filing</u>
<b>ASSETS:</b>			
Cash:			
Investments:			
Personal Residence			
Other Real Property (specify)			
Accumulated Depreciation:			
Other:			
Other:			
<b>TOTAL ASSETS:</b>	_____	_____	_____
	=====	=====	=====
<b>LIABILITIES:</b>			
Postpetition Liabilities:			
Accounts Payable:			
Rent and Lease Payable:			
Taxes Payable:			
Other:			
<b>TOTAL Postpetition Liabilities</b>	_____	_____	_____
	=====	=====	=====
Secured Liabilities:			
Subject to Postpetition			
Collateral or Financing Order			
All Other Secured Liab.			
<b>TOTAL Secured Liab.</b>	_____	_____	_____
	=====	=====	=====
Prepetition Liabilities:			
Taxes & Other Priority Liab.			
Unsecured Liabilities:			
Other:			
<b>TOTAL Prepetition Liabilities</b>	_____	_____	_____
	=====	=====	=====
Equity:			
Owners Capital:			
Retained Earnings-Pre Pet.			
Retained Earnings-Post Pet.			
<b>TOTAL Equity:</b>	_____	_____	_____
	=====	=====	=====
<b>TOTAL LIABILITIES</b>	_____	_____	_____
<b>AND EQUITY:</b>	=====	=====	=====

**SUMMARY OF OPERATIONS**

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>
<b>Income Taxes Withheld:</b>				
<b>Federal:</b>				
<b>State:</b>				
<b>Local:</b>				
<b>Self Employment Taxes</b>				
<b>FICA Withheld:</b>				
<b>Employers FICA:</b>				
<b>Unemployment Tax:</b>				
<b>Federal:</b>				
<b>State:</b>				
<b>Sales, Use &amp; Excise Taxes:</b>				
<b>Property Taxes:</b>				
<b>Workers' Compensation</b>				
<b>Other:</b>				
<b>TOTALS:</b>				

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

<b>Age in Days</b>	<b>0-30</b>	<b>30-60</b>	<b>Over 60</b>
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:

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**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

\_\_\_\_\_  
Joint 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) \$ \_\_\_\_\_

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**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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

