

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

TRANSMITTAL OF FINANCIAL REPORTS AND
CERTIFICATION OF COMPLIANCE WITH
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR

THE PERIOD ENDED: _____

In re:

Case Number:

«CASECO_NAME»

Chapter 11

Debtor.

Hon.

_____ /

As debtor in possession, I affirm:

1. That I have reviewed the financial statements attached hereto, consisting of:

- _____ Operating Statement (Form 2)
- _____ Balance Sheet (Form 3)
- _____ Summary of Operations (Form 4)
- _____ Monthly Cash Statement (Form 5)
- _____ Statement of Compensation (Form 6)
- _____ Schedule of In-Force Insurance (Form 7)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly and accurately reflect the debtor's financial activity for the period stated;

- 2. That the insurance, including workers' compensation and unemployment insurance, as described in Section 5 of the Operating Instructions and Reporting Requirements For Chapter 11 Cases is in effect; and, (If not, attach a written explanation) YES _____ NO _____
- 3. That all post-petition taxes as described in Sections 9 of the Operating Instructions and Reporting Requirements For Chapter 11 cases are current. (If not, attach a written explanation) YES _____ NO _____
- 4. No professional fees (attorney, accountant, etc.) have been paid without specific court authorization. (If not, attach a written explanation) YES _____ NO _____
- 5. All United States Trustee Quarterly fees have been paid and are current. YES _____ NO _____
- 6. Have you filed your pre-petition tax returns. (If not, attach a written explanation) YES _____ NO _____

I hereby certify, under penalty of perjury, that the information provided above and in the attached documents is true and correct to the best of my information and belief.

Dated: _____

Debtor in Possession

Title

Phone

OPERATING STATEMENT (P&L)

Period Ending: _____

Case No: _____

	Current Month	Total Since Filing
Total Revenue/Sales	_____	_____
Cost of Sales	_____	_____
GROSS PROFIT	_____	_____
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:	_____	_____
NET OPERATING PROFIT/(LOSS)	_____	_____
Add: Non-Operating Income:		
Interest Income	_____	_____
Other Income	_____	_____
Less: Non-Operating Expenses:		
Professional Fees	_____	_____
Other	_____	_____
NET INCOME/(LOSS)	_____	_____

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:			
Post-petition Liabilities:			
Accounts Payable:	_____	_____	_____
Rent and Lease Payable:	_____	_____	_____
Wages and Salaries:	_____	_____	_____
Taxes Payable:	_____	_____	_____
Other:	_____	_____	_____
TOTAL Post-petition Liabilities	=====	=====	=====
Secured Liabilities:			
Subject to Post-petition	_____	_____	_____
Collateral or Financing Order	_____	_____	_____
All Other Secured Liabilities	_____	_____	_____
TOTAL Secured Liabilities	=====	=====	=====
Pre-petition Liabilities:			
Taxes & Other Priority Liabilities	_____	_____	_____
Unsecured Liabilities:	_____	_____	_____
Other:	_____	_____	_____
TOTAL Pre-petition Liabilities	=====	=====	=====
Equity:			
Owners Capital:	_____	_____	_____
Retained Earnings-Pre Petition.	_____	_____	_____
Retained Earnings-Post Petition.	_____	_____	_____
TOTAL Equity:	=====	=====	=====
TOTAL LIABILITIES	=====	=====	=====
/AND EQUITY	=====	=====	=====

SUMMARY OF OPERATIONS

Period Ended: _____

Case No:

Schedule of Post-Petition 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 POST-PETITION ACCOUNTS PAYABLE

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

For all post-petition accounts payable over 30 days old, please attach 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 Acct.</u>	<u>Payroll Acct.</u>	<u>Tax Acct.</u>	<u>Cash Coll. Acct</u>	<u>Petty Cash 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)	_____	_____	_____	_____	_____

ATTENTION: Please enter the TOTAL DISBURSEMENT from all your accounts, including cash and excluding transfers, onto the line below. This is the number that will determine your quarterly fee payment. \$ _____

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

General Account:

1. Depository Name & Location _____
2. Account Number _____

Payroll Account:

1. Depository Name & Location _____
2. Account Number _____

Tax Account:

1. Depository Name & Location _____
2. Account Number _____

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

Date: _____

Debtor in Possession

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

