



**U.S. Department of Justice**

*United States Trustee, Region 10  
Central & Southern Districts of Illinois  
Northern & Southern Districts of Indiana*

401 Main Street, Suite 1100  
Peoria, Illinois 61602

Phone: (309)671-7854

[DATE]

Attorney Name  
Law Firm  
Address 1  
Address 2

**SENT VIA EMAIL**

Re: Case Name  
Case Number

Dear Attorney:

Please find attached the United States Trustee's Operating Guidelines, Initial Debtor Interview documents and financial reporting forms. I will be contacting you shortly to schedule an appointment to conduct an Initial Debtor Interview with you and your client.

**Please note that the United States Trustee's Operating Guidelines are being sent to you by email. You will need to provide this information to your clients. You and your clients will not receive a paper copy of these guidelines, unless you specifically request it by contacting this office, 309/671-7854.**

As the attorney of record for the above-referenced debtor, please be advised that under the United States Trustee Operating Guidelines for Region 10, the debtor in a Chapter 11 bankruptcy is required, as of the day of filing of the bankruptcy petition, to close all pre-petition bank accounts and establish new Debtor-in-Possession accounts. The Debtor-in-Possession account, at a minimum, must consist of an operating account and, if there are employees, a tax escrow account. These accounts must be in the name of the debtor and be labeled "**Debtor-in-Possession.**" The checks must be pre-printed and pre-numbered with the debtor's name and the wording "**Debtor-in-Possession**" located under the debtor's name. For detailed instructions, please refer to Attachment Number Two of the United States Trustee's Operating Guidelines.

In addition, these accounts must be established at United States Trustee Authorized Depositories. Attachment Number Three to the United States Trustee Guidelines includes a listing of the United States Trustee Authorized Depositories for the Central and Southern Districts of the State of Illinois. If no financial institution on this list is conveniently located for the Debtor-in-Possession, please contact this office immediately for further direction. Please be aware that if the Debtor-in-Possession establishes bank accounts in a financial institution not authorized by

the United States Trustee for Region 10, the Debtor-in-Possession may be required to re-establish new accounts at a United States Trustee Authorized Depository.

Your assistance in advising your client of these requirements is appreciated. If you have any questions concerning the guidelines or this letter, please contact this office. You will be directed to the Staff Attorney or the Bankruptcy Auditor assigned to your case.

Very truly yours,

NANCY J. GARGULA  
United States Trustee

*/s/ Megan A. Shaw*

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By: Megan A. Shaw  
Bankruptcy Auditor

MAS  
Enclosures as indicated



U.S. Department of Justice

*Office of the United States Trustee, Region 10  
Central & Southern Districts of Illinois  
Northern & Southern Districts of Indiana*

401 Main Street, Suite 1100  
Peoria, Illinois 61602

Phone: 309/671-7854

## NOTICE

### TO THE DEBTOR AND DEBTOR'S ATTORNEY OF RECORD

Your Chapter 11 case is under the supervision and administration of the United States Trustee for Region 10. Pursuant to 11 U.S.C. §§ 1107(a), 1106(a)(1) and 704(a)(8), and Federal Rule of Bankruptcy Procedure 2015(a) it is the duty of the debtor-in-possession to furnish to the United States Trustee and the Court regular reports of operations. These reports, and other information which the United States Trustee or the Court deems appropriate, enable the United States Trustee to perform its supervisory and administrative functions.

Enclosed are four separate attachments which require your prompt attention:

- Attachment Number One: Chapter 11 Operating Guidelines**
- Attachment Number Two: Chapter 11 Initial Debtor Interview**
- Attachment Number Three: Required Use of Authorized Depositories (see separate PDF for list)**
- Attachment Number Four: Chapter 11 Monthly Operating Reports**

Compliance with these Guidelines is mandatory. **Failure to comply may result in a motion to dismiss or convert, to appoint a Chapter 11 trustee or examiner, or to impose sanctions.** If you believe that the requirements should be waived or varied in your case, you should immediately submit a **written request** to this office. If you are represented by counsel, please contact your attorney with questions regarding this material.

You should expect to be contacted by the analyst assigned to this case within a few days to schedule the initial interview. If there are any issues requiring the immediate attention of the United States Trustee's office, contact the analyst, who will identify the attorney assigned to this case.

**NANCY J. GARGULA  
UNITED STATES TRUSTEE**

**ATTACHMENT NUMBER ONE**

**CHAPTER ELEVEN OPERATING GUIDELINES**

**INTRODUCTION**

You have filed a petition for reorganization under Chapter 11 of Title 11 of the United States Code. Pursuant to the duties imposed on the United States Trustee under the Bankruptcy Code and 28 U.S.C. §586(a)(3), the United States Trustee shall supervise the administration of your Chapter 11. Accordingly, the United States Trustee has issued these Operating Guidelines and Requirements for a Chapter 11 Debtor-in-possession (Guidelines). Counsel for the debtor-in-possession **must** review these Guidelines with the debtor to ensure timely compliance. Any requests to modify these Guidelines **must** be made in writing and approved in writing by the Office of the United States Trustee. **The United States Trustee reserves the right to modify these Guidelines.**

**GUIDELINES AND REQUIREMENTS**

**A. GENERAL REQUIREMENTS**

The debtor is required to comply in all respects with the Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, any Local Rules of the Judicial District, and Bankruptcy Court orders.

The debtor **must** pay all non-professional, post-petition obligations in full when due. These include not only general business expenses but also wages and all Federal and State taxes. Failure to remain current in post-petition obligations, especially post-petition tax payments, may result in a motion for conversion or dismissal of this case.

The debtor **MAY NOT** pay any professionals, including attorneys, accountants or appraisers, without **prior** court approval. **All post-petition professional payments must be recorded on the debtor's monthly operating reports, and the Court order authorizing such payment must be attached to the report.**

The debtor **MAY NOT** pay any pre-petition obligations except as permitted by the Bankruptcy Code, or order of the Court.

The debtor **MAY NOT** sell or dispose of any assets, other than in the ordinary course of business, without **prior** Court approval.

The debtor **MAY NOT** use cash collateral without the consent of the secured party, incur secured debt, obtain credit or incur unsecured debt other than in the ordinary course of business, or transfer property without **prior** Court approval.

These general requirements are **not** all inclusive and the debtor should consult with its attorney prior to any transaction which the debtor feels may not be in the ordinary course of business.

## **B. BANK ACCOUNTS AND BOOKS AND RECORDS**

All pre-petition bank accounts **must** be closed as of the time of the order for relief, and their balances transferred to the debtor-in-possession bank accounts. At least two bank accounts **must** be opened for post-petition operation, an operating account and a tax escrow account. These accounts **must** be opened at an authorized depository, further described and identified in **Attachment Number Three**. Use of an authorized depository constitutes the debtor's consent to the bank's furnishing account information to the United States Trustee. If the debtor-in-possession prefers to use a financial institution which is **not included** on the authorized depository list, the debtor-in-possession **must** contact the U. S. Trustees' bankruptcy analyst assigned to the case to discuss the use of the other financial institution.

All Debtor-in-possession funds and bank accounts must be collateralized in accordance with the provisions of 11 U.S.C. §345. Debtors-in-possession shall notify the United States Trustee when debtor-in-possession funds at a banking institution exceed the FDIC insured limitation.

If the bank accounts were not closed on or prior to the date of filing, the debtor must prepare a list of all checks that were outstanding on that date, and provide that list with the other Initial Debtor Interview documents, as further discussed in **Attachment Number Two**.

Please note that the Bankruptcy Abuse Prevention Act of 2005, PL 109-8, April 20, 2005, 119 Stat 23, 11 U.S.C. § 1115(a)(2) provides that earnings from services performed by a debtor-in-possession after the commencement of the case but before the case is closed, dismissed or converted to a case under chapter 7, 12, or 13, whichever occurs first, are property of the estate. Accordingly, such post-petition earnings from services performed by an *individual debtor-in-possession* should be deposited into the debtor-in-possession bank account. Note that unless Court approval is obtained, post-petition earnings should not be used to pay any pre-petition claims against the estate.

All books and records of the debtor-in-possession **must** be closed as of the time of the entry for relief. New books and records are to be maintained for all post-petition operation.

## **C. INSURANCE**

The debtor-in-possession **must** maintain insurance on all assets of the bankruptcy estate and make all premium payments when due. If the debtor has employees, workers' compensation **must** be maintained. Liability insurance, if required by statute or commercially appropriate, **must** also be maintained. A more detailed discussion regarding this requirement is addressed in Attachment Number Two. Failure to maintain adequate insurance may result in action being taken by the United States Trustee.

## **D. PAYROLL TAXES, SALES TAXES AND OTHER TAXES**

The debtor-in-possession **must** make timely deposits and payments of trust fund taxes. Chapter 11 businesses are often cash poor prior to their Chapter 11 filing and have for some time borrowed from trust fund holdings ("Holdings"). Such "Holdings" include those moneys which the debtor-in-possession does not own, but **must** withhold/collect and deposit with the appropriate taxing authority. The debtor-in-possession acts as a fiduciary of these funds and **must** deposit them into the post-petition tax escrow account until such payments **must** be made to the taxing authorities. The United States Trustee and the Internal Revenue Service monitor compliance of the payment of post-petition payroll taxes. **Please note: The failure to make timely**

**payments or deposits of federal state, and local taxes may result in the U.S. Trustee filing a motion to dismiss or convert this case. 11 U.S.C. §1112(b).**

## **E. INITIAL DEBTOR INTERVIEW**

As detailed in **Attachment Number Two**, an initial debtor interview involving debtor, debtor's counsel, and a bankruptcy analyst will be scheduled shortly after the analyst is assigned the case. The location of such an interview, and whether it is held telephonically or in person, is at the discretion of the analyst.

## **F. SCHEDULING ORDER**

If during the initial debtor interview it is determined that a scheduling order is necessary, the debtor, debtor's counsel, and United States Trustee will seek agreement on deadlines for specific actions.

## **G. MONTHLY OPERATING REPORTS**

As detailed in **Attachment Number Four**, all debtors must file a monthly operating report with the U. S. Bankruptcy Court **and with** the United States Trustee. Copies of the monthly operating report **must also** be submitted to each member of the unsecured Creditors' Committee, if one is appointed. Incomplete reports shall be deemed not submitted. Financial reports are required even if the debtor is liquidating, or has ceased operations. Reports are required until the case is either closed by the Court, dismissed by the Court, or converted to another chapter by the Court. **Timely compliance with this requirement is vital. Pursuant to 11 U.S.C. §1112(b), the failure of the debtor to remain current with the filing of monthly reports is grounds for dismissal or conversion of the case.**

## **H. QUARTERLY FEES**

Payment of the quarterly fee is statutory. Title 28 U.S.C. §1930(a) requires each Chapter 11 debtor to pay a quarterly fee to the United States Trustee. Quarterly fees will accrue from the date of entry of the order for relief and continue until and including the quarter in which your case is dismissed by the Court, converted to another Chapter, or closed by the Court. The quarterly fee is based upon the amount of disbursements made by the debtor during the calendar quarter with a minimum fee of \$325.00 and a maximum fee of \$250,000 per quarter. **The minimum payment must be made even if no disbursements were made during the quarter, and such payment cannot be prorated. In accordance with 31 U.S.C. §3717, interest may be assessed on any U.S. Trustee Quarterly Fee not paid by the due date of the fee.** The failure to timely pay quarterly fees may result in dismissal of the case or conversion of the case to chapter 7. 11 U.S.C. §1112(b)(4)(K).

If the case is jointly administered with another case, submit a separate quarterly fee payment stub for each case. If the court has ordered the case to be **substantively consolidated** (consolidated for all purposes), then only one fee is payable per quarter, based upon the total disbursements of all of the entities. However, if substantive consolidation occurs during a quarter, the individual cases remain subject to the fee for the full quarter wherein the consolidation occurred. **Dismissal of a case by the Court does not relieve the Debtor of the responsibility to pay unpaid fees for previous quarters and the quarter in which the case was dismissed.**

Quarterly fee bills are mailed to the debtor-in-possession at the end of each quarter with instructions on how to determine the fee and make proper payment of the fee. Any debtor not receiving a statement for the fee or having questions about the fee should contact the U.S. Trustee's office. The fee is due on the last day of the calendar month following the calendar quarter for which the fee is owed. Interest will be charged on unpaid quarterly fees, pursuant to 31 U.S.C. § 3717. The calendar quarters and the due dates of the payments are as follows:

| <u>Quarter Number</u> | <u>Quarter Months</u> | <u>Payment due date</u> |
|-----------------------|-----------------------|-------------------------|
| 1                     | Jan., Feb., Mar.      | April 30                |
| 2                     | Apr., May, June       | July 31                 |
| 3                     | July, Aug., Sept.     | October 31              |
| 4                     | Oct., Nov., Dec.      | January 31              |

The fee is based upon the following table:

**Chapter 11 Quarterly Fees Based on Disbursements**

| <u>Quarterly Disbursement Range:</u> | <u>Quarterly Fee:</u>   |
|--------------------------------------|---|
| \$0 to \$14,999.99                   | \$325   |
| \$15,000 to \$74,999.99              | \$650   |
| \$75,000 to \$149,999.99             | \$975   |
| \$150,000 to \$224,999.99            | \$1,625   |
| \$225,000 to \$299,999.99            | \$1,950   |
| \$300,000 to \$999,999.99            | \$4,875   |
| \$1,000,000 or more                  | 1% of quarterly disbursements or \$250,000, whichever is less |

*Pursuant to the Bankruptcy Judgeship Act of 2017, Pub. L. No. 115-72, the chapter 11 quarterly fee schedule established by 28 U.S.C. § 1930(a)(6) is amended effective January 1, 2018.*

**EFFECTIVE JANUARY 1, 2020**

Quarterly fee payment options in Chapter 11:

Paid online at <https://www.pay.gov/public/form/start/672415208>

**The site will only accept payments made by electronic funds transfer from a bank account. Payments using a debit card, credit card, or other types of online payments such as PayPal will NOT be accepted.**

Mailed to:  
 United States Trustee Payment Center  
 P.O. Box 6200-19  
 Portland, OR 97228-6200

A sample Chapter 11 U.S. Trustee Quarterly Fee Payment Stub is shown below:

|  |  |              |
|--|--|--------------|
| U.S. Department of Justice<br>Office of the U.S. Trustee                   | CHAPTER 11 QUARTERLY FEE PAYMENT                               | UST 11A 1/07 |
| Case Name: _____ <b>[Insert Debtor's Name]</b> _____                       |  |              |
| Mailing Address: _____ <b>[Insert Debtor's Address]</b> _____              |  |              |
| _____ Court Location: City & State   | Ch. 11 ten-digit Account Number: _____ - _____ - _____ - _____ |              |
| <b><u>Send all correspondence to your local U.S. Trustee office.</u></b>   | Amount Enclosed: \$ _____                                      |              |
| Mail this form and your payment to:  |  |              |
| U.S. Trustee Payment Center<br>P.O. Box 6200-19<br>Portland, OR 97228-6200 | Date Mailed _____  | Sender _____ |
|  | [ ] Completed at U.S. Trustee Office                           |              |

**ATTACHMENT NUMBER TWO**

**CHAPTER 11 INITIAL DEBTOR INTERVIEW**

The United States Trustee, pursuant to the administrative and supervisory duties imposed on him/her by 28 U.S.C. §586(a)(3), requests that counsel and debtor-in-possession attend an initial debtor interview with the bankruptcy analyst assigned to the case. One purpose of such an interview is to satisfy the United States Trustee that the debtor-in-possession has opened new bank accounts and has adequate insurance on all assets of the bankruptcy estate. In addition, such an interview enables the analyst to better understand the nature of the debtor's business while affording the debtor an opportunity to understand his responsibilities as debtor-in-possession. **Accordingly, the debtor is expected to provide the following documents, properly completed and signed, to the analyst at the initial interview:**

1. **INITIAL Interview CHECKLIST (P 8).** This list is to be completed and provided to the analyst at the beginning of the interview. An explanation **must** be given for each item of noncompliance.
2. **BANK ACCOUNT DECLARATION (P 9-10).** All pre-petition accounts **must** be closed at the time of the order for relief. At least two post-petition accounts **must** be opened at a U.S. Trustee authorized depository: a debtor-in-possession operating account and a tax escrow account. All taxes withheld by the debtor **must** be placed in the tax escrow account until actual payment is made. Tax payments made the day they are withheld do not have to be deposited into this account but may be paid from the operating account. The determination of a need for any additional accounts, such as a payroll account or a customer deposit account, can be made at the initial debtor interview.

All balances in the pre-petition accounts **must** be transferred to the post-petition accounts and all discrepancies **must** be accounted for on the attached declaration. Disbursements other than by numbered check are prohibited. Checks are not to be issued to “cash” nor may counter checks to be used unless requested in writing to the U.S. Trustee. All business revenues must be deposited to the Debtor-in-possession operating account, with amounts needed to fund any other accounts being transferred to those accounts as necessary.

The United States Trustee requires that **all checks be pre-numbered by the bank and pre-printed with the caption "Debtor-in-possession."** A voided original check from each post-petition account should be provided the analyst at the Interview. The checks for each account must bear the case name, case number, the words “Debtor-in-possession,” and the type of account (operating, payroll or tax) imprinted on the face of each check in substantially the following format:

|   |                                 |
|---|---------------------------------|
| ABC, Inc.<br>Debtor-in-possession, 09-XXXXX<br>Operating Account<br>100 Main Street<br>Anywhere, IL 10000 | No. 100001<br><br>_____, 20____ |
| Pay to the Order of: _____  | \$ _____<br>_____<br>Dollars    |
| Bank of Trust<br>00XXX-XX-XXXXX    XXXXX-XXYYY  | _____                           |

3. **INSURANCE DECLARATION (P 11-12).** The Debtor-in-possession **must** maintain Worker's Compensation insurance on its employees, and adequate insurance on all assets of the bankruptcy estate. In addition, liability insurance, if required by statute or commercially appropriate, **must** also be maintained. The United States Trustee **must** be informed by the **debtor's insurance company** of any change or termination of insurance.

**The debtor should instruct its insurance companies to list the United States Trustee as a Certificate Holder, and the debtor must provide the analyst with a Certificate of Insurance at the initial interview. The certificate holder must be titled as:**

*United States Trustee  
Case No. \_\_\_\_\_  
Office of the U.S. Trustee  
401 Main Street, Suite 1100  
Peoria, IL 61602*

4. **FEDERAL TAX RETURNS.** The debtor **must** provide the analyst with copies of the two most recent annual tax returns, including all attachments. **During the pendency of the Chapter 11 case, the Debtor-in-possession will need to submit copies to the United States Trustee of all federal and state income tax returns (including all attachments) that are required to be filed.**
5. **FINANCIAL STATEMENTS.** The debtor **must** provide the analyst with copies of all financial statements provided to lending institutions or investors within the past two years, as identified in Item 19(d) on the Statement of Financial Affairs.
6. **NARRATIVE.** The debtor, in its own words, **must** provide a written narrative describing, at a minimum, the following: the nature and history of the debtor; significant events which led to the filing of the Chapter 11 petition; a projection of how the debtor anticipates reorganization; and any other information which debtor believes to be significant.
7. **SIX-MONTH PROJECTION OF CASH RECEIPTS AND EXPENSES (P 13).** Using the enclosed form, the debtor **must** anticipate monthly receipts and expenses based upon the history and/or the seasonal nature of the business for the next full six months.
8. **INITIAL DEBTOR Interview SUMMARY FORM (P 14-15).** This form is to be completed by the debtor prior to the interview. It is a summary of some of the areas which the analyst intends to cover at the initial interview. All questions should be answered.
9. **RECEIPT AND CERTIFICATION (P 16).** This form is to be signed by the debtor-in-possession or its representative, and counsel for the debtor-in-possession.
10. **BOOKS AND RECORDS.** The debtor should be prepared to make available to the analyst any pre-petition books and records, including corporate minute books, cash receipts and disbursement journals, check registers, bank statements and canceled checks. Review of these documents is at the analyst's discretion, and may be necessary for the analyst to better understand the financial condition of the debtor.

**NANCY J. GARGULA  
UNITED STATES TRUSTEE**

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**INITIAL DEBTOR INTERVIEW CHECKLIST**

Please check the items as appropriate, noting **any reasons why compliance is not possible**.

\_\_\_\_ **BANK ACCOUNT DECLARATION AND VOIDED CHECKS FROM EACH DEBTOR-IN-POSSESSION ACCOUNT.** Reason not completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **INSURANCE DECLARATION AND CERTIFICATES OF INSURANCE.** Reason not completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **FEDERAL TAX RETURNS.** Reason not supplied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **FINANCIAL STATEMENTS.** Reason not supplied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **NARRATIVE.** Reason not completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **SIX-MONTH PROJECTION OF CASH RECEIPTS AND EXPENSES.** Reason not completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **INITIAL INTERVIEW SUMMARY FORM.** Reason not completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **RECEIPT AND CERTIFICATION.** Reason not completed: \_\_\_\_\_

\_\_\_\_\_

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**BANK ACCOUNT DECLARATION**  
*(copy forms if necessary)*

**PRE-PETITION BANK ACCOUNTS:**

1. Depository Bank: \_\_\_\_\_ Account # \_\_\_\_\_

Type of Account: \_\_\_\_\_ (e.g., Operating, Payroll, Savings)

Is account closed? \_\_\_\_\_ Date Closed: \_\_\_\_\_ Balance: \_\_\_\_\_

Reason account not closed:

\_\_\_\_\_  
\_\_\_\_\_

Has the ending balance been transferred to Debtor-in-possession account? \_\_\_\_\_

Reason balance not transferred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Depository Bank: \_\_\_\_\_ Account # \_\_\_\_\_

Type of Account: \_\_\_\_\_ (e.g., Operating, Payroll, Savings)

Is account closed? \_\_\_\_\_ Date Closed: \_\_\_\_\_ Balance: \_\_\_\_\_

Reason account not closed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the ending balance been transferred to Debtor-in-possession account? \_\_\_\_\_

Reason balance not transferred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Depository Bank: \_\_\_\_\_ Account # \_\_\_\_\_

Type of Account: \_\_\_\_\_ (e.g. Operating, Payroll, Savings)

Is account closed? \_\_\_\_\_ Date Closed: \_\_\_\_\_ Balance: \_\_\_\_\_

Reason account not closed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the ending balance been transferred to Debtor-in-possession account? \_\_\_\_\_

Reason balance not transferred: \_\_\_\_\_

**BANK ACCOUNT DECLARATION FORM**  
*Page 1 of 2*

**POST-PETITION BANK ACCOUNTS:**

1. Depository Bank: \_\_\_\_\_ Account # \_\_\_\_\_  
Type of Account: Operating Date Opened: \_\_\_\_\_ Beg. Bal.: \_\_\_\_\_  
Authorized Signatories: \_\_\_\_\_  
Reason Operating Account not opened: \_\_\_\_\_

2. Depository Bank: \_\_\_\_\_ Account # \_\_\_\_\_  
Type of Account: Tax Escrow Date Opened: \_\_\_\_\_ Beg. Bal.: \_\_\_\_\_  
Authorized Signatories: \_\_\_\_\_  
Reason Tax Escrow Account not opened: \_\_\_\_\_

3. Depository Bank: \_\_\_\_\_ Account # \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Date Opened: \_\_\_\_\_ Beg. Bal.: \_\_\_\_\_  
Authorized Signatories: \_\_\_\_\_

**Authorization and Certification:**

As the representative of the Debtor-in-possession, I hereby authorize the financial institution(s) listed above to provide each month to the United States Trustee duplicate copies of the monthly bank statements for all accounts identified above. I hereby further authorize the financial institution(s) listed above to provide to the United States Trustee, upon request, any and all information pertaining to said accounts. Said information includes, but is not limited to, copies of statements, deposit slips, and checks.

I declare under penalty of perjury that the information provided on this "Bank Account Declaration," consisting of two pre-printed pages and any additional sheets that I have provided, is true and correct to the best of my knowledge, information, and belief.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Title

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

### INSURANCE DECLARATION

Please identify all insurance policies currently paid and in force, and attach a Certificate of Insurance to this declaration.

1. **Insurance Company:** \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent and telephone #: \_\_\_\_\_  
Assets Covered: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_  
Amount of Coverage: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Insurance Paid Through: \_\_\_\_\_
  
2. **Insurance Company:** \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent and telephone #: \_\_\_\_\_  
Assets Covered: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_  
Amount of Coverage: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Insurance Paid Through: \_\_\_\_\_
  
3. **Insurance Company:** \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent and telephone #: \_\_\_\_\_  
Assets Covered: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_  
Amount of Coverage: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Insurance Paid Through: \_\_\_\_\_
  
4. **Insurance Company:** \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent and telephone #: \_\_\_\_\_  
Assets Covered: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_  
Amount of Coverage: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Insurance Paid Through: \_\_\_\_\_

5. **Insurance Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_  
**Agent and telephone #:** \_\_\_\_\_  
**Assets Covered:** \_\_\_\_\_ **Type of Coverage:** \_\_\_\_\_  
**Amount of Coverage:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_ **Insurance Paid Through:** \_\_\_\_\_

Attach additional sheets if necessary. Please feel free to copy this form.

Identify all assets not covered by insurance and the reason(s) for lack of coverage:

| Asset    | Reason for Lack of Coverage |
|----------|-----------------------------|
| 1. _____ | _____                       |
| 2. _____ | _____                       |
| 3. _____ | _____                       |

**Certification:**

I declare under penalty of perjury that the information provided on this "Insurance Declaration," consisting of two pre-printed pages and any additional sheets that I have provided, is true and correct to the best of my knowledge, information and belief.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**SIX-MONTH PROJECTION OF RECEIPTS AND EXPENSES**

|                               | Months |  |  |  |  |  |
|-------------------------------|--------|--|--|--|--|--|
|                               |        |  |  |  |  |  |
| <b>INCOME:</b>                |        |  |  |  |  |  |
| Cash Sales                    |        |  |  |  |  |  |
| Account Receivable Collection |        |  |  |  |  |  |
| Loans/Financing               |        |  |  |  |  |  |
| Contributions of Capital      |        |  |  |  |  |  |
| Other Income                  |        |  |  |  |  |  |
| <b>TOTAL CASH RECEIPTS</b>    |        |  |  |  |  |  |

|                       |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|
| <b>EXPENSES:</b>      |  |  |  |  |  |  |
| Inventory Purchases   |  |  |  |  |  |  |
| Payroll               |  |  |  |  |  |  |
| Rent Payments         |  |  |  |  |  |  |
| Lease Payments        |  |  |  |  |  |  |
| Mortgage Payments     |  |  |  |  |  |  |
| Insurance             |  |  |  |  |  |  |
| Utilities/Phone       |  |  |  |  |  |  |
| Tax Payments          |  |  |  |  |  |  |
| Supplies              |  |  |  |  |  |  |
| Outside Labor         |  |  |  |  |  |  |
| Travel/Entertainment  |  |  |  |  |  |  |
| Professional Fees     |  |  |  |  |  |  |
| Other Expenses        |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |
| <b>TOTAL EXPENSES</b> |  |  |  |  |  |  |

|                      |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|
| <b>NET CASH FLOW</b> |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**INITIAL INTERVIEW SUMMARY FORM**

Date Filed: \_\_\_\_\_ Assets: \_\_\_\_\_

Liabilities: \_\_\_\_\_

Physical address of Business: \_\_\_\_\_

Telephone Number: ----- \_\_\_\_\_

**BUSINESS OPERATIONS INFORMATION**

Description of Business: \_\_\_\_\_

Number of Employees: Pre-petition \_\_\_\_\_ Post-Petition \_\_\_\_\_

***Pre-Petition Officers***

**Name**

**Salary**

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

***Post-Petition Officers***

**Name**

**Salary**

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

1. Have any bonuses been paid to officers, directors or insiders within the past year? Identify completely.
  2. Have any stock distributions/redemptions been made within the past year? Identify completely.
  3. Have any dividends been paid within the past year? Identify completely.
  4. Have any loans been repaid to officers, directors or insiders within the past year? Identify completely.
  5. Has the debtor transferred any assets within the prior year? Describe.
  6. Has the debtor lent money to any officer, director or insider within the past year? Describe.
  7. Is the business seasonal? \_\_\_\_\_ Identify the strong and weak months.
  8. If the debtor leases space or equipment, are any leases with insiders? \_\_\_\_\_  
Describe what is leased: \_\_\_\_\_  
Please attach copies of such leases.
  9. Describe the conditions or situation which caused the filing of the Chapter 11?
  10. How does the debtor anticipate reorganization?
  11. Does the debtor intend to continue operations, or is the debtor planning an orderly liquidation of the business, or outright sale of the business as a going concern?
  12. Are there any immediate problems which need to be brought to the attention of the U. S. Trustee?
  13. Who will be preparing the monthly reports for the debtor?
  14. Any additional comments: \_\_\_\_\_
-

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

### Receipt and Certification

The undersigned hereby acknowledges receipt from the United States Trustee of the following:

- Attachment One: Chapter 11 Operating Guidelines
- Attachment Two: Chapter 11 Initial Debtor Interview
- Attachment Three: Chapter 11 Authorized Depositories
- Attachment Four: Chapter 11 Monthly Operating Reports

I, the Debtor-In-Possession, certify that I have read the Attachments and agree to operate in accordance with their instructions and requirements.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Printed: \_\_\_\_\_  
 Title: \_\_\_\_\_

**As attorney for the Debtor-In-Possession, I have read these Attachments, reviewed them with my client, and instructed my client to perform accordingly.**

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Printed: \_\_\_\_\_

### Contact Permission and Information

During the course of the administration of this Chapter 11, it may become necessary for United States Trustee personnel to contact the debtor-in-possession or its designated representative regarding the financial information contained in the monthly operating reports. As counsel for the Debtor-in-possession, the undersigned attorney:

\_\_\_\_\_ **Has no objection to such contact without prior attorney approval.**

This contact includes the proper completion of operating reports, the maintenance of appropriate insurance, banking arrangements, payment of taxes, and the calculation and payment of quarterly fees.

Designated Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Designated Contact Person's Title: \_\_\_\_\_  
 Designated Contact Person's email: \_\_\_\_\_

\_\_\_\_\_ **Requests that all contacts with the Debtor-in-possession be arranged through the attorney for the Debtor-in-possession.**

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Printed: \_\_\_\_\_

**Attorney for Debtor-in-Possession**

## **ATTACHMENT NUMBER THREE**

### **REQUIRED USE OF AUTHORIZED DEPOSITORIES**

The Debtor-in-possession is required to close its pre-bankruptcy bank accounts, and to open new bank accounts. The new bank accounts must be opened with a financial institution which has been authorized by the U.S. Trustee as a depository for bankruptcy estate funds. Copies of your bank statements must be provided by your financial institution to the United States Trustee.

All Debtor-in-possession funds and bank accounts must be collateralized in accordance with the provisions of 11 U.S.C. §345. Debtors-in-possession shall notify the United States Trustee when debtor-in-possession funds at a banking institution exceed the FDIC insured limitation.

The UST's "Authorized Depositories List" was emailed to you along with these Chapter 11 Operating Guidelines. The use of an authorized depository constitutes the Debtor-in-possession's consent to the bank furnishing the monthly account information to the U.S. Trustee.

If the financial institution which you would like to use is not listed, ask a representative of the financial institution to become an authorized depository. The representative of the financial institution should contact the analyst assigned to your case or the Assistant United States Trustee for information on how to become an authorized depository.

Please have the account numbers for your new accounts available for the bankruptcy analyst at the initial debtor interview. If you have any questions about these procedures, please contact the bankruptcy analyst assigned to your case.

**NANCY J. GARGULA**  
**UNITED STATES TRUSTEE**

## ATTACHMENT NUMBER FOUR

### CHAPTER 11 MONTHLY OPERATING REPORTS:

All debtors-in-possession must file with the Court no later than the 15<sup>th</sup> day of each month a written financial report for the entire preceding calendar month. The debtor-in-possession or the debtor-in-possession's representative is required to sign the report certifying under penalty of perjury that the accompanying reports are complete, true and accurate. Debtor's counsel must maintain the originally signed report in accordance with the U.S. Bankruptcy Court's instructions on electronic filing. Debtor's counsel must provide copies of the reports to each member of the Unsecured Creditors' Committee (if one is appointed), and to any party in interest requesting copies.

The monthly operating report is to be completed based upon a calendar month (e.g., January 1 - January 31). The first report shall include all transactions for the period of the first month or **partial month** that the debtor is in bankruptcy. It is recognized that in almost all cases, this first report will be for a partial month. The partial month report should **not** be combined with that of the first full month. Changes from this policy must be approved in writing by the U.S. Trustee Bankruptcy Analyst assigned to the case. If an extension of time is needed, or if a different reporting cycle is required, the debtor must discuss this with the Bankruptcy Analyst or the Attorney for the U.S. Trustee assigned to this case. Should questions arise as to how specific forms are to be completed, or whether a different reporting format can be used, the debtor-in-possession and the debtor's attorney should contact the bankruptcy analyst assigned to the case.

Each report includes a section for the reporting of **professional fees** that have been incurred by the Debtor-in-possession. If the Debtor-in-possession has paid **any professional fees** during the reporting period, a copy of the **Court Order** authorizing the payment of the fees should be attached to the report.

The debtor must provide evidence that post-petition tax obligations are current. **The failure to make timely payments or deposits of federal state, and local taxes may result in the U.S. Trustee filing a motion to dismiss or convert this case. 11 U.S.C. §1112(b).**

**A qualifying Small Business Debtor-in-possession must use the Official Form B 25 C Monthly Report (SBMOR).** This form can also be found at the United States Bankruptcy Court's website at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#official](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#official). Business debtors who do not qualify as a small business as defined by 11 U.S.C. § 101(51D) should use the monthly report entitled "Monthly Report for Non-Small Business Debtors and Chapter 11 Trustees."

#### **A. OFFICIAL BANKRUPTCY FORM B 25C, SMALL BUSINESS OPERATING REPORT (SBMOR)**

A Small Business debtor is required to close the books as of the day that relief is granted. New books and records are to be established beginning with the day of filing the bankruptcy petition. In the case of the Small Business Debtor-in-possession, all receipts and all disbursements are to be reported using the attached *Small Business Operating Report Form B 25C (SBMOR)*. Please read Form B 25C carefully, since it should be self-explanatory. If you have any questions contact your attorney or the bankruptcy analyst assigned to your case.

Included as part of the *SBMOR* (Form B 25C), on page 4, is a section which compares the actual monthly operating results to the six-month projected cash receipts and expenses that were provided as part of

the Initial Debtor Interview. If the actual monthly operating results vary significantly from the projections, the Debtor-in-possession will need to provide an explanation for the variance. In addition, this office has provided suggested Exhibits A through E for the debtor-in-possession's use in completing the *SBMOR*.

## **B. MONTHLY REPORT FOR NON SMALL BUSINESS DEBTOR**

Businesses that do not qualify as a small business as defined by 11 U.S.C. § 101(51D) should complete and submit the monthly financial report entitled "Monthly Report for Non-Small Business Debtors and Chapter 11 Trustees."

The non-small business debtor-in-possession is required to close the books and records of its business as of the day that relief is granted under Chapter 11 of the Bankruptcy Code. New books and records are to be established beginning with the day of the filing of the bankruptcy petition. All receipts of the Debtor-in-possession and all disbursements made by the Debtor-in-possession are to be reported using

## **C. REPORTS FOR AN ENTITY IN WHICH THE DEBTOR-IN-POSSESSION HOLDS A CONTROLLING OR SUBSTANTIAL INTEREST**

A Chapter 11 Debtor-in-possession is required to file periodic financial reports of the value, operations, and profitability of each entity in which the debtor has a substantial or controlling interest unless the entity is publically traded or also a debtor in bankruptcy. *See*, Federal Rules of Bankruptcy Procedure 2015.3(a). This requirement applies whenever the debtor-in-possession controls or owns at least 20% of the other entity. See Official Form B 26 and its instructions, which are available at the U. S. Bankruptcy Court's web site at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#official](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#official).

## **D. OTHER REPORTS**

The U.S. Trustee may require or request other types of reports or schedules. For example, the U.S. Trustee may require the debtor-in-possession to file a detailed report of the cash received and the disbursement made in the 90-day period prior to the bankruptcy being filed. The bankruptcy analyst will discuss the need for any other reports during the Chapter 11 Initial Debtor Interview.

In addition, other newly required Chapter 11 forms and instructions can be found at the U.S. Bankruptcy Court's web site: [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#official](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#official). These new required forms are: "Official Bankruptcy Form B 25B, Disclosure Statement in a Small Business"; "Official Bankruptcy Form B 25A, Plan of Reorganization in a Small Business"; and, "Official Bankruptcy Form 26, Periodic Report Regarding Value, Operations and Profitability of Entities in which the Debtor's Estate Holds a Substantial or Controlling Interest." If the Debtor-in-possession has a controlling interest in another entity, then it will be required to file Official Form 26. This requirement will be discussed by the Bankruptcy Analyst during the Initial Debtor Interview.

Copies are to be provided to the United States Trustee of any internal financial reports, such as a Balance Sheet, Income Statement and Statement of Cash Flows, along with all supporting schedules.

**NANCY J. GARGULA**  
**UNITED STATES TRUSTEE**

**Fill in this information to identify the case:**

Debtor Name \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number: \_\_\_\_\_

Check if this is an amended filing

**Official Form 425C**

**Monthly Operating Report for Small Business Under Chapter 11**

**12/17**

Month: \_\_\_\_\_

Date report filed: \_\_\_\_\_  
MM / DD / YYYY

Line of business: \_\_\_\_\_

NAISC code: \_\_\_\_\_

**In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.**

Responsible party: \_\_\_\_\_

Original signature of responsible party \_\_\_\_\_

Printed name of responsible party \_\_\_\_\_

**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

**If you answer *No* to any of the questions in lines 1-9, attach an explanation and label it *Exhibit A*.**

|  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. Did the business operate during the entire reporting period?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If you answer *Yes* to any of the questions in lines 10-18, attach an explanation and label it *Exhibit B*.**

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. Have you paid any bills you owed before you filed bankruptcy?
18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

**2. Summary of Cash Activity for All Accounts**

**19. Total opening balance of all accounts** \$ \_\_\_\_\_  
 This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

**20. Total cash receipts**  
 Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.  
 Report the total from *Exhibit C* here. \$ \_\_\_\_\_

**21. Total cash disbursements**  
 Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.  
 Report the total from *Exhibit D* here. - \$ \_\_\_\_\_

**22. Net cash flow** + \$ \_\_\_\_\_  
 Subtract line 21 from line 20 and report the result here.  
 This amount may be different from what you may have calculated as *net profit*.

**23. Cash on hand at the end of the month** = \$ \_\_\_\_\_  
 Add line 22 + line 19. Report the result here.  
 Report this figure as the *cash on hand at the beginning of the month* on your next operating report.  
 This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

**3. Unpaid Bills**

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

**24. Total payables** \$ \_\_\_\_\_  
*(Exhibit E)*

### 4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ \_\_\_\_\_  
 (*Exhibit F*)

### 5. Employees

26. What was the number of employees when the case was filed? \_\_\_\_\_  
 27. What is the number of employees as of the date of this monthly report? \_\_\_\_\_

### 6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ \_\_\_\_\_  
 29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ \_\_\_\_\_  
 30. How much have you paid this month in other professional fees? \$ \_\_\_\_\_  
 31. How much have you paid in total other professional fees since filing the case? \$ \_\_\_\_\_

### 7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

|  | Column A   |   | Column B                         |   | Column C                         |
|--|--|---|----------------------------------|---|----------------------------------|
|  | <b>Projected</b>                                   | - | <b>Actual</b>                    | = | <b>Difference</b>                |
|  | Copy lines 35-37 from the previous month's report. |   | Copy lines 20-22 of this report. |   | Subtract Column B from Column A. |
| 32. <b>Cash receipts</b>                                   | \$ _____   | - | \$ _____                         | = | \$ _____                         |
| 33. <b>Cash disbursements</b>                              | \$ _____   | - | \$ _____                         | = | \$ _____                         |
| 34. <b>Net cash flow</b>                                   | \$ _____   | - | \$ _____                         | = | \$ _____                         |
| 35. Total projected cash receipts for the next month:      |  |   |                                  |   | \$ _____                         |
| 36. Total projected cash disbursements for the next month: |  |   |                                  |   | - \$ _____                       |
| 37. Total projected net cash flow for the next month:      |  |   |                                  |   | = \$ _____                       |

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

## 8. Additional Information

---

If available, check the box to the left and attach copies of the following documents.

- 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- 39. Bank reconciliation reports for each account.
- 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- 41. Budget, projection, or forecast reports.
- 42. Project, job costing, or work-in-progress reports.



**U.S. Department of Justice**  
 Office of the United States Trustee, *Region 10*  
*Central & Southern Districts of Illinois*  
*Northern & Southern Districts of Indiana*

401 Main Street, Suite 1100  
 Peoria, Illinois 61602

Phone: 309/671-7854  
 Fax: 309/671-7857

**Monthly Report for Non-Small Business Debtors and Chapter 11 Trustees**

Debtor Name: \_\_\_\_\_ For the month ended: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date Bankruptcy filed: \_\_\_\_\_

**This report is to be completed in its entirety and is to be sent to the Office of the United States Trustee. The Operating Report Summary, located on page 31 of 32, is to be completed and electronically filed by the debtor’s attorney with the Bankruptcy Court. If any portion of this report is not completed, please provide an explanation as to the reason for the incomplete portion.**

Portion of the report:

- Monthly Income Statement
- Monthly Cash Flow
- Operating Report Summary
- Bank Statements

Reason not completed or provided:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The undersigned certifies under penalty of perjury that the information contained in this and accompanying report is complete, true and correct to the best of my knowledge, information, and belief.

Signature of Debtor or Debtor’s Representative: \_\_\_\_\_

Title of Representative if applicable: \_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_\_\_

Debtor’s phone number: ----- \_\_\_\_\_

Name of Preparer: \_\_\_\_\_, \_\_\_\_\_  
 (Title)

Preparer’s phone number: ----- \_\_\_\_\_

**OFFICE OF THE U.S. TRUSTEE - REGION 10**  
**MONTHLY INCOME STATEMENT**  
*(Accrual Method of accounting is required) As*  
of \_\_\_\_\_

**Debtor Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

|   | <u>CURRENT</u><br><u>MONTH</u> | <u>YEAR TO</u><br><u>DATE</u> |
|---|--------------------------------|-------------------------------|
| <u>INCOME</u>                                   |                                |                               |
| Gross Receipts or Sales                         | _____                          | _____                         |
| less: returns or allowances                     | _____                          | _____                         |
| <u>Cost of Goods</u>                            |                                |                               |
| Beginning Inventory                             | _____                          |                               |
| Purchases                                       | _____                          |                               |
| Other Costs ( attach itemized schedule)         | _____                          |                               |
| <u>less: ending inventory</u>                   | =====                          |                               |
| Cost of Goods Sold                              | _____                          | _____                         |
| <br>Gross Profit                                | <br>_____                      | <br>_____                     |
| Interest  | _____                          | _____                         |
| Rents   | _____                          | _____                         |
| Gain(Loss) from sale of property                | _____                          | _____                         |
| <u>Other Income</u> ( attach itemized schedule) | =====                          | =====                         |
| Total Income                                    | _____                          | _____                         |
| <br><u>GENERAL AND ADMINISTRATIVE EXPENSES</u>  |                                |                               |
| Compensation of Officers                        | _____                          | _____                         |
| Salaries & Wages                                | _____                          | _____                         |
| Repairs & Maintenance                           | _____                          | _____                         |
| Supplies  | _____                          | _____                         |
| Bad Debts                                       | _____                          | _____                         |
| Rents   | _____                          | _____                         |
| Payroll Taxes                                   | _____                          | _____                         |
| Other Taxes                                     | _____                          | _____                         |
| Interest Expense                                | _____                          | _____                         |
| Depreciation                                    | _____                          | _____                         |
| Insurance                                       | _____                          | _____                         |
| Travel & Entertainment                          | _____                          | _____                         |
| Utilities & Telephone                           | _____                          | _____                         |
| Professional & Legal                            | _____                          | _____                         |
| Other Expenses (Attach Itemized Schedule)       | =====                          | =====                         |
| Total Expenses                                  | =====                          | =====                         |
| Net Profit (Loss)                               | =====                          | =====                         |

OFFICE OF THE U.S. TRUSTEE - REGION 10  
MONTHLY CASH FLOW for the month ended \_\_\_\_\_

**Debtor Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

Reconciled bank balance and cash on hand from last month  
*(if this is the first report, insert the cash balance as of the petition date)* \_\_\_\_\_

**CASH RECEIPTS**

|  |       |
|--|-------|
| from cash sales/receipts                             | _____ |
| from collection of pre-petition accounts receivable  | _____ |
| from collection of post-petition accounts receivable | _____ |
| from loans (attach itemized list)                    | _____ |
| from contributions to capital or from gifts          | _____ |
| other receipts (attach itemized schedule)            | _____ |

TOTAL RECEIPTS (Do not include beginning bank balance) \_\_\_\_\_

**CASH DISBURSEMENTS**

|   |       |
|---|-------|
| inventory purchases                                       | _____ |
| net payments to officers/owners (actual cash paid)        | _____ |
| net payments to other employees (actual cash paid)        | _____ |
| rent payments   | _____ |
| lease payments  | _____ |
| mortgage or note payments                                 | _____ |
| adequate protection payments                              | _____ |
| insurance   | _____ |
| utilities/telephone                                       | _____ |
| tax payments (from page 4)                                | _____ |
| advertising & marketing                                   | _____ |
| supplies  | _____ |
| outside labor   | _____ |
| travel/entertainment                                      | _____ |
| payments to attorneys (attach copy Court order)           | _____ |
| payments to accountants (attach copy Court order)         | _____ |
| payments to other professionals (attach copy Court order) | _____ |
| payment of U.S. Trustee Quarterly Fee                     | _____ |
| other expenses (attach itemized schedule)                 | _____ |

TOTAL DISBURSEMENTS \_\_\_\_\_

NET CASH FLOW (Total Receipts minus Total Disbursements) \_\_\_\_\_

Bank Balance and cash on hand at the end of the month  
**(beginning balance + cash receipts - cash disbursements)** \_\_\_\_\_

**Attach copies of all bank statements and reconciliations.**

OFFICE OF THE U.S. TRUSTEE - REGION 10  
STATUS OF TAXES for the month ended \_\_\_\_\_

STATUS OF TAXES

|   | <u>BEGINNING</u><br><u>*TAX LIABILITY</u> | <u>AMOUNT</u><br><u>WITHHELD</u><br><u>OR ACCRUED</u> | <u>AMOUNT</u><br><u>PAID</u> | <u>ENDING</u><br><u>TAX LIABILITY</u> |
|---|---|---|------------------------------|---------------------------------------|
| <u>FEDERAL</u>  |   |   |                              |                                       |
| Withholding _____                                     | _____                                     | _____   | _____                        | _____                                 |
| FICA-employee _____                                   | _____                                     | _____   | _____                        | FICA- _____                           |
| employer _____  | _____                                     | _____   | _____                        | Unemployment _____                    |
|   | _____                                     | _____   | _____                        | Income _____                          |
|   | _____                                     | _____   | _____                        | Other - list _____                    |
| a. subtotal   | =====                                     | =====   | =====                        | =====                                 |
|   | _____                                     | _____   | _____                        | _____                                 |
| <u>STATE &amp; LOCAL</u>                              |   |   |                              |                                       |
| Withholding _____                                     | _____                                     | _____   | _____                        | _____                                 |
| Sales Excise _____                                    | _____                                     | _____   | _____                        | _____                                 |
| Unemployment _____                                    | _____                                     | _____   | _____                        | Other _____                           |
|   | _____                                     | _____   | _____                        | Real property _____                   |
| Personal _____  | _____                                     | _____   | _____                        | property _____                        |
| Other - list _____                                    | _____                                     | _____   | _____                        | _____                                 |
| b. subtotal   | =====                                     | =====   | =====                        | =====                                 |
|   | _____                                     | _____   | _____                        | _____                                 |
| TOTAL TAXES PAID - from a. & b. above                 |   |   | =====                        |                                       |
| (this sum is to be listed on page 1, as tax payments) |   |   |                              |                                       |

Explain the reason for any past due post-petition taxes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* the beginning tax liability should represent the liability from the prior month or, if this is the first operating report, this should be zero.**

OFFICE OF THE U.S. TRUSTEE - REGION 10  
 AGING SCHEDULES FOR RECEIVABLES & PAYABLES for the month ended \_\_\_\_\_

| <i>Accounts Receivable</i> | Current<br>0-30<br><u>days</u> | Past Due<br>31-60<br><u>days</u> | Past Due<br>61-90<br><u>days</u> | Past Due<br>91 & over<br><u>days</u> |               |
|----------------------------|--------------------------------|----------------------------------|----------------------------------|--------------------------------------|---------------|
| Pre-petition               | _____                          | _____                            | _____                            | _____                                |               |
| Post-petition              | _____                          | _____                            | _____                            | _____                                |               |
| Totals                     | _____                          | _____                            | _____                            | _____                                | (grand total) |

| <i>Accounts Payable</i> | Current<br>0-30<br><u>days</u> | Past Due<br>31-60<br><u>days</u> | Past Due<br>61-90<br><u>days</u> | Past Due<br>91 & over<br><u>days</u> |               |
|-------------------------|--------------------------------|----------------------------------|----------------------------------|--------------------------------------|---------------|
| Post-petition only      | _____                          | _____                            | _____                            | _____                                | (grand total) |

| <i>Notes or Leases Payable or<br/>adequate protection agreements<br/>(Post Petition only)</i> | Current<br>0-30<br><u>days</u> | Past Due<br>31-60<br><u>days</u> | Past Due<br>61-90<br><u>days</u> | Past Due<br>91 & over<br><u>days</u> |
|---|--------------------------------|----------------------------------|----------------------------------|--------------------------------------|
|---|--------------------------------|----------------------------------|----------------------------------|--------------------------------------|

List Creditor/Lessor:

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Post-Petition Bank Accounts (*attach copies of all bank statements*):

|            | <u>Bank Name</u> | <u>Beginning<br/>Balance</u> | <u>Ending<br/>Balance</u> |
|------------|------------------|------------------------------|---------------------------|
| operating  | _____            | _____                        | _____                     |
| payroll    | _____            | _____                        | _____                     |
| tax escrow | _____            | _____                        | _____                     |
| other(s)   | _____            | _____                        | _____                     |

**QUESTIONNAIRE:**

**YES NO**

- 1. IS THE BUSINESS STILL OPERATING?  YES  NO
- 2. DID THE DEBTOR SELL ANY ASSETS OTHER THAN INVENTORY THIS MONTH?  
If yes, please attach a list of items sold and a copy of the Court Order authorizing the sale.  YES  NO
- 3. HAS THE DEBTOR PAID ANY BILLS THAT WERE OWED PRIOR TO FILING BANKRUPTCY?  
If yes, please provide the details.  YES  NO
- 4. DID THE DEBTOR PAY ITS ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?  
If yes, please provide the details and a copy of the Court Order authorizing the payment.  YES  NO
- 5. DID THE DEBTOR PAY ITS EMPLOYEES AND VENDORS ON TIME?  
If no, please provide details.  YES  NO
- 6. HAS THE DEBTOR FILED ALL OF ITS RETURNS AND PAID ALL OF ITS TAXES THIS MONTH?  
If no, please provide details.  YES  NO
- 7. DID THE DEBTOR PAY ALL OF ITS INSURANCE PREMIUMS THIS MONTH?  
If no, please provide details.  YES  NO
- 8. DID ANY INSURANCE COMPANY CANCEL THE DEBTOR'S POLICY THIS MONTH?  
If yes, please identify the policies that were cancelled.  YES  NO
- 9. HAS THE DEBTOR BORROWED MONEY FROM ANYONE THIS MONTH?  
If yes, please provide details.  YES  NO
- 10. DOES THE DEBTOR HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?  
If yes, please provide details.  YES  NO
- 11. DOES THE DEBTOR HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?  
If yes, provide details.  YES  NO
- 12. DID THE DEBTOR DEPOSIT ALL MONEY FOR THE BUSINESS INTO THE DIP ACCOUNT THIS MONTH?  
If no, where was the money deposited.  YES  NO
- 13. DID THE DEBTOR SELL ANY GOODS OR PROVIDE SERVICES TO ANY BUSINESS RELATED TO THE DEBTOR IN ANY WAY? If yes, please provide the details.  YES  NO
- 14. DOES THE DEBTOR PLAN ON CONTINUING TO OPERATE THE BUSINESS NEXT MONTH?  
If no, why not?  YES  NO
- 15. PROVIDE A BRIEF NARRATIVE COVERING ANY SIGNIFICANT EVENTS WHICH OCCURRED THIS PAST MONTH.
- 16. ATTACH A LIST OF ALL PAYMENTS MADE DURING THE REPORTING PERIOD TO THE PRINCIPALS, EXECUTIVES, OR INSIDERS. (THIS INCLUDES DRAWS OR CASH WITHDRAWALS BY INDIVIDUALS OR PARTNERS, DIVIDENDS, LEASE PAYMENTS ON PROPERTY OWNED BY INSIDERS, LOANS, GROSS SALARIES, ETC.)
- 17. SEND COPIES TO THE U.S. TRUSTEE OF ANY MONTHLY INTERNAL FINANCIAL REPORTS, INCLUDING ANY INTERNAL INCOME STATEMENT, AND/OR PROFIT & LOSS STATEMENT, AND/OR BALANCE SHEET.

**UNITED STATES BANKRUPTCY COURT  
CENTRAL AND SOUTHERN DISTRICT OF ILLINOIS**

**Case Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

Operating Report Summary\* for Month of \_\_\_\_\_

Cash on hand from ending balance of prior month (or petition filing date if first report) ..... \$ \_\_\_\_\_

**CASH RECEIPTS**

Cash Sales/Receipts..... \$ \_\_\_\_\_  
 Collection of pre-petition accounts receivable ..... \$ \_\_\_\_\_  
 Collection of post-petition accounts receivable..... \$ \_\_\_\_\_  
 Loans to Debtor-in-Possession ..... \$ \_\_\_\_\_  
 Contributions to capital or gifts ..... \$ \_\_\_\_\_  
 Other receipts ..... \$ \_\_\_\_\_  
**TOTAL RECEIPTS (Do not include beginning bank balance)..... \$ \_\_\_\_\_**

**CASH DISBURSEMENTS**

Inventory purchases..... \$ \_\_\_\_\_  
 Net payments to Owners/Officers ..... \$ \_\_\_\_\_  
 Net payments to Other Employees ..... \$ \_\_\_\_\_  
 Rent & Lease payments..... \$ \_\_\_\_\_  
 Mortgage, Note & Adequate Protection Payments ..... \$ \_\_\_\_\_  
 Insurance ..... \$ \_\_\_\_\_  
 Tax payments - payroll and other ..... \$ \_\_\_\_\_  
 Advertising & Marketing ..... \$ \_\_\_\_\_  
 Payment to Attorneys & Other Professionals ..... \$ \_\_\_\_\_  
 UST Quarterly Fees..... \$ \_\_\_\_\_  
 All other Expenses..... \$ \_\_\_\_\_  
**TOTAL DISBURSEMENTS..... \$ \_\_\_\_\_**

**NET CASH FLOW (Total Receipts minus Total Disbursements)..... \$ \_\_\_\_\_**

**Cash on hand at end of month ..... \$ \_\_\_\_\_**

**CURRENT ASSETS:** Accounts Receivable at end of month..... \$ \_\_\_\_\_  
**Increase or (Decrease) in Accounts Receivable for month..... \$ \_\_\_\_\_**  
 Inventory at end of month..... \$ \_\_\_\_\_  
**Increase or (Decrease) in Inventory for month..... \$ \_\_\_\_\_**

**LIABILITIES:** Increase or (Decrease) in **Post**-petition debt ..... \$ \_\_\_\_\_  
 Increase or (Decrease) in **Pre**-petition debt ..... \$ \_\_\_\_\_  
**Taxes payable:** Federal Payroll Taxes..... \$ \_\_\_\_\_  
                     State Payroll Taxes ..... \$ \_\_\_\_\_  
                     State Sales Taxes ..... \$ \_\_\_\_\_  
                     Other (describe) ..... \$ \_\_\_\_\_  
**TOTAL TAXES PAYABLE ..... \$ \_\_\_\_\_**

\* **NOTE:** Summary for electronic filing with the Bankruptcy Court.  
 For a complete set of Monthly Reports, please contact the Attorney for the Debtor-in-Possession.

U.S. Department of Justice  
Office of the U.S. Trustee

CHAPTER 11 QUARTERLY FEE PAYMENT

UST 11A 01/20

Case Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Ch. 11 ten-digit Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Court  
Location: City & State

Send all correspondence to the local U.S. Trustee office for the case. Amount Enclosed: \$ \_\_\_\_\_

Fees may be paid online at <https://www.pay.gov/public/form/start/672415208> or by mailing this form and a check to:

U.S. Trustee Payment Center  
P.O. Box 6200-19  
Portland, OR 97228-6200

\_\_\_\_\_  
Date Mailed                      Sender

Completed at U.S. Trustee Office

U.S. Department of Justice  
Office of the U.S. Trustee

CHAPTER 11 QUARTERLY FEE PAYMENT

UST 11A 01/20

Case Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Ch. 11 ten-digit Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Court  
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U.S. Department of Justice  
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CHAPTER 11 QUARTERLY FEE PAYMENT

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