

IN THE UNITED STATES BANKRUPTCY COURT
EASTERN AND WESTERN DISTRICTS OF ARKANSAS

Name of Debtor: _____ Case No: _____

Chapter 13

Name of Business: _____

Chapter 13 Business Operation Report for Month Ending: _____, _____

Monthly Business Income: (Do not include *personal* income)

Initial business funds on hand (first report)
or funds carried forward from last report (E): (A) \$ _____

Sales \$ _____

Service \$ _____

Rent / Lease \$ _____

Accounts Receivable \$ _____

Other: _____ \$ _____

Total Business Income: (B) \$ _____

Total monthly business income plus
Initial business funds on hand (A + B = C) (C) \$ _____

Monthly Business Expenses:

Building / Utilities / Insurance

Rent / Lease / Mortgage \$ _____

Utilities \$ _____

Telephone \$ _____

Property Insurance \$ _____

Liability Insurance \$ _____

Other: _____ \$ _____

Name of Debtor: _____

Case No: _____

Production Costs:

Raw Materials \$ _____
Goods for Resale \$ _____
Fuel \$ _____
Repairs \$ _____
Travel (exclude fuel) \$ _____
Postage / Shipping \$ _____
Other: _____ \$ _____

Employee Expenses:

Salaries / Wages \$ _____
Fed / State Withholding & SS Tax \$ _____
Fed / State Unemployment Tax \$ _____
Workers Compensation Tax \$ _____
Health / Life Insurance \$ _____
Other: _____ \$ _____

Taxes:

Self-Employment / Fed. Income Tax \$ _____
State Income Tax \$ _____
State Sales Tax \$ _____
Federal Highway Use Tax \$ _____
Real Estate Tax \$ _____
Personal Property Tax \$ _____
Other Business Tax: _____ \$ _____

Other Business Expenses (be specific):

_____ \$ _____
_____ \$ _____
_____ \$ _____

Name of Debtor: _____ Case No: _____

Other Business Expenses (continued):

Chapter 13 Plan Payment: \$ _____
Personal Draw (for personal living expenses, food, clothing, utilities, etc) \$ _____

Total Expenses for Month: (D) \$ _____

Total **FUNDS ON HAND** as of report Date: (C-D = E) (E) \$ _____
(Carry this total forward to (A) on next monthly report.)

Inventory and Accounts Receivable Summary:

Amount of Inventory – End of Last Month \$ _____

Amount of Inventory – End of This Month \$ _____

Amount of Receivables – End of Last Month \$ _____

Amount of Receivables – End of This Month \$ _____

THE QUESTIONS BELOW MUST BE ANSWERED !!!

*Are all Withholding FICA and Unemployment tax deposits current? Yes _____ No _____ N/A _____

*Have all estimated Federal and State Self-Employment and Income Tax estimated payments been made? Yes _____ No _____

Comments: Attach any comments regarding unusual events of the business operation which occurred during the month and are not reflected above.

Debtor 1 Signature: _____ Dated: _____

Debtor 2 Signature: _____ Dated: _____

Signature of Preparer _____ Dated: _____
(If prepared by someone other than Debtors)

*Please provide an email address and phone number where you can be contacted:

*Phone: _____

* Email: _____

Mail completed form to: Mark T. McCarty, Trustee
P.O. Box 5006
North Little Rock, AR 72119

or fax to: 501-374-4368

or save, sign and scan completed form to a PDF document and email to: helpdesk@ch13ark.com