

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

Name of Debtor: _____ Case No: _____

Name of Business: _____ Chapter 13

CH 13 Business Operation Report for Month Ending _____, _____

Initial Business Funds on Hand (First Report) or
Funds Carried Forward from Last Month (Preceding Report): (A) \$ _____

Monthly Business Income (Do not include personal income):

Sales \$ _____

Service \$ _____

Rent/Lease \$ _____

Accounts Receivable \$ _____

Other: _____ \$ _____

Total Business Income for the
Month: (B) \$ _____

Total Monthly Income plus Beginning Funds on Hand:

(A + B = C) (C) \$ _____

Monthly Business Expense (Do not include personal expenses):

Building / Utilities / Insurance:

Rent / Lease / Mortgage \$ _____

Utilities \$ _____

Telephone \$ _____

Property Insurance \$ _____

Liability Insurance \$ _____

Other: _____ \$ _____

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 / Income Tax (Federal)	\$ _____
State Income Tax	\$ _____
State Sales Tax	\$ _____
Federal Highway Use Tax	\$ _____
Real Estate Tax	\$ _____
Personal Property Tax	\$ _____
Other Business Taxes:	\$ _____

Other Business Expenses (be specific):

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

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) \$ _____

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 ___

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

COMMENTS: Attach comments on any unusual events of the business operation during the month, which are not reflected above.

Dated: _____

Signature Debtor (1)

Signature of Preparer, if prepared by someone other than Debtor(s).

Signature Debtor (2)