

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF \_\_\_\_\_  
DIVISION

IN RE:	}	CASE NUMBER
_____	}	_____
	}	JUDGE _____
	}	
DEBTOR.	}	CHAPTER 11

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FOR THE PERIOD  
FROM \_\_\_\_\_ TO \_\_\_\_\_

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

\_\_\_\_\_  
Attorney for Debtor's Signature

Debtor's Address  
and Phone Number:

Attorney's Address  
and Phone Number:

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

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

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20<sup>th</sup> day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, [http://www.usdoj.gov/ust/r21/reg\\_info.htm](http://www.usdoj.gov/ust/r21/reg_info.htm)

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs) <http://www.usdoj.gov/ust/>.

**SCHEDULE OF RECEIPTS AND DISBURSEMENTS**  
**FOR THE PERIOD BEGINNING \_\_\_\_\_ AND ENDING \_\_\_\_\_**

Name of Debtor: \_\_\_\_\_  
 Date of Petition: \_\_\_\_\_

Case Number \_\_\_\_\_

	<u>CURRENT MONTH</u>	<u>CUMULATIVE PETITION TO DATE</u>
<b>1. FUNDS AT BEGINNING OF PERIOD</b>	_____ (a)	_____ (b)
<b>2. RECEIPTS:</b>		
A. Cash Sales	_____	_____
Minus: Cash Refunds	(-) _____	_____
Net Cash Sales	_____	_____
B. Accounts Receivable	_____	_____
C. Other Receipts ( <i>See MOR-3</i> )	_____	_____
(If you receive rental income, you must attach a rent roll.)		
<b>3. TOTAL RECEIPTS (<i>Lines 2A+2B+2C</i>)</b>	_____	_____
<b>4. TOTAL FUNDS AVAILABLE FOR     OPERATIONS (<i>Line 1 + Line 3</i>)</b>	_____	_____
<b>5. DISBURSEMENTS</b>		
A. Advertising	_____	_____
B. Bank Charges	_____	_____
C. Contract Labor	_____	_____
D. Fixed Asset Payments (not incl. in "N")	_____	_____
E. Insurance	_____	_____
F. Inventory Payments ( <i>See Attach. 2</i> )	_____	_____
G. Leases	_____	_____
H. Manufacturing Supplies	_____	_____
I. Office Supplies	_____	_____
J. Payroll - Net ( <i>See Attachment 4B</i> )	_____	_____
K. Professional Fees (Accounting & Legal)	_____	_____
L. Rent	_____	_____
M. Repairs & Maintenance	_____	_____
N. Secured Creditor Payments ( <i>See Attach. 2</i> )	_____	_____
O. Taxes Paid - Payroll ( <i>See Attachment 4C</i> )	_____	_____
P. Taxes Paid - Sales & Use ( <i>See Attachment 4C</i> )	_____	_____
Q. Taxes Paid - Other ( <i>See Attachment 4C</i> )	_____	_____
R. Telephone	_____	_____
S. Travel & Entertainment	_____	_____
Y. U.S. Trustee Quarterly Fees	_____	_____
U. Utilities	_____	_____
V. Vehicle Expenses	_____	_____
W. Other Operating Expenses ( <i>See MOR-3</i> )	_____	_____
<b>6. TOTAL DISBURSEMENTS (<i>Sum of 5A thru W</i>)</b>	_____	_____
<b>7. ENDING BALANCE (<i>Line 4 Minus Line 6</i>)</b>	_____ (c)	_____ (c)

**I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.**

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Signature)

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

**MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)**

**Detail of Other Receipts and Other Disbursements**

**OTHER RECEIPTS:**

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL OTHER RECEIPTS	=====	=====

**“Other Receipts” includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:**

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER DISBURSEMENTS:**

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL OTHER DISBURSEMENTS	=====	=====

**NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.**

**ATTACHMENT 1**

**MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

ACCOUNTS RECEIVABLE AT PETITION DATE: \_\_\_\_\_

**ACCOUNTS RECEIVABLE RECONCILIATION**

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	\$ _____	(a)
PLUS: Current Month New Billings		
MINUS: Collection During the Month	\$ _____	(b)
PLUS/MINUS: Adjustments or Writeoffs	\$ _____	*
End of Month Balance	\$ _____	(c)

\*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

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

**POST PETITION ACCOUNTS RECEIVABLE AGING**

(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____(c)

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c) These two amounts must equal.

**ATTACHMENT 2**  
**MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

**POST-PETITION ACCOUNTS PAYABLE**

<u>Date Incurred</u>	<u>Days Outstanding</u>	<u>Vendor</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL AMOUNT				_____ (b)

**Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.**

**ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)**

Opening Balance	\$ _____ (a)
PLUS: New Indebtedness Incurred This Month	\$ _____
MINUS: Amount Paid on Post Petition, Accounts Payable This Month	\$ _____
PLUS/MINUS: Adjustments	\$ _____ *
Ending Month Balance	\$ _____ (c)

\*For any adjustments provide explanation and supporting documentation, if applicable.

**SECURED PAYMENTS REPORT**

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section).

<u>Secured Creditor/ Lessor</u>	<u>Date Payment Due This Month</u>	<u>Amount Paid This Month</u>	<u>Number of Post Petition Payments Delinquent</u>	<u>Total Amount of Post Petition Payments Delinquent</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL		_____ (d)		

(a)This number is carried forward from last month's report. For the first report only, this number will be zero.

(b, c)The total of line (b) must equal line (c).

(d)This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

**ATTACHMENT 3**  
**INVENTORY AND FIXED ASSETS REPORT**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

**INVENTORY REPORT**

INVENTORY BALANCE AT PETITION DATE: \$ \_\_\_\_\_  
INVENTORY RECONCILIATION:  
Inventory Balance at Beginning of Month \$ \_\_\_\_\_ (a)  
PLUS: Inventory Purchased During Month \$ \_\_\_\_\_  
MINUS: Inventory Used or Sold \$ \_\_\_\_\_  
PLUS/MINUS: Adjustments or Write-downs \$ \_\_\_\_\_ \*  
Inventory on Hand at End of Month \$ \_\_\_\_\_

METHOD OF COSTING INVENTORY: \_\_\_\_\_

\*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

---

**INVENTORY AGING**

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
_____ %	_____ %	_____ %	_____ %	= _____ 100%*

\* Aging Percentages must equal 100%.

Check here if inventory contains perishable items.

**Description of Obsolete Inventory:** \_\_\_\_\_

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**FIXED ASSET REPORT**

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: \_\_\_\_\_ (b)  
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIXED ASSETS RECONCILIATION:  
Fixed Asset Book Value at Beginning of Month \$ \_\_\_\_\_ (a)(b)  
MINUS: Depreciation Expense \$ \_\_\_\_\_  
PLUS: New Purchases \$ \_\_\_\_\_  
PLUS/MINUS: Adjustments or Write-downs \$ \_\_\_\_\_ \*  
Ending Monthly Balance \$ \_\_\_\_\_

\*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: \_\_\_\_\_  
\_\_\_\_\_

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

**ATTACHMENT 4A**

**MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at [http://www.usdoj.gov/ust/r21/reg\\_info.htm](http://www.usdoj.gov/ust/r21/reg_info.htm). If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ _____
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____*
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ _____**(a)

\*Debit cards are used by \_\_\_\_\_

\*\*If Closing Balance is negative, provide explanation: \_\_\_\_\_

**The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D):** (  Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS**

“Total Amount of Outstanding Checks and other debits”, listed above, includes:

\$ \_\_\_\_\_ Transferred to Payroll Account  
\$ \_\_\_\_\_ Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as “Ending Balance” on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

**ATTACHMENT 5A**

**CHECK REGISTER - OPERATING ACCOUNT**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				\$ _____



**ATTACHMENT 4B**

**MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.  
A standard bank reconciliation form can be found at [http://www.usdoj.gov/ust/r21/reg\\_info.htm](http://www.usdoj.gov/ust/r21/reg_info.htm).

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

PURPOSE OF ACCOUNT: \_\_\_\_\_ PAYROLL \_\_\_\_\_

Ending Balance per Bank Statement	\$ _____
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ _____ **(a)

**\*Debit cards must not be issued on this account.**

**\*\*If Closing Balance is negative, provide explanation:** \_\_\_\_\_

The following disbursements were paid by Cash: (  Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

**ATTACHMENT 5B**  
**CHECK REGISTER - PAYROLL ACCOUNT**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PURPOSE OF ACCOUNT: PAYROLL \_\_\_\_\_

Account for all disbursements, including voids, lost payments, stop payment, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL \$ \_\_\_\_\_

**ATTACHMENT 4C**

**MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, <http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

PURPOSE OF ACCOUNT:     TAX    

Ending Balance per Bank Statement	\$	_____
Plus Total Amount of Outstanding Deposits	\$	_____
Minus Total Amount of Outstanding Checks and other debits	\$	_____*
Minus Service Charges	\$	_____
Ending Balance per Check Register	\$	_____**(a)

**\*Debit cards must not be issued on this account.**

**\*\*If Closing Balance is negative, provide explanation:** \_\_\_\_\_  
\_\_\_\_\_

The following disbursements were paid by Cash: (  Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

**ATTACHMENT 5C**

**CHECK REGISTER - TAX ACCOUNT**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PURPOSE OF ACCOUNT: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

<http://www.usdoj.gov/ust>

CHECK				
<u>DATE</u>	<u>NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL \_\_\_\_\_(d)

SUMMARY OF TAXES PAID

Payroll Taxes Paid \_\_\_\_\_(a)  
Sales & Use Taxes Paid \_\_\_\_\_(b)  
Other Taxes Paid \_\_\_\_\_(c)  
TOTAL \_\_\_\_\_(d)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).
- (b) This number is reported in the "Current Month" column of Schedule or Receipts and Disbursements (Page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
- (d) These two lines must be equal.

**ATTACHMENT 4D**

**INVESTMENT ACCOUNTS AND PETTY CASH REPORT**

**INVESTMENT ACCOUNTS**

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				_____ (a)

**PETTY CASH REPORT**

The following Petty Cash Drawers/Accounts are maintained:

Location of Box/Account	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand At End of Month	(Column 4) Difference between (Column 2) and (Column 3)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		\$ _____ (b)	

**For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation \_\_\_\_\_**

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

**TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ \_\_\_\_\_ (c)**

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

**ATTACHMENT 6**

**MONTHLY TAX REPORT**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

**TAXES OWED AND DUE**

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

<b>Name of Taxing Authority</b>	<b>Date Payment Due</b>	<b>Description</b>	<b>Amount</b>	<b>Date Last Tax Return Filed</b>	<b>Tax Return Period</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL			\$ _____		

**ATTACHMENT 7**

**SUMMARY OF OFFICER OR OWNER COMPENSATION**

**SUMMARY OF PERSONNEL AND INSURANCE COVERAGES**

Name of Debtor: \_\_\_\_\_ Case Number: \_\_\_\_\_

Reporting Period beginning \_\_\_\_\_ Period ending \_\_\_\_\_

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Payment Description</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONNEL REPORT**

	<u>Full Time</u>	<u>Part Time</u>
Number of employees at beginning of period	_____	_____
Number hired during the period	_____	_____
Number terminated or resigned during period	_____	_____
Number of employees on payroll at end of period	_____	_____

**CONFIRMATION OF INSURANCE**

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

<u>Agent and/or Carrier</u>	<u>Phone Number</u>	<u>Policy Number</u>	<u>Coverage Type</u>	<u>Expiration Date</u>	<u>Date Premium Due</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**The following lapse in insurance coverage occurred this month:**

<u>Policy Type</u>	<u>Date Lapsed</u>	<u>Date Reinstated</u>	<u>Reason for Lapse</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.**

