

**Business Report of Income (Cash) and Expenses**  
**Month \_\_\_\_\_ Year \_\_\_\_\_**

**Business Expenses Only (DO NOT INCLUDE PERSONAL HOUSEHOLD EXPENSES)**

Name: \_\_\_\_\_ Chapter 13 Case Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

**(Complete all lines that apply to you)**

- 1. Business/Self-Employment Cash/Income Received \$ \_\_\_\_\_
- 2. Other Source of Income \$ \_\_\_\_\_

Source of Other Income: \_\_\_\_\_

Source of Other Income: \_\_\_\_\_

Total Income/Cash \$ \_\_\_\_\_

**Expenses (Cash Used)**

- 3. Cost of Goods Sold (From Page 2) \$ \_\_\_\_\_
- 4. Advertising \$ \_\_\_\_\_
- 5. Automobile Expenses \$ \_\_\_\_\_
- 6. Bank Charges \$ \_\_\_\_\_
- 7. Contract Labor (Non-Owners) \$ \_\_\_\_\_
- 8. Insurance \$ \_\_\_\_\_
- 9. Rent – Bldg (Business Only) \$ \_\_\_\_\_
- 10. Rent – Business Equipment \$ \_\_\_\_\_
- 11. Repairs and Maintenance \$ \_\_\_\_\_
- 12. Travel, Meals, Entertainment (Business Only) \$ \_\_\_\_\_
- 13. Utilities \$ \_\_\_\_\_
- 14. Supplies \$ \_\_\_\_\_
- 15. Salary/Wages (Non-Owners Only) \$ \_\_\_\_\_
- 16. Salary/Wages/Draws (Owners) \$ \_\_\_\_\_
- 17. Accounting and Legal \$ \_\_\_\_\_
- 18. Commissions \$ \_\_\_\_\_
- 19. Employee Health Insurance/Benefits \$ \_\_\_\_\_
- 20. Interest Expense \$ \_\_\_\_\_
- 21. Office Expense \$ \_\_\_\_\_
- 22. Federal Income Taxes Paid \$ \_\_\_\_\_
- 23. State Income Taxes Paid \$ \_\_\_\_\_
- 24. Payroll Taxes (Employer Portion) \$ \_\_\_\_\_
- 25. Other (List) \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

Net Income/Cash \$ \_\_\_\_\_

**Cost of Goods Sold Schedule (COGS)**

(Complete this schedule only if you have inventory. DO NOT include any expense listed on this page as an expense on page 1.)

1.	Beginning inventory	\$ _____
2.	Purchases less cost of items withdrawn for personal use	\$ _____
3.	cost of Labor. Do not include any amount paid to yourself	\$ _____
4.	Materials and Supplies	\$ _____
5.	Other Costs (List)	\$ _____
6.	Total of Lines 1-5	\$ _____
7.	Ending Inventory	\$ _____
8.	Cost of Goods Sold (Subtract Line 7 from Line 6) (Enter Line 8 on page 1, line 3)	\$ _____

**(The following is to be completed by all Debtors)**

**ASSETS**

1. List ending cash balances for each account

Bank	Account Number	Prior Month	Current Statement Month	Reconciled? Yes/No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach a listing of all checks issued during the month (date, check #, payee, amount, for what)

2. Provide the total of accounts receivable at month-end

	<u>Prior Month</u>	<u>Current Month</u>
Current	_____	_____
Over 30	_____	_____
Over 60	_____	_____
Over 90	_____	_____
Total	_____	_____

3. List amount of inventory

<u>Prior Month</u>	<u>Current Month</u>
_____	_____

4. List dates and amounts of payroll paid and amounts and dates of payroll tax deposits.

<u>Payroll for the Period Ended</u>	<u>Amount of Payroll</u>	<u>Date Paid</u>	<u>Amount of Payroll Taxes</u>	<u>Date Deposited</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. List the amount and due date of any unpaid payroll taxes for state and/or federal unemployment taxes.

<u>State/Federal</u>	<u>Due Date</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List the amount and due date of any unpaid federal and state income taxes.

<u>State/Federal</u>	<u>Due Date</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Provide the total accounts payable for month-end.

	<u>Prior Month</u>	<u>Current Month</u>
Current	_____	_____
Over 30	_____	_____
Over 60	_____	_____
Over 90	_____	_____
Total	_____	_____

8. List amounts paid to owners and family members this month.

<u>Name</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

9. Did the business make all lease/rent payments this month? \_\_\_\_Yes \_\_\_\_No \_\_\_ Not Applicable  
If not, why not?

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10. Did you make all required loan payments this month? \_\_\_Yes \_\_\_No \_\_\_ Not Applicable  
If not, why not?

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11. Are all required insurance contracts and policies current? \_\_\_Yes \_\_\_No  
If no, explain.

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12. Are all required business licenses current? \_\_\_Yes \_\_\_No \_\_\_ Not Applicable  
If no, explain.

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13. Have you made all Chapter 13 plan payments? \_\_\_Yes \_\_\_No  
If not, why not?

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14. Did you receive any cash from the business that was not listed above? \_\_\_Yes \_\_\_No  
If yes, list source and amount.

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Did you pay any business expenses not listed above \_\_\_Yes \_\_\_No  
If yes, list expense and amount.

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15. Are you current on all federal and state tax returns? \_\_\_Yes \_\_\_No  
If no, list returns not timely filed. \_\_\_\_\_

16. Have you been notified or are you being audited on any federal or state tax return?  
\_\_\_Yes \_\_\_No  
If yes, list returns being audited. \_\_\_\_\_

I/WE declare under penalty of perjury that the foregoing statement information is true and correct to the best of MY/OUR knowledge, information, and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Debtor 1 Signature

\_\_\_\_\_  
Debtor 2 Signature