

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	Purchases less cost of items withdrawn for personal use	\$ _____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?

10. Did you make all required loan payments this month? ___Yes ___No ___ Not Applicable
If not, why not?

11. Are all required insurance contracts and policies current? ___Yes ___No
If no, explain.

12. Are all required business licenses current? ___Yes ___No ___ Not Applicable
If no, explain.

13. Have you made all Chapter 13 plan payments? ___Yes ___No
If not, why not?

14. Did you receive any cash from the business that was not listed above? ___Yes ___No
If yes, list source and amount.

Did you pay any business expenses not listed above ___Yes ___No
If yes, list expense and amount.

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