

OFFICE OF THE CHAPTER 13 TRUSTEE
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 Standing Trustee

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BUSINESS CHAPTER 13 MONTHLY REPORTING

Prepared by Debtor, Due by 10th of Month

Debtor's Name: _____

Case Number: _____

Month Ending: _____

Date Prepared: _____

Date Submitted: _____

ASSETS

1. List ending cash balances for each account.

<u>Bank</u>	<u>Account Number</u>	<u>Prior Month</u>	<u>Current Month</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

(Attach photocopies of validated bank deposits.)

<u>Payroll for Period Ended</u>	<u>Amount of Payroll</u>	<u>Date Paid</u>	<u>Amount of Payroll Taxes 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 sale taxes** for state/or federal unemployment taxes.

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

7. Provide the total of **accounts payable** at 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>
_____	_____
_____	_____
_____	_____
_____	_____

Name of Business: _____

Profit and Loss Statement

For the Month of: _____ Year: _____
(Do not include Personal Household Expenses. Only Business Expenses)

Income:			
1	Gross Receipts from Sales and Services	\$	
2	Less: Returns and Allowances	\$	
3	Net Sales (subtract line 2 from line 1)		\$
Cost of Goods sold:		\$	
4	Beginning Inventory	\$	
5	Add: Purchases	\$	
6	Cost of Labor	\$	
7	Cost of Materials	\$	
8	Cost of Goods Available for Sale (add lines 4 through 7)	\$	
9	Less: Ending Inventory	\$	
10	Cost of Goods Sold (subtract line 9 from line 8)		\$
11	Gross Profit (subtract line 10 from line 3)		\$
Operating Expenses:			
12	Business Property Rent/Lease	\$	
13	Employee Salary and Wages(not included in line 6 above)	\$	
14	Employee Benefits	\$	
15	Equipment Lease Payment	\$	
16	Supplies Expense (not included in line 7 above)	\$	
17	Utilities (heat, light,. Water, gas, etc)	\$	
18	Telephone	\$	
19	Repairs and Maintenance	\$	
20	Advertising	\$	
21	Travel and Entertainment	\$	
22	Professional Fee: Payer: _____ Purpose: _____	\$	
23	Miscellaneous Expenses	\$	
Insurance:			
24	Liability	\$	
25	Property	\$	
26	Vehicle	\$	
27	Workmen's Compension	\$	
28	Other: List _____	\$	
Taxes:			
29	Payroll	\$	
30	Sales	\$	
31	Other Taxes	\$	
32	Total Operating Expenses (add lines 12 through 31)		\$
33	Operating Income (Subtract line 32 from 11)		\$
Other Revenues and Expenses:			
34	Other Revenues	\$	
35	Other Expenses	\$	
36	Net Other Revenues/Expenses (subtract line 35 from 34)		\$
Net Income (Loss) (If line 36 is postive add to line 33; If negative subtract from line 33)			\$

I/We declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Signed: _____ (Debtor) Dated: _____

Signed: _____ (Debtor) Dated: _____

9. Did the business make a profit this month? YES NO

How much? _____

- Attach a copy of the income statement
- Attach listing of all checks issued during the month (date, check number, payee, amount)

10. Did the business make all **lease/rent** payments this month? YES NO
If not, why not?

11. Did the business make all **loan** payments this month? YES NO
If not, why not?

12. Did the business make all **Plan** payments this month? YES NO
If not, why not?