

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

Name of Debtor: _____

Case No: _____

Name of Business: _____

Chapter 13 Business Operation Report for Month/Year 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	\$ _____
Services	\$ _____
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 income)

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 (Fed)	\$ _____
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 the 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? _____

Have all estimated Federal and State Self Employment and Income Tax estimated payments been made? _____

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

Dated: _____

Signature: _____
Debtor 1

_____ Debtor 2

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

Mail completed form to: Joyce Bradley Babin, Ch. 13 Standing Trustee
P.O. Box 8064
Little Rock, AR 72203

Or fax copy to: (501) 537-2501