

MONTHLY FINANCIAL REPORT OF BUSINESS DEBTOR

Month of _____, 200_____

Debtor's Name: _____ Case No.: _____

Business Income				
	sales			
	refunds/returns			
	other			
	Total			<i>line 1</i>
Business Expenses				
	employee payroll			
	payroll taxes			
	sales tax			
	business rent/mortgage			
	telephone			
	utilities			
	insurance			
	bank charges			
	accounting/legal fees			
	inventory/material purchases			
	supplies & office expenses			
	auto payment/lease			
	auto expenses			
	other			
	Total			<i>line 2</i>
Net Business Income				<i>line 3</i>
	<i>(deduct line 2 from line 1)</i>			
Personal expenses paid by the business				
	loan payments			
	other			
	Total			<i>line 4</i>
Owner's withdrawal				<i>line 5</i>
Total Owner's Salary and Personal Expenses (lines 4&5)				<i>line 6</i>
Net profit or loss				
	<i>(deduct line 6 from line 3)</i>			

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Note:

- All business debtors are expected to have a **separate checking account** for the business. If there is not a separate checking account, one must be opened.
- The business account must be used to deposit all business income and pay all business expenses.
- It is expected that the owner's salary or withdrawal will be deposited into the personal checking account and used to pay all personal bills.
- Complete this form reporting only income actually received in the month. Do not include as income the balance from the previous month's checking statement.
- Do not include as a business expense any personal expenses listed on Schedule J of the bankruptcy petition. Any personal expenses (such as mortgage payments, home insurance, car payments, shopping, recreation, cash withdrawals, etc) must not be paid by the business account. If they are, list them separately on Line 4 on Page 1 of this *Monthly Financial Report of Business Debtor*. A special effort must be made in the following month to insure that only business expenses are paid from the business account.

**ATTACH COPIES OF BANK STATEMENTS, COPIES OF CANCELED CHECKS,
AND THE MONTHLY DISBURSEMENT LIST.**

I/we hereby certify that the information contained in this report is true and accurate and if any of the information is intentionally false, I/we understand that I/we could be subject to punishment.

Date: _____ Debtor: _____

Date: _____ Debtor: _____

If this form was prepared by someone other than the debtor:

Date: _____ Name of Preparer: _____

Relationship: (accountant, attorney, bookkeeper, etc.) _____

Note: the monthly financial report and its attachments must be submitted every month until the plan is confirmed. Please make extra copies of these forms for your use.

