

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW HAMPSHIRE

In re:

_____,
Debtor

Bk. No. _____ - _____ - _____
Chapter _____

MONTHLY OPERATING REPORT

Complete and submit to the chapter 13 trustee within fourteen (14) days after the end of each month.

| Required Documents | Form No. | Document Attached | Explanation Attached |
|---|----------|-------------------|----------------------|
| Monthly Reporting Questionnaire | MOR-1 | | |
| Schedule of Cash Receipts and Disbursements | MOR-2 | | |
| - Copies of debtor's bank reconciliations | | | |
| - Copies of debtor's bank statements | | | |
| Detailed Listing of Disbursements | MOR-3 | | |
| Status of Post-Petition Taxes | MOR-4 | | |
| - Copies of IRS payment receipts | | | |
| - Copies of tax returns filed during reporting period | | | |
| Accounts Receivable Reconciliation and Aging | MOR-5 | | |

I declare under the penalty of perjury that this report and all attachments are true and correct to the best of my knowledge and belief.

Debtor Signature

Date

Debtor Signature

Date

(Cover Page)

Debtor _____

Bk. No. _____ - _____ - _____

Chapter 13

Reporting Period _____

MONTHLY REPORTING QUESTIONNAIRE

| Must be completed each month. | | Yes | No |
|--------------------------------------|---|------------|-----------|
| 1 | Have any assets been sold or transferred outside the normal course of business during this reporting period? If yes, provide an explanation below. | | |
| 2 | Have any funds been disbursed from any account other than an account of which you have attached a copy during this reporting period? If yes, provide an explanation. | | |
| 3 | Have any payments been made on a prepetition debt, other than payments in the normal course, to secured creditors or lessors? If yes, attach listing, including date of payment, amount of payment and name of payee. | | |
| 4 | Have any payments been made to professionals? If yes, attach listing, including date of payment, amount of payment and name of payee. | | |
| 5 | If the answer to question 3 and/or 4 is yes, were all such payments approved by the court? | | |
| 6 | Have any payments been made to officers, insiders, shareholders or relatives? If yes, attach listing, including date of payment, amount and reason for payment and name of payee. | | |
| 7 | Have all post-petition tax returns been timely filed? If no, provide an explanation below. | | |
| 8 | Is the estate current with payment of all post-petition taxes? | | |
| 9 | Is the estate insured for the replacement cost of assets and for general liability? If no, provide an explanation below. | | |
| 10 | Is worker's compensation insurance in effect? | | |
| 11 | Have all current insurance payments been made? Attach copies of all new and renewed insurance policies. | | |
| 12 | Was there any post-petition borrowing during this reporting period? | | |

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Bk. No. _____ - _____ - _____

Chapter 13

Reporting Period _____

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be per debtor’s books, not bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach copies of the bank statements and the cash disbursements journal. A bank reconciliation must be attached for each account. The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page.

| | Operational | Payroll | Tax | Other | Total |
|----------------------------------|--------------------|----------------|------------|--------------|--------------|
| Cash - Beginning of Month | | | | | |
| Receipts | | | | | |
| Cash Sales | | | | | |
| Accounts Receivable | | | | | |
| Loans and Advances | | | | | |
| Sale of Assets | | | | | |
| Other (attach list) | | | | | |
| Transfers (from other accounts) | | | | | |
| Total Receipts | | | | | |
| Disbursements | | | | | |
| Net Payroll | | | | | |
| Payroll Taxes | | | | | |
| Sales, Use & Other Taxes | | | | | |
| Inventory Purchases | | | | | |
| Secured/Rental/Leases | | | | | |
| Insurance | | | | | |
| Administrative | | | | | |
| Selling | | | | | |
| Other (attach list) | | | | | |
| | | | | | |
| Owner Draw* | | | | | |
| Transfers (to other accounts) | | | | | |
| Total Disbursements | | | | | |

| |
|---|
| Net Cash Flow (Receipts Less Disbursements) |
|---|

| | | | | | |
|----------------------------|--|--|--|--|--|
| Cash - End of Month | | | | | |
|----------------------------|--|--|--|--|--|

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Bk. No. _____ - _____ - _____

Chapter 13

Reporting Period _____

STATUS OF POST-PETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero. Attach photocopies of IRS payment receipts and all applicable state and local forms and/or all federal, state and local payment receipts to verify payment of taxes. Attach photocopies of any tax returns filed during the reporting period.

| | Beginning Tax Liability | Amount Withheld or Accrued | Amount Paid | Date Paid | Check No. or EFT | Ending Tax Liability |
|--|--|---|------------------------|----------------------|---------------------------------|-------------------------------------|
| | | | | | | |

Federal

| | | | | | | |
|----------------------------|--|--|--|--|--|--|
| Income Tax Withholding | | | | | | |
| FICA – Employee | | | | | | |
| FICA – Employer | | | | | | |
| Unemployment | | | | | | |
| Income | | | | | | |
| Other | | | | | | |
| Total Federal Taxes | | | | | | |

State and Local

| | | | | | | |
|--|--|--|--|--|--|--|
| Income Tax Withholding | | | | | | |
| Sales | | | | | | |
| Excise | | | | | | |
| Unemployment | | | | | | |
| Real Property | | | | | | |
| Other | | | | | | |
| Total State and Local | | | | | | |
| Withholding for Employee Healthcare Premiums, Pensions & Other Benefits | | | | | | |
| Total Taxes | | | | | | |

Cont'd →

SUMMARY OF UNPAID POST-PETITION DEBTS

Attach aged listing of accounts payable.

| | Number of Days Past Due | | | | Total |
|---|-------------------------|-------|-------|---------|-------|
| | Current | 31-60 | 61-90 | Over 90 | |
| Accounts Payable | | | | | |
| Wages Payable | | | | | |
| Taxes Payable | | | | | |
| Rent/Leases - Equipment | | | | | |
| Secured Debt/Adequate Protection Payments | | | | | |
| Professional Fees | | | | | |
| Amounts Due to Insiders* | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Total Post-Petition Debts | | | | | |

Explain how and when the debtor intends to pay any past due post-petition debts:

* "Insider" is defined in 11 U.S.C. § 101(31).

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ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

| Accounts Receivable Reconciliation | Amount |
|--|---------------|
| Total Accounts Receivable at Beginning of Reporting Period | |
| + Amounts Billed During Reporting Period | |
| - Amounts Collected During Reporting Period | |
| Total Accounts Receivable at End of Reporting Period | |

| Accounts Receivable Aging | Amount |
|--|---------------|
| 0 - 30 days old | |
| 31 - 60 days old | |
| 61 - 90 days old | |
| 91+ days old | |
| Total Accounts Receivable | |
| Amount Considered Uncollectible (Bad Debt) | |
| Accounts Receivable (Net) | |