

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

Name of Debtor: \_\_\_\_\_ Case No: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Chapter 13

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**CH 13 Business Operation Report for Month Ending \_\_\_\_\_, \_\_\_\_\_**

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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 \$ \_\_\_\_\_

Service \$ \_\_\_\_\_

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 expenses):

**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 (Federal)	\$ _____
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 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? Yes \_\_\_ No \_\_\_

\* Have all estimated Federal and State Self Employment and Income Tax estimated payments been made? Yes \_\_\_ No \_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature Debtor (1)

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

\_\_\_\_\_  
Signature Debtor (2)